

ALL INFORMATION IS TO BE TYPED. IF A QUESTION DOES NOT APPLY, IT IS TO BE NOTED AS N/A (NOT APPLICABLE). ALL PAGES ARE TO BE RETURNED SIGNED AND DATED TO: **Research Assistant on Housing, Samantha Fountain P.O. Box 32, 99 Nichols Court, Hempstead, New York 11551.**

DATE: \_\_\_\_\_

ADDRESS OF BUILDING: \_\_\_\_\_

NUMBER OF APARTMENT UNITS \_\_\_\_\_ PROFESSIONAL UNITS \_\_\_\_\_ FLOORS \_\_\_\_\_

DATE OWNERSHIP COMMENCED: \_\_\_\_\_

FILL OUT PART (A) OR (B)

**PART A**

| <b><u>NAME OF PARTNERS/<br/>PRINCIPALS</u></b> | <b>BUSINESS</b>       | <b>HOME</b>           | <b>BUSINESS</b>       | <b>HOME</b>           |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
|  | <b><u>ADDRESS</u></b> | <b><u>ADDRESS</u></b> | <b><u>PHONE #</u></b> | <b><u>PHONE #</u></b> |
| _____  | _____                 | _____                 | _____                 | _____                 |
| _____  | _____                 | _____                 | _____                 | _____                 |
| _____  | _____                 | _____                 | _____                 | _____                 |
| _____  | _____                 | _____                 | _____                 | _____                 |
| _____  | _____                 | _____                 | _____                 | _____                 |
| _____  | _____                 | _____                 | _____                 | _____                 |

**PART B**

| <b>CORPORATE NAME</b> | <b>ADDRESS</b> |
|-----------------------|----------------|
| _____                 | _____          |

| <b><u>DIRECTORS/<br/>OFFICERS TITLES</u></b> | <b><u>BUSINESS<br/>ADDRESS</u></b> | <b><u>HOME<br/>ADDRESS</u></b> | <b><u>BUSINESS<br/>PHONE #</u></b> | <b><u>HOME<br/>PHONE #</u></b> |
|--|------------------------------------|--------------------------------|------------------------------------|--------------------------------|
| _____  | _____                              | _____                          | _____                              | _____                          |
| _____  | _____                              | _____                          | _____                              | _____                          |
| _____  | _____                              | _____                          | _____                              | _____                          |
| _____  | _____                              | _____                          | _____                              | _____                          |
| _____  | _____                              | _____                          | _____                              | _____                          |

**NAME, ADDRESS AND TELEPHONE NUMBER OF OPERATING AGENT (NOTE IF SELF MANAGED):**

| <u>FIRST &amp; LAST NAME</u> | <u>ADDRESS</u> | <u>PHONE NUMBER</u> |
|------------------------------|----------------|---------------------|
| _____                        | _____          | _____               |

**NAME, ADDRESS AND TELEPHONE NUMBER OF RESIDENT SUPERINTENDENT (INCLUDE APARTMENT):**

| <u>FIRST &amp; LAST NAME</u> | <u>ADDRESS</u> | <u>CELL &amp; PHONE NUMBERS</u> |
|------------------------------|----------------|---------------------------------|
| _____                        | _____          | _____<br>_____                  |

**IN CASE OF EMERGENCY – PERSON RESPONSIBLE (OTHER THAN SUPERINTENDENT)**

| <u>FIRST &amp; LAST NAME</u> | <u>ADDRESS</u> | <u>CELL &amp; PHONE NUMBERS</u> |
|------------------------------|----------------|---------------------------------|
| _____                        | _____          | _____<br>_____                  |

I \_\_\_\_\_, hereby certify that the above and attached statement of ownership and tenancy is a true copy, and I further understand that any changes in said owner's statement occurring after the filing date, will be forwarded to the Tenant Coordinator of the Incorporated Village of Hempstead within thirty (30) days of said changes.

| <b>SIGNED</b> | <b>TITLE</b> | <b>DATE</b> |
|---------------|--------------|-------------|
| _____         | _____        | _____       |