



The City of New York
Department of Environmental Protection
Bureau of Customer Services
59-17 Junction Boulevard
Flushing, NY 11373-5108

Customer Registration Form for Water and Sewer Billing

Property and Owner Information:

- (1) Property receiving service is located in the Borough of
Block: Lot:
- (2) Account Number (if applicable):
Meter Number (if available - include the letter):
- (3) Street Address of Property Receiving Service:
Street City State Zip
- (4) Full name, mailing address, home phone and business phone numbers of owner of property receiving service:
(please provide information on owner ONLY; do NOT give information on property manager or tenant):
Owner's Name Business:
or Individual:
(Last Name) (First Name) (MI)
Street City State Zip
Home Phone(Numbers Only): Business Phone(Numbers Only):

Customer Billing Information:

PLEASE NOTE:

- A. Water and sewer charges are the legal responsibility of the owner of a property receiving water and/or sewer service. The owner's responsibility to pay such charges is not affected by any lease, license or other arrangements, or any assignment of responsibility for payment of such charges.
 - B. Water and sewer charges constitute a lien on the property until paid. In addition to legal action against the owner, a failure to pay such charges when due may result in foreclosure of the lien by the City of New York, or the property being placed in a lien sale by the City.
 - C. Original bills for water and/or sewer service will be mailed to the owner, at the owner's address specified on this form. DEP will provide a duplicate copy of bills to one other party (such as a managing agent) if so requested below, provided, however, that any failure to delay by DEP in providing duplicate copies of bills shall in no way relieve the owner from his/her/its liability to pay all outstanding water and sewer charges.
- (5) If you would like a duplicate copy of bills sent to another party, please check here and fill out the following information:
Name of Party to Receive Duplicate Copies of Bills:
- (6) Mailing Address: Street City State Zip
- (7) Relationship to Owner (check one): Managing Agent Mortgagee
Tenant Other (please explain):

Owner's Approval

The undersigned certifies that he/she/it is the owner of the property receiving service referenced above; that he/she/it has read and understands Paragraphs A, B, C under the section captioned "Customer Billing Information"; and that the information supplied by the undersigned on this form is true and complete to the best of his/her/its knowledge.

- (8) Owner's EIN or SSN(Numbers only): E-mail:
- (9) Name of Owner:
- (10) Signature: _____
Name and Title of Person Signing for Owner, if applicable:
Date(mm/dd/yyyy): / /



FINANCE
NEW YORK
THE CITY OF NEW YORK
DEPARTMENT OF FINANCE

NYC RPT

NEW YORK CITY DEPARTMENT OF FINANCE REAL PROPERTY TRANSFER TAX RETURN (Pursuant to Title 11, Chapter 21, NYC Administrative Code)

TYPE OR PRINT LEGIBLY

If the transfer involves more than one grantor or grantee or a partnership, the names, addresses and Social Security Numbers or Employee Identification Numbers of all grantors or grantees and general partners must be provided on Schedule 3, page 3



GRANTOR -

• Name _____

• Grantor is a(n) individual partnership (must complete Schedule 3) Telephone Number _____
(check one) corporation other

• Permanent mailing address after transfer (number and street) _____

• City and State _____ Zip Code _____

• EMPLOYER IDENTIFICATION NUMBER _____ OR SOCIAL SECURITY NUMBER _____
- - - - -

DO NOT WRITE IN THIS SPACE
FOR OFFICE USE ONLY

GRANTEE -

• Name _____

• Grantee is a(n) individual partnership (must complete Schedule 3) Telephone Number _____
(check one) corporation other

• Permanent mailing address after transfer (number and street) _____

• City and State _____ Zip Code _____

• EMPLOYER IDENTIFICATION NUMBER _____ OR SOCIAL SECURITY NUMBER _____
- - - - -

PROPERTY LOCATION -

LIST EACH LOT SEPARATELY. ATTACH A RIDER IF ADDITIONAL SPACE IS REQUIRED

• Address (number and street)	Apt. No.	Borough	Block	Lot	# of Floors	Square Feet	• Assessed Value of Property

• DATE OF TRANSFER TO GRANTEE: _____ • PERCENTAGE OF INTEREST TRANSFERRED: _____

CONDITION OF TRANSFER - See Instructions

• Check (x) all of the conditions that apply and fill out that appropriate schedules on pages 5-11 of this return. Additionally, Schedule 1 and 2 must be completed for all transfers.

- | | |
|--|---|
| <ul style="list-style-type: none"> a. <input type="checkbox"/> Arms length transfer b. <input type="checkbox"/> Transfer in exercise of option to purchase c. <input type="checkbox"/> Transfer from cooperative sponsor to cooperative corporation d. <input type="checkbox"/> Transfer by referee or receiver (complete Schedule A, Page 5) e. <input type="checkbox"/> Transfer pursuant to marital settlement agreement or divorce decree f. <input type="checkbox"/> Deed in lieu of foreclosure (complete Schedule C, Page 6) g. <input type="checkbox"/> Transfer pursuant to liquidation of an entity (complete Schedule D, page 6) h. <input type="checkbox"/> Transfer from principal to agent, dummy, strawman, or conduit or vice-versa (complete Schedule E, page 7) i. <input type="checkbox"/> Transfer pursuant to trust agreement or will (attach a copy of trust agreement or will) j. <input type="checkbox"/> Gift transfer not subject to indebtedness k. <input type="checkbox"/> Gift transfer subject to indebtedness l. <input type="checkbox"/> Transfer to a business entity in exchange for an interest in the business entity (complete Schedule F, page 7) | <ul style="list-style-type: none"> m. <input type="checkbox"/> Transfer to a government body n. <input type="checkbox"/> Correction deed o. <input type="checkbox"/> Transfer by or to a tax exempt organization (complete Schedule G, page 8). p. <input type="checkbox"/> Transfer of property partly within and partly without NYC q. <input type="checkbox"/> Transfer of successful bid pursuant to foreclosure r. <input type="checkbox"/> Transfer by Borrower solely as security for a debt or a transfer by lender solely to return such security s. <input type="checkbox"/> Transfer wholly or partly exempt as a mere change of identity or form of ownership. (complete Schedule M, page 9) t. <input type="checkbox"/> Transfer to a REIT or to a corporation or partnership controlled by a REIT. (complete Schedule R, pages 10 and 11) u. <input type="checkbox"/> Other transfer in connection with financing (describe): _____ v. <input type="checkbox"/> Other (describe): _____ |
|--|---|

● TYPE OF PROPERTY

a 1-3 family house
 b Individual residential condominium unit
 c individual cooperative apartment
 d Commercial condominium unit
 e Commercial cooperative
 f Apartment building
 g Office building
 h Industrial building
 i Utility
 j OTHER. (describe):

● TYPE OF INTEREST

Check box at LEFT if you intend to record a document related to this transfer. Check box at RIGHT if you do not intent to record a document related to this transfer.

REC.		NON REC.
a. <input type="checkbox"/>	Fee.....	<input type="checkbox"/>
b. <input type="checkbox"/>	Leasehold Grant.....	<input type="checkbox"/>
c. <input type="checkbox"/>	Leasehold Assignment or Surrender....	<input type="checkbox"/>
d. <input type="checkbox"/>	Easement.....	<input type="checkbox"/>
e. <input type="checkbox"/>	Development Rights.....	<input type="checkbox"/>
f. <input type="checkbox"/>	Stock.....	<input type="checkbox"/>
g. <input type="checkbox"/>	Partnership Interest.....	<input type="checkbox"/>
h. <input type="checkbox"/>	OTHER. (describe):.....	<input type="checkbox"/>

SCHEDULE 1 - DETAILS OF CONSIDERATION -

COMPLETE THIS SCHEDULE FOR ALL TRANSFERS AFTER COMPLETING THE APPROPRIATE SCHEDULES ON PAGES 5 THROUGH 11. ENTER ZERO ON LINE 11 IF THE TRANSFER REPORTED WAS WITHOUT CONSIDERATION.

1. Cash	● 1.	
2. Purchase money mortgage	● 2.	
3. Unpaid principal of pre-existing mortgage(s)	● 3.	
4. Accrued interest on pre-existing mortgage(s)	● 4.	
5. Accrued real estate taxes	● 5.	
6. Amounts of other liens on property	● 6.	
7. Value of shares of stock or of partnership interest recieved	● 7.	
8. Value of real or personal property received in exchange	● 8.	
9. Amount of Real Property Transfer Tax and/or other taxes or expenses of the grantor which are paid by the grantee	● 9.	
10. Other (describe):	● 10.	
11. TOTAL CONSIDERATION (add lines 1 through 10 – must equal amount entered on line 1 of Schedule 2) (see instructions)	● 11.	\$0.00

See instructions for special rules relating to transfers of cooperative units, liquidations, marital Settlements and transfers of property to a business entity in return for an interest in the entity

SCHEDULE 2 - COMPUTATION OF TAX -

A. Payment	Pay amount shown on line 14 – See instructions	\$0.00
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1. Total Consideration (from line 11, above)	● 1.	\$0.00
2. Excludable liens (see instructions)	● 2.	
3. Consideration (Line1 less line 2)	● 3.	\$0.00
4. Tax Rate (see instructions) (.01 = 1%, etc).....	● 4.	
5. Percentage change in beneficial ownership (see instructions) (.01 = 1%, etc).....	● 5.	\$0.00
6. Taxable consideration (multiply line 3 by line 5)	● 6.	\$0.00
7. Tax (multiply line 6 by line 4)	● 7.	\$0.00
8. Credit (see instructions)	● 8.	\$0.00
9. Tax due (line 7 less line 8) (if the result is negative, enter zero)	● 9.	
10. Interest (see instructions)	● 10.	
11. Penalty (see instructions)	● 11.	
12. Total tax due (add line 9, 10 and 11)	● 12.	\$0.00
13. Filing Fee	● 13.	\$0.00
14. Total Remittance Due (line 12 plus line 13)	● 14.	\$0.00

SCHEDULE 3 – TRANSFERS INVOLVING MULTIPLE GRANTORS AND/OR GRANTEES OR A PARTNERSHIP -

NOTE | If additional space is needed, attach copies of this schedule or an addendum listing all of the information required below.

GRANTOR(S)/PARTNER(S)

NAME	
PERMANANT MAILING ADDRESS AFTER TRANSFER	
CITY AND STATE	ZIP CODE

SOCIAL SECURITY NUMBER
- -
OR
EMPLOYER IDENTIFICATION NUMBER
-

NAME	
PERMANANT MAILING ADDRESS AFTER TRANSFER	
CITY AND STATE	ZIP CODE

SOCIAL SECURITY NUMBER
- -
OR
EMPLOYER IDENTIFICATION NUMBER
-

NAME	
PERMANANT MAILING ADDRESS AFTER TRANSFER	
CITY AND STATE	ZIP CODE

SOCIAL SECURITY NUMBER
- -
OR
EMPLOYER IDENTIFICATION NUMBER
-

NAME	
PERMANANT MAILING ADDRESS AFTER TRANSFER	
CITY AND STATE	ZIP CODE

SOCIAL SECURITY NUMBER
- -
OR
EMPLOYER IDENTIFICATION NUMBER
-

GRANTEE(S)/PARTNER(S)

NAME	
PERMANANT MAILING ADDRESS AFTER TRANSFER	
CITY AND STATE	ZIP CODE

SOCIAL SECURITY NUMBER
- -
OR
EMPLOYER IDENTIFICATION NUMBER
-

NAME	
PERMANANT MAILING ADDRESS AFTER TRANSFER	
CITY AND STATE	ZIP CODE

SOCIAL SECURITY NUMBER
- -
OR
EMPLOYER IDENTIFICATION NUMBER
-

NAME	
PERMANANT MAILING ADDRESS AFTER TRANSFER	
CITY AND STATE	ZIP CODE

SOCIAL SECURITY NUMBER
- -
OR
EMPLOYER IDENTIFICATION NUMBER
-

NAME	
PERMANANT MAILING ADDRESS AFTER TRANSFER	
CITY AND STATE	ZIP CODE

SOCIAL SECURITY NUMBER
- -
OR
EMPLOYER IDENTIFICATION NUMBER
-

GRANTOR'S ATTORNEY -

Name of Attorney		Telephone Number () -	
Address (number and street)		City and State	Zip Code
EMPLOYER IDENTIFICATION NUMBER -	OR	SOCIAL SECURITY NUMBER - -	

GRANTEE'S ATTORNEY -

Name of Attorney		Telephone Number () -	
Address (number and street)		City and State	Zip Code
EMPLOYER IDENTIFICATION NUMBER -	OR	SOCIAL SECURITY NUMBER - -	

CERTIFICATION -

I swear or affirm that this return, including any accompanying schedules, affidavits and attachments, has been examined by me and is, to the best of my knowledge, a true and complete return made in good faith, pursuant to Title 11, Chapter 21 of the Administrative Code and the regulations issued thereunder.

GRANTOR		GRANTEE	
Sworn to and subscribed to	_____	Sworn to and subscribed to	_____
before me on this ____ day	EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER	before me on this ____ day	EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER
of _____.	_____	of _____.	_____
	Name of Grantor		Name of Grantee
_____	_____	_____	_____
Signature of Notary	Signature of Grantor	Signature of Notary	Signature of Grantee

GRANTEE: To ensure that your property and water/sewer tax bills are sent to the proper address you must complete the Registration forms included in this packet. Owners Registration Cards can also be obtained by calling the Department of Finance at (718) 935-9500

FOR CITY USE ONLY

C1. County Code C2. Date Deed Recorded / /
 Month Day Year

C3. Book OR C4. Page
 C5. CRFN



REAL PROPERTY TRANSFER REPORT

STATE OF NEW YORK
STATE BOARD OF REAL PROPERTY SERVICES

RP - 5217NYC

(Rev 11/2002)

PROPERTY INFORMATION

1. Property Location STREET NUMBER STREET NAME BOROUGH ZIP CODE

2. Buyer Name LAST NAME / COMPANY FIRST NAME
 LAST NAME / COMPANY FIRST NAME

3. Tax Billing Address Indicate where future Tax Bills are to be sent if other than buyer address (at bottom of form)
 LAST NAME / COMPANY FIRST NAME
 STREET NUMBER AND STREET NAME CITY OR TOWN STATE ZIP CODE

4. Indicate the number of Assessment Roll parcels transferred on the deed # of Parcels OR Part of a Parcel

4A. Planning Board Approval – N/A for NYC
4B. Agricultural District Notice – N/A for NYC

5. Deed Property Size FRONT FEET X DEPTH OR ACRES

Check the boxes below as they apply:

6. Ownership Type is Condominium
7. New Construction on Vacant Land

6. Seller Name LAST NAME / COMPANY FIRST NAME
 LAST NAME / COMPANY FIRST NAME

9. Check the box below which most accurately describes the use of the property at the time of sale:

A One Family Residential C Residential Vacant Land E Commercial G Entertainment / Amusement I Industrial
 B 2 or 3 Family Residential D Non-Residential Vacant Land F Apartment H Community Service J Public Service

SALE INFORMATION

10. Sale Contract Date Month Day Year

11. Date of Sale / Transfer Month Day Year

12. Full Sale Price

(Full Sale Price is the total amount paid for the property including personal property. This payment may be in the form of cash, other property or goods, or the assumption of mortgages or other obligations.) Please round to the nearest whole dollar amount.

13. Indicate the value of personal Property include in the sale

14. Check one or more of these conditions as applicable to transfer

A Sale between Relatives or Former Relatives
 B Sale between Related Companies or Partners in Business
 C One of the buyers is also a seller
 D Buyer or Seller is Government Agency or Lending Institution
 E Deed type not Warranty or Bargain and Sale (Specify Below)
 F Sale of Fractional or Less than Fee Interest (Specify Below)
 G Significant Change in Property Between Taxable Status and Sale Dates
 H Sale of Business is included in Sale Price
 I Other Unusual Factors Affecting Sale Price (Specify Below)
 J None

ASSESSMENT INFORMATION – Data should reflect the latest Final Assessment Roll and Tax Bill

15. Building Class 16. Total Assessed Value (of all parcels in transfer)

17. Borough, Block and Lot / Roll Identifier(s) (If more than three)

CERTIFICATION

I certify that all of the items of information entered on this form are true and correct (to the best of my knowledge and belief) and I understand that the Making of any willful false statement of material fact herein will subject me to the provisions of the penal law relative to the making and filing of false instruments.

BUYER

BUYER'S ATTORNEY

BUYER SIGNATURE DATE
 STREET NUMBER STREET NAME (AFTER SALE)
 CITY OR TOWN STATE ZIP CODE

LAST NAME FIRST NAME
 AREA CODE TELEPHONE NUMBER
 SELLER
 SELLER SIGNATURE DATE



Combined Real Estate Transfer Tax Return, Credit Line Mortgage Certificate, and Certification of Exemption from the Payment of Estimated Personal Income Tax

Recording office time stamp

See Form TP-584-I, Instructions for Form TP-584, before completing this form. Please print or type.

Schedule A – Information relating to conveyance

Grantor/Transferor <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Other	Name (If individual; last, first, middle initial)	Social security number
	Mailing address	Social security number
	City State ZIP code	Federal employer ident. number
Grantee/Transferee <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Estate/Trust <input type="checkbox"/> Other	Name (If individual; last, first, middle initial)	Social security number
	Mailing address	Social security number
	City State ZIP code	Federal employer ident. number

Location and description of property conveyed

Tax map designation			Address	City/Village	Town	County
Section	Block	Lot				

Type of property conveyed (check applicable box)

1 <input type="checkbox"/> One-to three-family house	5 <input type="checkbox"/> Commercial/Industrial	Date of conveyance	Percentage of real property conveyed which is residential real property ____ % (see instructions)
2 <input type="checkbox"/> Residential cooperative	6 <input type="checkbox"/> Apartment building	_____ <small>month day year</small>	
3 <input type="checkbox"/> Residential condominium	7 <input type="checkbox"/> Office building		
4 <input type="checkbox"/> Vacant land	8 <input type="checkbox"/> Other _____		

Condition of conveyance (check all that apply)

- | | | |
|---|--|--|
| a. <input type="checkbox"/> Conveyance of fee interest | f. <input type="checkbox"/> Conveyance which consists of a mere change of identify or form of ownership or organization (attach Form TP-584.1, Schedule F) | l. <input type="checkbox"/> Option assignment or surrender |
| b. <input type="checkbox"/> Acquisition of a controlling interest (state percentage acquired ____%) | g. <input type="checkbox"/> Conveyance for which credit for tax previously paid will be claimed (attach Form TP-584.1, Schedule G) | m. <input type="checkbox"/> Leasehold assignment or surrender |
| c. <input type="checkbox"/> Transfer of a controlling interest (state percentage transferred ____%) | h. <input type="checkbox"/> Conveyance of cooperative apartment(s) | n. <input type="checkbox"/> Leasehold grant |
| d. <input type="checkbox"/> Conveyance to cooperative housing corporation | i. <input type="checkbox"/> Syndication | o. <input type="checkbox"/> Conveyance of an easement |
| e. <input type="checkbox"/> Conveyance pursuant to or in lieu of foreclosure or enforcement of security interest (attach Form TP-584.1, Schedule E) | j. <input type="checkbox"/> Conveyance of air rights or development rights | p. <input type="checkbox"/> Conveyance for which exemption from transfer tax claimed (complete Schedule B, Part III) |
| | k. <input type="checkbox"/> Contract assignment | q. <input type="checkbox"/> Conveyance of property partly within and partly outside the state |
| | | r. <input type="checkbox"/> Other (describe) _____ |

For recording officer's use	Amount received	Date received	Transaction number
	Schedule B., Part I \$		
	Schedule B., Part II \$		

Schedule B — Real estate transfer tax return (Tax Law, Article 31)

Part I – Computation of tax due

- 1 Enter amount of consideration for the conveyance (if you are claiming a total exemption from tax, check the exemption claimed box, enter consideration and proceed to Part III) **Exemption claimed**
- 2 Continuing lien deduction (see instructions if property is taken subject to mortgage or lien)
- 3 Taxable consideration (subtract line 2 from line 1)
- 4 Tax: \$2 for each \$500, or fractional part thereof, of consideration on line 3
- 5 Amount of credit claimed (see instructions and attach Form TP-584.1, Schedule G)
- 6 Total tax due* (subtract line 5 from line 4)

1.	
2.	
3.	
4.	
5.	
6.	

Part II – Computation of additional tax due on the conveyance of residential real property for \$1 million or more

- 1 Enter amount of consideration for conveyance (from Part I , line 1)
- 2 Taxable consideration (multiply line 1 by the percentage of the premises which is residential real property, as shown in Schedule A)
- 3 Total additional transfer tax due* (multiply line 2 by 1% (.01))

1.	
2.	
3.	

Part III – Explanation of exemption claimed on Part I, line 1 (check any boxes that apply)

The conveyance of real property is exempt from the real estate transfer tax for the following reason:

- a. Conveyance is to the United Nations, the United States of America, the state of New York, or any of their instrumentalities, agencies, or political subdivisions (or any public corporation, including a public corporation created pursuant to agreement or compact with another state or Canada) a
- b. Conveyance is to secure a debt or other obligation..... b
- c. Conveyance is without additional consideration to confirm, correct, modify, or supplement a prior conveyance..... c
- d. Conveyance of real property is without consideration and not in connection with a sale, including conveyances conveying realty as bona fide gifts..... d
- e. Conveyance is given in connection with a tax sale..... e
- f. Conveyance is a mere change of identity or form of ownership or organization where there is no change in beneficial ownership. (This exemption cannot be claimed for a conveyance to a cooperative housing corporation of real property comprising the cooperative dwelling or dwellings.) Attach Form TP-584.1, Schedule F..... f
- g. Conveyance consists of deed of partition..... g
- h. Conveyance is given pursuant to the federal Bankruptcy Act..... h
- i. Conveyance consists of the execution of a contract to sell real property, without the use or occupancy of such property, or the granting of an option to purchase real property, without the use or occupancy of such property..... i
- j. Conveyance of an option or contract to purchase real property with the use or occupancy of such property where the consideration is less than \$200,000 and such property was used solely by the grantor as the grantor's personal residence and consists of a one-, two-, or three-family house, an individual residential condominium unit, or the sale of stock in a cooperative housing corporation in connection with the grant or transfer of a proprietary leasehold covering an individual residential cooperative apartment..... j
- k. Conveyance is not a conveyance within the meaning of Tax Law, Article 31, section 1401(e) (attach documents supporting such claim)..... k
- l. Other (attach explanation)..... l

*Please make check(s) payable to the county clerk where the recording is to take place. If the recording is to take place in New York City, make check(s) payable to the **NYC Department of Finance**. If a recording is not required, send this return and your check(s) made payable to the **NYS Department of Taxation and Finance**, directly to the NYS Tax Department, RETT Return Processing, PO Box 5045, Albany NY 12205-5045.

Schedule C — Credit Line Mortgage Certificate (Tax Law, Article 11)**Complete the following only if the interest being transferred is a fee simple interest.**

I (we) certify that: (check the appropriate box)

1. The real property being sold or transferred is not subject to an outstanding credit line mortgage.
2. The real property being sold or transferred is subject to an outstanding credit line mortgage. However, an exemption from the tax is claimed for the following reason:
- The transfer of real property is a transfer of a fee simple interest to a person or persons who held a fee simple interest in the real property (whether as a joint tenant, a tenant in common or otherwise) immediately before the transfer.
- The transfer of real property is (A) to a person or persons related by blood, marriage or adoption to the original obligor or to one or more of the original obligors or (B) to a person or entity where 50% or more of the beneficial interest in such real property after the transfer is held by the transferor or such related person or persons (as in the case of a transfer to a trustee for the benefit of a minor or the transfer to a trust for the benefit of the transferor).
- The transfer of real property is a transfer to a trustee in bankruptcy, a receiver, assignee, or other officer of a court.
- The maximum principal amount secured by the credit line mortgage is \$3,000,000 or more, and the real property being sold or transferred is **not** principally improved nor will it be improved by a one- to six-family owner-occupied residence or dwelling.
- Please note:** for purposes of determining whether the maximum principal amount secured is \$3,000,000 or more as described above, the amounts secured by two or more credit line mortgages may be aggregated under certain circumstances. See TSB-M-96(6)-R for more information regarding these aggregation requirements.
- Other (attach detailed explanation).
3. The real property being transferred is presently subject to an outstanding credit line mortgage. However, no tax is due for the following reason:
- A certificate of discharge of the credit line mortgage is being offered at the time of recording the deed.
- A check has been drawn payable for transmission to the credit line mortgagee or his agent for the balance due, and a satisfaction of such mortgage will be recorded as soon as it is available.
4. The real property being transferred is subject to an outstanding credit line mortgage recorded in _____ (insert liber and page or reel or other identification of the mortgage). The maximum principal amount of debt or obligation secured by the mortgage is _____. No exemption from tax is claimed and the tax of _____ is being paid herewith. *(Make check payable to county clerk where deed will be recorded or, if the recording is to take place in New York City, make check payable to the **NYC Department of Finance.**)*

Signature (both the grantor(s) and grantee(s) must sign)

The undersigned certify that the above information contained in schedules A, B, and C, including any return, certification, schedule, or attachment, is to the best of his/her knowledge, true and complete, and authorize the person(s) submitting such form on their behalf to receive a copy for purposes of recording the deed or other instrument effecting the conveyance.

Grantor signature_____
Title_____
Grantee signature_____
Title_____
Grantor signature_____
Title_____
Grantee signature_____
Title

Reminder: Did you complete all of the required information in Schedules A, B, and C? Are you required to complete Schedule D? If you checked e, f, or g in Schedule A, did you complete Form TP-584.1? Have you attached your check(s) made payable to the county clerk where recording will take place or, if the recording is in New York City, to the **NYC Department of Finance**? If no recording is required, send your check(s), made payable to the **Department of Taxation and Finance**, directly to the NYS Tax Department, RETT Return Processing, PO Box 5045, Albany NY 12205-5045.

Schedule D - Certification of exemption from the payment of estimated personal income tax (Tax Law, Article 22, section 663)

Complete the following only if a fee simple interest or a cooperative unit is being transferred by an individual or estate or trust.

Part I - New York State residents

If you are a New York State resident transferor(s)/seller(s) listed in Schedule A of Form TP-584 (or an attachment to Form TP-584), you must sign the certification below. If one or more transferors/sellers of the real property or cooperative unit is a resident of New York State, **each** resident transferor/seller must sign in the space provided. If more space is needed, please photocopy this Schedule D and submit as many schedules as necessary to accommodate all resident transferors/sellers.

Certification of resident transferor(s)/seller(s)

This is to certify that at the time of the sale or transfer of the real property or cooperative unit, the transferor(s)/seller(s) as signed below was a resident of New York State, and therefore is not required to pay estimated personal income tax under Tax Law, section 663(a) upon the sale or transfer of this real property or cooperative unit.

Signature	Print full name	Date
Signature	Print full name	Date
Signature	Print full name	Date
Signature	Print full name	Date

Note: A resident of New York State may still be required to pay estimated tax under Tax Law, section 685(c), but not as a condition of recording a deed.

Part II - Nonresidents of New York State

If you are a nonresident of New York State listed as a transferor/seller in Schedule A of Form TP-584 (or an attachment to Form TP-584) but are not required to pay estimated personal income tax because one of the exemptions below applies under Tax Law, section 663(c), check the box of the appropriate exemption below. If any one of the exemptions below applies to the transferor(s)/seller(s), that transferor(s)/seller(s) is not required to pay estimated personal income tax to New York State under Tax Law, section 663. **Each** nonresident transferor/seller who qualifies under one of the exemptions below must sign in the space provided. If more space is needed, please photocopy this Schedule D and submit as many schedules as necessary to accommodate all nonresident transferors/sellers.

If none of these exemption statements apply, you must complete Form IT-2663, Nonresident Real Property Estimated Income Tax Payment Form, or Form IT-2664, Nonresident Cooperative Unit Estimated Income Tax Payment Form. For more information, see Payment of estimated personal income tax, on page 1 of Form TP-584-I.

Exemption for nonresident transferor(s)/seller(s)

This is to certify that at the time of the sale or transfer of the real property or cooperative unit, the transferor(s)/seller(s) (grantor) of this real property or cooperative unit was a nonresident of New York State, but is not required to pay estimated personal income tax under Tax Law, section 663 due to one of the following exemptions:

- The real property or cooperative unit being sold or transferred qualifies in total as the transferor's/seller's principal residence (within the meaning of Internal Revenue Code, section 121) from _____ to _____ (see instructions).
- The transferor/seller is a mortgagor conveying the mortgaged property to a mortgagee in foreclosure, or in lieu of foreclosure with no additional consideration.
- The transferor or transferee is an agency or authority of the United States of America, an agency or authority of the state of New York, the Federal National Mortgage Association, the Federal Home Loan Mortgage Corporation, the Government National Mortgage Association, or a private mortgage insurance company.

Signature	Print full name	Date
Signature	Print full name	Date
Signature	Print full name	Date
Signature	Print full name	Date

DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT
AFFIDAVIT IN LIEU OF REGISTRATION STATEMENT

STATE OF _____)

)SS.:

COUNTY OF _____)

being duly sworn, depose(s) and say(s):

1. I am familiar with the real property know by _____ (the "Premises") and make this affidavit as (describe capacity in which affidavit is made) in connection with a deed/lease/memorandum of lease which transfers an interest in the above real property, is dated _____, and is between _____ as _____ and _____ as _____.

2. The statements made in this affidavit are true of my own knowledge and I submit this affidavit in order that this Instrument be accepted for recording without being accompanied by a registration statement, as such is defined by Section 27-2004(a)(7) of the Administrative Code of the City of New York and Section 4(7) of the Multiple Dwelling Law. The Instrument does not affect a dwelling which is or is to be occupied as the residence of three or more families because it affects the following (check applicable item):

- commercial building
- one or two-family dwelling
- condominium unit in a multiple dwelling
- cooperative corporation shares relating to a single residential unit in a multiple dwelling
- lease of commercial space in a multiple dwelling
- mineral, gas, water, air or other similar rights not affecting a multiple dwelling
- vacant land

Alternatively, registration is not required by reason of the following:

- The instrument being offered for recording is to clarify title, or to correct an instrument previously recorded on _____ in Liber (Record Liber) (Reel of Conveyance) (Page)
- This deed is one of a series conveying the same premises from several grantees to one owner, and the registration card is being filed with deed #1.
- The interest described in the deed submitted for recording is being or has been or shall be transferred to the grantor, or shall be transferred to the ultimate grantee, and a deed to that effect is simultaneously herewith presented for recording with a registration statement therefore.

3. I am aware that this affidavit is required by law to be submitted in order that the Instrument be recorded or accepted for record without being accompanied by registration statements. I am aware that false statements made in this affidavit may be punishable as a felony or misdemeanor under Article 210 of the Penal Law or as an offense under Section 1151-9.0 of the Administrative Code of the City of New York.

Sworn to before me on _____, _____.

Notary Public State of New York

THE CITY OF NEW YORK
DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT
OFFICE OF HOUSING PRESERVATION - DIVISION OF CODE ENFORCEMENT

PRELIMINARY RESIDENTIAL PROPERTY TRANSFER

The NYC Housing Maintenance, Code requires owners of multiple dwellings to register their properties with the Department of Housing Preservation and Development 1 or 2 family homes need not be registered if the owner lives in NYC. Failure to register is a violation of the law and may subject owners to fines of up to \$500, and to criminal penalties. In addition, failure to register may prevent the Owner or Managing Agent from bringing certain actions before the NYC Housing Court, including recovery of possession of premises for non-payment of rent.

Upon receipt of this completed form, a pre-printed computerized "PROPERTY REGISTRATION FORM" will be forwarded to you as to new owner of the property. The Computerized form must be filled out completely. Incorrect pre-printed data may be corrected in the space provided.

TYPE OF RESIDENTIAL PROPERTY: MULTIPLE DWELLING (3 OR MORE UNITS) 1-2 FAMILY HOUSE

1. PROPERTY ADDRESS:			MDR NUMBER
Borough	House No.	Street Name	

2. RESPONSIBLE PARTY INFORMATION (<i>the Individual or entity responsible for the property</i>)			
Indicate the relationship of the Responsible Party to the property by checking the appropriate box:			
<input type="checkbox"/> Individual Owner	<input type="checkbox"/> Joint Owner	<input type="checkbox"/> Corp/Condo/Co-op Officer	<input type="checkbox"/> Partner
<input type="checkbox"/> Other _____ <i>(Specify)</i>		<input type="checkbox"/> Managing Agent	
FIRST NAME:	M.I.	LAST NAME:	TITLE:
BLDG. NO. (BUS.):	STREET:		SUITE/RM.
CITY:	STATE:	ZIP:	PHONE:
EXT.:			
HOUSE NO. (RES.):	STREET:		APT.:
CITY:	STATE:	ZIP:	PHONE:
CORPORATION/PARTNERSHIP/ESTATE NAME (<i>If applicable</i>):			TAX ID NUMBER:

3. SIGNATURE SECTION (<i>sign and date this form and indicate your official capacity</i>)	
<input type="checkbox"/> Individual Owner	<input type="checkbox"/> Joint Owner
<input type="checkbox"/> Corporate Office	<input type="checkbox"/> General Partner
<input type="checkbox"/> Limited Partner	<input type="checkbox"/> Receiver
<input type="checkbox"/> Executor	<input type="checkbox"/> Managing Agent
<input type="checkbox"/> Other Agent	<input type="checkbox"/>
SIGNATURE _____ (specify)	

PRIOR OWNER (if known) Name:	Address:
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INSTRUCTIONS FOR USING THIS FORM

Please type or print in block letters. Using blue or black ink ONLY. DO NOT USE POST OFFICE BOX NUMBERS. ONLY ONE PROPERTY MAY BE REGISTERED ON THIS FORM. After completing the form, sign and date where required and submit to the Office of the City Register when you record your deed.

SECTION BY SECTION INSTRUCTIONS:

1. **PROPERTY ADDRESS:** Enter Borough, House Number, Street Name. Enter the Multiple Dwelling Registration (MDR) Number, if known.
2. **RESPONSIBLE PARTY INFORMATION.** Enter either the person's name or a business name, and Check the 'RELATIONSHIP' box. Enter a business address where mail is to be directed for this property, and/or a home address and associated telephone numbers. If a Corporation/Partnership/Estate name is used, the Tax ID Number MUST be entered
3. **SIGNATURE SECTION:** Sign and date this form. Indicate the capacity in which you are signing the form by checking appropriate box.

HPD OFFICE USE ONLY	RESP.
PRELIM. REG.	