



CONDOMINIUM PROPERTY TAX ABATEMENT INITIAL APPLICATION

Mail to: NYC Department of Finance, Co-op/Condo Abatement, P.O. Box 311, Maplewood, NJ 07040-0311
Deadline: February 15 (or the next business day if this falls on a weekend or holiday)

INSTRUCTIONS

Use this application only if you are applying for the condominium abatement for the first time. To report changes from last year, complete the renewal and change form available at www.nyc.gov/ccabatement. Please include a copy of your current management contract or other documentation showing that you are authorized to manage transactions on the development's behalf.

The board of directors or managing agent must complete this application on behalf of the entire development. All sections must be completed, or the application will not be processed. Please include a copy of your management agreement or contract. If you are self-managed, please note this in Section A, item #3, "Name & Address of Condominium."

SECTION A: DEVELOPMENT INFORMATION

In this section, provide information for the entire condominium development. Information should be accurate as of January 5, 2020.

1. Please provide the condo # (if available) _____

2. Parcel Identification

Enter the borough, tax block, and tax billing lot of the condominium

Borough codes are: Manhattan-1, Bronx-2, Brooklyn-3, Queens-4, Staten Island-5

BOROUGH	BLOCK	LOT
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Unit Lot(s) _____ through _____

3. Name & Address of Condominium

ENTER THE NAME OF THE DEVELOPMENT

ADDRESS

4. Employer Identification Number (EIN)

Enter the condominium's Employer Identification Number

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5. Contact Information

AGENCY NAME (IF SELF-MANAGED, WRITE "SELF-MANAGED")		CONTACT NAME	
NUMBER AND STREET		CITY AND STATE	ZIP CODE
TELEPHONE NUMBER		EMAIL ADDRESS (FOR IMPORTANT UPDATES)	

6. Total Number of Buildings in the Condominium _____

7. Total Number of Units in the Condominium

RESIDENTIAL UNITS	RESIDENTIAL UNITS OWNED BY SPONSOR	COMMERCIAL UNITS	TOTAL UNITS
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SECTION B: UNIT INFORMATION

UNIT TYPES: RESIDENTIAL, COMMERCIAL, PARKING, OR STORAGE (R, C, P, S).

1. Use this form to report condominium unit information as of January 5 of the current tax year.
2. All fields must be completed for changes to be processed.
3. If a unit has multiple owners, please list all owners on a separate line.
4. The "Bldg #" column* in the table below is not for the address. If there are multiple buildings in the development, and they are numbered (1, 2, 3, etc.), enter their numbers here.
5. If the unit is owned by a trust or life estate, list (on separate lines) the trust and any trustees or beneficiaries..
6. Please note, the trust itself cannot have primary residence. Submit the information for the trustee or all beneficiaries living in the unit as their primary residence. If the primary resident is not listed on the deed/RPTT, please attach a copy of the trust.
7. Changes to or from a trust must be reported in order to keep the abatement.
8. For primary residence: If left blank or noted with a U for undecided, the system will automatically default to a N and the abatement will not be granted.

PLEASE PRINT LEGIBLY or TYPE.
 Illegible writing will delay processing. For your convenience and faster processing.
 You may submit your changes online at:
www.nyc.gov/ccrenewal

Borough: _____ **Condo Number (if available):** _____ **Condo Name:** _____

#	Block	Lot	Bldg #*	Unit #	Unit Type (R, C, P, S)	Sponsor Owned (Y or N)	Owner (Last, First) Only one owner per line	Social Security, EIN, or ITN #	Primary Residence? (Y or N)	Trust? (Y or N)	Sales Date Document date on deed	Sales Amount	# of Rooms	# of Bedrooms	Baths	Square Feet	Floor Number
1																	
2																	
3																	
4																	
5																	
6																	
7																	
8																	
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Use additional pages for larger condominiums.

SECTION C: CERTIFICATION

**Certification must be signed by the condominium's board of managers or the managing agent.
The postmark date will serve as the application date.**

I affirm that all the information contained in this application is true and correct to the best of my knowledge and belief. I understand that I am required to obtain primary residency information from unit owners or shareholders, who are responsible for verifying the accuracy of that information. I also understand that the willful making of any false statement of material fact herein will subject me to the provisions of the law relevant to the making and filing of false instruments and will render this application null and void. I agree to comply with and be subject to the rules issued by the Department of Finance pursuant to Real Property Tax Law 467-a.

SIGNATURE OF OFFICER	PRINT NAME
DATE	TITLE OF OFFICER
TELEPHONE NUMBER	EMAIL ADDRESS

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