

NEW YORK CITY DEPARTMENT OF FINANCE PROPERTY DIVISION - SURVEYOR UNIT Application for Condominium Apportionment

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Borough:		_ Sec.:	Vol.:	Block:		Lot:	
Date:	/	/					
INFORMATION	ON TO BE	COMPLETED	BY APPL	ICANT			
NAME OF				ADDRESS:			
Sponsor is a: (check one)	☐ Individua ☐ Other. Pl		☐ Corporation		•	LLC
Employer Identification Nur	mber:						
	ırchased, own	-		ge 2. te in New York withir	n the last 5 year	rs? 🗖 Y	ES 🗆 NO
		DO	NOT WRITE	BELOW THIS LINE			
RECORD OF CONDO	Approved by Declaration	RPAB		Reel:			
SURVEY BY: _							
					Lots Affected	New Lots	Lots Dropped
The subscriber here Apportioned by:	by certifies that, in	n making this applicat	ion for apportion	ment, he is acting as the	owner, or under the	direction of a	nd for the owner.
			Applicant: _				
DDIVA OV A OT NOTIFIC	Assessor	I Prince v. Act of 4074		address:			

PRIVACY ACT NOTIFICATION - The Federal Privacy Act of 1974, as amended, requires agencies requesting Social Security Numbers to inform individuals from whom they seek this information as to whether compliance with the request is voluntary or mandatory, why the request is being made and how the information will be used. The disclosure of Social Security Numbers for sponsors is mandatory and is required by section 11-102.1 of the Administrative Code of the City of New York. Disclosure by applicants is voluntary. Such numbers disclosed on any report or return are requested for tax administration purposes and will be used to facilitate the processing of tax returns and to establish and maintain a uniform system for identifying taxpayers who are or may be subject to taxes administered and collected by the Department of Finance. Such numbers may also be disclosed as part of information contained in the taxpayer's return to another department, person, agency or entity as may be required by law, or if the taxpayer gives written authorization to the Department of Finance.

OR
EMPLOYER IDENTIFICATION NUMBER

SCHEDULE 1 - APPORTIONMENT INVOLVING MULTIPLE SPONSORS AND/OR A PARTNERSHIP

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

SPONSOR(S)/PARTNER(S)

NAME		SOCIAL SECURITY NUMBER	
MAILING ADDRESS			
		OR EMPLOYER IDENTIFICATION NUMBER	
CITY AND STATE	ZIP CODE	-	
NAME		SOCIAL SECURITY NUMBER	
		SOCIAL SECURITY NUMBER	
MAILING ADDRESS	_		
MAILING ADDRESS		OR	
		EMPLOYER IDENTIFICATION NUMBER	
CITY AND STATE	ZIP CODE		
NAME		SOCIAL SECURITY NUMBER	
MAILING ADDRESS		_	
		OR	
		EMPLOYER IDENTIFICATION NUMBER	
CITY AND STATE	ZIP CODE		
NAME	NAME		
1		SOCIAL SECURITY NUMBER	

SCHEDULE 2 -

MAILING ADDRESS

CITY AND STATE

List name(s) of sponsor and/or individual partner and other real estate purchased, owned or sold in New York City within the past five years.

ZIP CODE

NAME OF SPONSOR/INDIVIDUAL PARTNER	ADDRESS OF OTHER REAL ESTATE