

HPD COMPLIANCE MONITORING FEE FORM FOR COMPLIANCE YEAR 2016

Owner: _____

Project: _____

Address: _____

Contact Person: _____

Telephone Number: _____

e-mail address: _____

Fax #: _____

Total # of Units in Project: _____

Total # of Tax Credit Units: _____

Tax Credit Units X \$25 per = \$ _____

Make Check Payable to "NYC Department of Finance"

ATTACH CHECK HERE