AFFIDAVIT FOR TURNOVER OF ANY DWELLING UNIT

I, _____ (**print name**), swear or affirm under penalty of perjury as follows:

I am the owner/managing agent for the building located at: _____ (**address**) ("Premises") and that:

Must Select **ONE**:

☐ No dwelling unit turned over during the audit period.

OR

☐ The following dwelling units did turnover during the audit period.

Unit Number	**Date the previous tenant ended occupancy**	**Date the new tenant started occupancy**

Please add additional copies of this Affidavit if additional space is needed to list all the units.

_____ _____

(Print Name) (Signature)

****

State of New York, County of _____ *Stamp*

Sworn to before me this _____day of _____, 20_____

_____

(Notary Signature)