F16A

UNIT INFORMATION UPDATE

THIS FORM MUST BE COMPLETED BY ALL BUILD IT BACK APPLICANTS, INCLUDING APPLICANTS THAT DO NOT HAVE RENTAL UNITS ON THEIR PROPERTY. THIS FORM MUST BE COMPLETED PRIOR TO EXECUTING A GRANT AGREEMENT.

Application Number: __________________________________________

Applicant Name: ____________________________________________

Property Address: ___________________________________________

Street Address

City, State, Zip

Overall Property Information

Is anyone (including you, your household, a renter or anyone else) currently living on your Build it Back property?  ☐ Yes  ☐ No

Is your property a single-unit, owner-occupied property with no rental units?  If you answered “yes” to this question, sign this Form without filling out any other sections. If you answered “no”, fill out the remainder of this Form.

Multi-Unit Property Information

Enter the total number of residential units that were located on your Build it Back property at the time of Hurricane Sandy.  ☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4

Enter the total number of residential units currently located on your Build it Back property. (Include both occupied and unoccupied units.)  ☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4

Enter the total number of residential units that are currently owner-occupied. (Units that are occupied by the property owner’s household.)  ☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4

Enter the total number of residential units that are currently tenant-occupied. (Including rent paying and non-rent paying tenants and family members living in separate units.)  ☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4

Enter the total number of residential units that are currently unoccupied. (Units that do not currently have a person living in them.)  ☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4
### Application Number: ________________

<table>
<thead>
<tr>
<th>Unit Number</th>
<th>Unit Street Address</th>
</tr>
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#### Is the Unit Currently Occupied?
- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>First Name of Current Occupant or Tenant</th>
<th>Last Name of Current Occupant or Tenant</th>
</tr>
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</table>

#### Who Occupies This Unit?
- [ ] Owner
- [ ] Tenant
- [ ] Unit is Not Occupied

<table>
<thead>
<tr>
<th>Current Monthly Rent (if Tenant Occupied)</th>
<th>Telephone Number (if Tenant Occupied)</th>
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#### Lease Type (if applicable)
- [ ] Yearly
- [ ] Monthly
- [ ] No Lease
- [ ] N/A

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<tr>
<th>Month/Year Lease Expires (if Tenant Occupied)</th>
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Leave this section blank if you have already completed it for all of the units you listed on page one.

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FILL IN ONE SECTION FOR EACH UNIT ON YOUR PROPERTY.  

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Current Monthly Rent (if Tenant Occupied)  
Telephone Number (if Tenant Occupied)

Month/Year Lease Expires (if Tenant Occupied)  
Tenant Email (if Tenant Occupied)

CERTIFICATION

I hereby certify that the information I have provided on this Form is true and correct.

I acknowledge and agree that I am responsible for obtaining and retaining contact information, including, at a minimum, a residential forwarding address, for any and all current and future tenants that reside at the Property during the pendency of my application for, and receipt of, benefits with the NYC Build it Back program. I acknowledge and agree that I will comply with the Uniform Relocation Act if I am required to do so.

I understand that if I fail to maintain an accurate forwarding address for any and all tenants who vacate the Property after today’s date, I may be deemed ineligible for benefits under the NYC Build it Back program or other program restrictions may be imposed. I acknowledge that I have carefully read this Agreement, and I represent that I fully understand its contents and sign it voluntarily.

Owner (Print Name)  
Signature  
Date

Additional Owner (Print Name)  
Signature  
Date

Additional Owner (Print Name)  
Signature  
Date

Additional Owner (Print Name)  
Signature  
Date

Additional Owner (Print Name)  
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