

HPD USE ONLY	Project Name: _____	Submission Date: _____
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PART A: BASIC APPLICATION INFORMATION

Section 1: Owner Information	
Property Address: _____	Total Number of Units: _____
Borough: _____	
<p><i>If you are applying for multiple buildings, please use a separate application for each building, UNLESS the buildings are physically near each other, managed as a unit, and are owned by a single ownership entity. In that case, be sure to complete a separate Part B for each building.</i></p>	
Name of Legal Owner: _____ <i>(listed on deed)</i>	
Employer Identification Number (EIN), if applicable: _____	
Owner Contact Information: _____	
Phone: _____	
Email: _____	
FAX number: _____	
Mailing address: _____	

Section 2: Additional Contact Information				
<i>(Select as applicable)</i>	Contact Information:			
	<u>Name</u>	<u>Phone</u>	<u>Email</u>	<u>Address / Unit #</u>
<input type="checkbox"/> Attorney				
<input type="checkbox"/> Superintendent:				
<input type="checkbox"/> Managing Agent:				
<input type="checkbox"/> Consultant				
<input type="checkbox"/> Other				
<input type="checkbox"/> Other				

Section 3: Basic Background			
How did you hear about the HPD Primary Prevention Program?			
Mailing <input type="checkbox"/>	Elected Official <input type="checkbox"/>	Community Retrofit NYC / Retrofit Accelerator <input type="checkbox"/>	
	Name: _____		
Website <input type="checkbox"/>	Other Public Event <input type="checkbox"/>	Other building owner <input type="checkbox"/>	
	Name: _____	Name: _____	
HPD Landlord			
Resource Fair <input type="checkbox"/>	Organization Referral <input type="checkbox"/>	Other <input type="checkbox"/>	
	Name: _____	Please describe: _____	
Has any building in this application participated in or received assistance (loan, financing, tax exemption) from any government programs? [Yes / No]			
Building: _____	Gov. Program (loan, financing, other): _____	Tax Exemption: _____	Date of Assistance: _____



Property Address, Borough	Block	Lot	# Floors	Gross Building SF	# Non-Res. ¹ / Commercial Units	# Total Res. Units	# Vacant Res. Units	# Elevators

1 - Res. = Residential

Application Submission Checklist:

- Part A: Application and Certification
- Part B: Property Information
- Part C: Portfolio Information
- Part D: Rent Roll and Tenant Income Verification (see separate excel document)

Section 6: Certification

Certification to be provided by applicant (legal owner or borrower) or individual(s) with legal authority to sign on behalf of applicant

I hereby certify under the certification penalty provided by law, that all information included in or annexed to this application is true to the best of my knowledge and belief.

1. _____
 Print Name Signature

_____ Date
 Title (if any)

2. _____
 Print Name Signature

_____ Date
 Title (if any)

3. _____
 Print Name Signature

_____ Date
 Title (if any)

Submission Instructions: Application with supporting documentation (listed above) must be completed and submitted to HPD at hpdlead@hpd.nyc.gov. Please contact Sarah Hovde, Director of Primary Prevention Program (212-863-8860) with any questions. 100 Gold Street, Room 9 O-7, New York, NY 10038. PDFs with scanned signatures are accepted.

PART B: PROPERTY INFORMATION

Please submit one page for each building included in the application.

Building Address: _____

Property Type: Rental Condo / Co-op Owner-Occupied Home

Section 7: Existing Project Debt				
Is there a mortgage on the property? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If yes, please provide the following information:				
Mortgagee/Lender Name	Mortgage/Loan #	Contact Person	Address	Phone number

Section 8: Building Conditions and Repair Needs – Please rate each system/component and note any repair needs				
System/Component	Good	Fair	Poor	Comments
Roof/Skylights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exterior Brick Walls/Siding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bldg Entrance/Roof Door & Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Boiler/Heating Plant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiators/Steam Lines and Risers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Escapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Apt Kitchens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Apt Bathrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Apt Entrance Doors & Bucks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Apt Interior Doors & Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Apt Walls & Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Apt Wood/Ceramic Tile Floors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 9: Apartment and Operating Information

Have any apartments in the building been recently rehabbed (within last 2 years)? Yes No

If yes, please list apartment numbers: _____

What type of windows do the apartments have: Wood Aluminum/Vinyl

To comply with NYC regulations, owners are required to provide window guards in apartments of households that include a child less than ten (10) years of age.

Do all apartments with households including a child less than 10 years of age have window guards? Yes No

If any apartments need window guards, please list them here: _____

Do any apartments have mold/mildew problems? Yes No

If yes, please list apartment numbers: _____

Any special operating or maintenance challenges you would like to note?

High utility costs? Yes No

High water costs? Yes No

Heating distribution problems? Yes No

Other: _____

PART C: PORTFOLIO INFORMATION

Please indicate below any properties that you own and/or manage in New York City. If necessary, please attach additional page(s) and send with this application.

Address	Block	Lot	Borough	Own	Manage
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>