

Owner Rent Regulation Applications

New York State Division of Housing and Community Renewal

Forms & Reports

Administration

Application Instructions

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NOTIFICATION DETAIL

Notification Detail

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Building Registration Number:

Building Address:

Notification

Building Information

Number of Units in the Building: *

Owner Information

Owner Name: *

Owner Mailing Address: *

Apartment Information

Apartment Number: *

Apartment Status: *

Bathroom Renovations:

Effective (Collection) Date:   Example: mm/dd/yyyy

Total IAI Cost: \$

Improvements (check all that apply):

Sink:

Shower Body:

Toilet:

Tub:

Plumbing:

Cabinets:

Vanity:

Floors and/or Wall Tiles:

Not Listed Above:

Type of Improvement:

Required when 'Not Listed Above' is selected

Kitchen Renovations:

Effective (Collection) Date:   Example: mm/dd/yyyy

Total IAI Cost: \$

Improvements (check all that apply):

Sink:

Stove:

Refrigerator:

Dishwasher:

Cabinets:

Plumbing:

Floors and/or Wall Tiles:



Countertops:

Not Listed Above:

Type of Improvement:

Required when 'Not Listed Above' is selected

Other Room Renovations:

Effective (Collection) Date:   Example: mm/dd/yyyy

Total IAI Cost: \$

Improvements (check all that apply):

Doors:

Windows:

Radiators:

Light Fixtures:

Electrical Work:

Sheetrock:

Not Listed Above:

Type of Improvement:

Required when 'Not Listed Above' is selected

Monthly Rent Increase

Total Amount of IAI Costs: \$ 0.00

Monthly Rent Increase: \$ 0.00

Update

Cancel

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