



Annual Apartment Registration 2022

NOTICE: IMPORTANT TENANT INFORMATION ON OTHER SIDE OF FORM

DHCR website: www.hcr.ny.gov

<p>1. Building Registration Number 310347</p> <p>2a. Tenant in Occupancy on 4/1/2022 <input type="checkbox"/> Vacant KEISHA BUDHAI MUSHTAQ BUDHAI</p> <p><input type="checkbox"/> Tenant succeeded to apartment after 6/19/1997</p> <p>2b. Not-for-Profit (Homeless Unit) <input type="checkbox"/> Not-for-Profit (Homeless Unit) Not-for-Profit Service Provider</p> <p>3. Apartment Street Address 202 CLARKSON AVE</p> <p>4. Apartment Number 1F</p> <p>5. City, Town or Village BROOKLYN 6. ZIP Code (plus 4) NY 11226</p> <p>7a. If this apartment is temporarily exempt, indicate reason below <input type="checkbox"/> Transient Occupancy in Hotel/SRO <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Commercial/Professional <input type="checkbox"/> Employee <input type="checkbox"/> Not-for-Profit (Non-Homeless Unit) <input type="checkbox"/> Other</p> <p>7b. If this Apartment became permanently exempt since 2021 Registration, indicate effective date and reason below: Effective Date of Exemption: _____</p> <p><input type="checkbox"/> Coop/Condo Occupied by Owner or Non-Protected Tenant <input type="checkbox"/> Substantial Building Rehabilitation <input type="checkbox"/> Other: _____</p> <p>Qualifying Expiration of: <input type="checkbox"/> Sec 11-243 or 11-244 (J-51) <input type="checkbox"/> Sec 608 <input type="checkbox"/> Sec 421-a</p> <p>14. Owner / Managing Agent <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Managing Agent <input type="checkbox"/> Coop / Condo Owner GERSHWIN SAMUEL 5310 CHURCH AVENUE BROOKLYN, NY 11203</p>	<p>8a. Legal Regulated Rent on 4/1/2022 \$1,158.00 per <input checked="" type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> 421-a Income Restricted Unit * <input type="checkbox"/> 421-a Market Rate Unit <small>* This 421-a Income Restricted Unit is reserved for individuals or families whose incomes at the time of initial occupancy do not exceed _____ % of the area median incomes, as adjusted for family size.</small></p> <p>8b. Preferential rent in effect on 4/1/2022 _____ per <input type="checkbox"/> Month <input type="checkbox"/> Week</p> <p>9. Other Adjustments: <input type="checkbox"/> SCRIE <input type="checkbox"/> DRIE <input type="checkbox"/> DHCR Rent Reduction Order <input type="checkbox"/> Section 8 <input type="checkbox"/> Appliance Surcharge <input type="checkbox"/> Other: _____</p> <p>Enter Actual Payment by Tenant on 4/1/2022 (if different than 8a. and 8b.) _____ per <input type="checkbox"/> Month <input type="checkbox"/> Week</p> <p>10. Lease in effect on 4/1/2022 <input type="checkbox"/> None Began On 11/1/2021 Expires On 10/31/2022</p> <p>11. Rent has changed since 2021 registration due to: <input type="checkbox"/> Second Succession <input type="checkbox"/> Lease Renewal <input type="checkbox"/> Vacancy Lease <input type="checkbox"/> 421-a (2.2%)</p> <p>12. Rent changes since 2021 registration due to DHCR rent adjustment order(s): <input type="checkbox"/> Major Capital Improvement <input type="checkbox"/> Fair Market Rent Appeal <input type="checkbox"/> Rent Overcharge <input type="checkbox"/> Hardship</p> <p>13. Rent changes since 2021 registration due to Individual Apartment Improvements: Effective Date (Date of first collection): _____ Monthly Rent Increase: _____ Total Cost: _____ Reason for Increase: <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dishwasher <input type="checkbox"/> A/C <input type="checkbox"/> Windows <input type="checkbox"/> Other Notification Submitted to DHCR: _____ Informed Consent Submitted to DHCR: _____ Date Notification / Informed Consent Submitted to DHCR: _____</p>
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<p>1. Building Registration Number 310347</p> <p>2a. Tenant in Occupancy on 4/1/2022 <input type="checkbox"/> Vacant SHAUN WINT BERNICE LEWIS</p> <p><input type="checkbox"/> Tenant succeeded to apartment after 6/19/1997</p> <p>2b. Not-for-Profit (Homeless Unit) <input type="checkbox"/> Not-for-Profit (Homeless Unit) Not-for-Profit Service Provider</p> <p>3. Apartment Street Address 202 CLARKSON AVE</p> <p>4. Apartment Number 1R</p> <p>5. City, Town or Village 6. ZIP Code (plus 4) BROOKLYN NY 11226</p> <p>7a. If this apartment is temporarily exempt, indicate reason below</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Transient Occupancy in Hotel/SRO</td> <td><input type="checkbox"/> Owner Occupied</td> </tr> <tr> <td><input type="checkbox"/> Commercial/Professional</td> <td><input type="checkbox"/> Employee</td> </tr> <tr> <td><input type="checkbox"/> Not-for-Profit (Non-Homeless Unit)</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p>7b. If this Apartment became permanently exempt since 2021 Registration, indicate effective date and reason below:</p> <p>Effective Date of Exemption: _____</p> <p><input type="checkbox"/> Coop/Condo Occupied by Owner or Non-Protected Tenant <input type="checkbox"/> Substantial Building Rehabilitation <input type="checkbox"/> Other: _____</p> <p>Qualifying Expiration of:</p> <p><input type="checkbox"/> Sec 11-243 or 11-244 (J-51) <input type="checkbox"/> Sec 608 <input type="checkbox"/> Sec 421-a</p>	<input type="checkbox"/> Transient Occupancy in Hotel/SRO	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Commercial/Professional	<input type="checkbox"/> Employee	<input type="checkbox"/> Not-for-Profit (Non-Homeless Unit)	<input type="checkbox"/> Other	<p>8a. Legal Regulated Rent on 4/1/2022 \$1,366.22 per <input checked="" type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> 421-a Income Restructured Unit * <input type="checkbox"/> 421-a Market Rate Unit</p> <p><small>* This 421-a Income Restricted Unit is reserved for individuals or families whose incomes at the time of initial occupancy do not exceed _____ % of the area median incomes, as adjusted for family size.</small></p> <p>8b. Preferential rent in effect on 4/1/2022 _____ per <input type="checkbox"/> Month <input type="checkbox"/> Week</p> <p>9. Other Adjustments:</p> <p><input type="checkbox"/> SCRIE <input type="checkbox"/> DRIE <input type="checkbox"/> DHCR Rent Reduction Order <input type="checkbox"/> Section 8 <input type="checkbox"/> Appliance Surcharge <input type="checkbox"/> Other: _____</p> <p>Enter Actual Payment by Tenant on 4/1/2022 (if different than 8a. and 8b.) _____ per <input type="checkbox"/> Month <input type="checkbox"/> Week</p> <p>10. Lease in effect on 4/1/2022 <input type="checkbox"/> None Began On 3/1/2022 Expires On 2/28/2023</p> <p>11. Rent has changed since 2021 registration due to:</p> <p><input type="checkbox"/> Second Succession <input type="checkbox"/> Lease Renewal <input type="checkbox"/> Vacancy Lease <input type="checkbox"/> 421-a (2.2%)</p> <p>12. Rent changes since 2021 registration due to DHCR rent adjustment order(s):</p> <p><input type="checkbox"/> Major Capital Improvement <input type="checkbox"/> Fair Market Rent Appeal <input type="checkbox"/> Rent Overcharge <input type="checkbox"/> Hardship</p> <p>13. Rent changes since 2021 registration due to Individual Apartment Improvements:</p> <p>Effective Date (Date of first collection): _____ Monthly Rent Increase: _____ Total Cost: _____ Reason for Increase: <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dishwasher <input type="checkbox"/> A/C <input type="checkbox"/> Windows <input type="checkbox"/> Other</p> <p>Notification Submitted to DHCR: _____ Informed Consent Submitted to DHCR: _____ Date Notification / Informed Consent Submitted to DHCR: _____</p>
<input type="checkbox"/> Transient Occupancy in Hotel/SRO	<input type="checkbox"/> Owner Occupied						
<input type="checkbox"/> Commercial/Professional	<input type="checkbox"/> Employee						
<input type="checkbox"/> Not-for-Profit (Non-Homeless Unit)	<input type="checkbox"/> Other						
<p>14. Owner / Managing Agent</p> <p><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Managing Agent <input type="checkbox"/> Coop / Condo Owner</p> <p>GERSHWIN SAMUEL 5310 CHURCH AVENUE BROOKLYN, NY 11203</p>							



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<p>1. Building Registration Number 310347</p> <p>2a. Tenant in Occupancy on 4/1/2022 <input type="checkbox"/> Vacant EVELYN BROWN</p> <p><input type="checkbox"/> Tenant succeeded to apartment after 6/19/1997</p> <p>2b. Not-for-Profit (Homeless Unit) <input type="checkbox"/> Not-for-Profit (Homeless Unit) Not-for-Profit Service Provider</p> <p>3. Apartment Street Address 202 CLARKSON AVE</p> <p>4. Apartment Number 2F</p> <p>5. City, Town or Village BROOKLYN 6. ZIP Code (plus 4) NY 11226</p> <p>7a. If this apartment is temporarily exempt, indicate reason below <input type="checkbox"/> Transient Occupancy in Hotel/SRO <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Commercial/Professional <input type="checkbox"/> Employee <input type="checkbox"/> Not-for-Profit (Non-Homeless Unit) <input type="checkbox"/> Other</p> <p>7b. If this Apartment became permanently exempt since 2021 Registration, indicate effective date and reason below: Effective Date of Exemption: _____</p> <p><input type="checkbox"/> Coop/Condo Occupied by Owner or Non-Protected Tenant <input type="checkbox"/> Substantial Building Rehabilitation <input type="checkbox"/> Other: _____</p> <p>Qualifying Expiration of: <input type="checkbox"/> Sec 11-243 or 11-244 (J-51) <input type="checkbox"/> Sec 608 <input type="checkbox"/> Sec 421-a</p> <p>14. Owner / Managing Agent <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Managing Agent <input type="checkbox"/> Coop / Condo Owner</p> <p>GERSHWIN SAMUEL 5310 CHURCH AVENUE BROOKLYN, NY 11203</p>	<p>8a. Legal Regulated Rent on 4/1/2022 \$1,326.00 per <input checked="" type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> 421-a Income Restricted Unit * <input type="checkbox"/> 421-a Market Rate Unit</p> <p><small>* This 421-a Income Restricted Unit is reserved for individuals or families whose incomes at the time of initial occupancy do not exceed _____ % of the area median incomes, as adjusted for family size.</small></p> <p>8b. Preferential rent in effect on 4/1/2022 _____ per <input type="checkbox"/> Month <input type="checkbox"/> Week</p> <p>9. Other Adjustments: <input checked="" type="checkbox"/> SCRIE <input type="checkbox"/> DRIE <input type="checkbox"/> DHCR Rent Reduction Order <input type="checkbox"/> Section 8 <input type="checkbox"/> Appliance Surcharge <input type="checkbox"/> Other: _____</p> <p>Enter Actual Payment by Tenant on 4/1/2022 (if different than 8a. and 8b.) \$946.57 per <input checked="" type="checkbox"/> Month <input type="checkbox"/> Week</p> <p>10. Lease in effect on 4/1/2022 <input type="checkbox"/> None Began On 11/1/2021 Expires On 10/31/2022</p> <p>11. Rent has changed since 2021 registration due to: <input type="checkbox"/> Second Succession <input type="checkbox"/> Lease Renewal <input type="checkbox"/> Vacancy Lease <input type="checkbox"/> 421-a (2.2%)</p> <p>12. Rent changes since 2021 registration due to DHCR rent adjustment order(s): <input type="checkbox"/> Major Capital Improvement <input type="checkbox"/> Fair Market Rent Appeal <input type="checkbox"/> Rent Overcharge <input type="checkbox"/> Hardship</p> <p>13. Rent changes since 2021 registration due to Individual Apartment Improvements: Effective Date (Date of first collection): _____ Monthly Rent Increase: _____ Total Cost: _____ Reason for Increase: <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dishwasher <input type="checkbox"/> A/C <input type="checkbox"/> Windows <input type="checkbox"/> Other Notification Submitted to DHCR: _____ Informed Consent Submitted to DHCR: _____ Date Notification / Informed Consent Submitted to DHCR: _____</p>
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<p>1. Building Registration Number 310347</p> <p>2a. Tenant in Occupancy on 4/1/2022 <input checked="" type="checkbox"/> Vacant</p> <p><input type="checkbox"/> Tenant succeeded to apartment after 6/19/1997</p> <p>2b. Not-for-Profit (Homeless Unit) <input type="checkbox"/> Not-for-Profit (Homeless Unit) Not-for-Profit Service Provider</p> <p>3. Apartment Street Address 202 CLARKSON AVE</p> <p>4. Apartment Number 2R</p> <p>5. City, Town or Village BROOKLYN 6. ZIP Code (plus 4) NY 11226</p> <p>7a. If this apartment is temporarily exempt, indicate reason below</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Transient Occupancy in Hotel/SRO</td> <td><input type="checkbox"/> Owner Occupied</td> </tr> <tr> <td><input type="checkbox"/> Commercial/Professional</td> <td><input type="checkbox"/> Employee</td> </tr> <tr> <td><input type="checkbox"/> Not-for-Profit (Non-Homeless Unit)</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p>7b. If this Apartment became permanently exempt since 2021 Registration, indicate effective date and reason below:</p> <p>Effective Date of Exemption: _____</p> <p><input type="checkbox"/> Coop/Condo Occupied by Owner or Non-Protected Tenant <input type="checkbox"/> Substantial Building Rehabilitation <input type="checkbox"/> Other: _____</p> <p>Qualifying Expiration of:</p> <p><input type="checkbox"/> Sec 11-243 or 11-244 (J-51) <input type="checkbox"/> Sec 608 <input type="checkbox"/> Sec 421-a</p>	<input type="checkbox"/> Transient Occupancy in Hotel/SRO	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Commercial/Professional	<input type="checkbox"/> Employee	<input type="checkbox"/> Not-for-Profit (Non-Homeless Unit)	<input type="checkbox"/> Other	<p>8a. Legal Regulated Rent on 4/1/2022 \$1,169.00 per <input checked="" type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> 421-a Income Restricted Unit * <input type="checkbox"/> 421-a Market Rate Unit</p> <p><small>* This 421-a Income Restricted Unit is reserved for individuals or families whose incomes at the time of initial occupancy do not exceed _____ % of the area median incomes, as adjusted for family size.</small></p> <hr/> <p>8b. Preferential rent in effect on 4/1/2022 _____ per <input type="checkbox"/> Month <input type="checkbox"/> Week</p> <p>9. Other Adjustments:</p> <p><input type="checkbox"/> SCRIE <input type="checkbox"/> DRIE <input type="checkbox"/> DHCR Rent Reduction Order <input type="checkbox"/> Section 8 <input type="checkbox"/> Appliance Surcharge <input type="checkbox"/> Other: _____</p> <p>Enter Actual Payment by Tenant on 4/1/2022 (if different than 8a. and 8b.) _____ per <input type="checkbox"/> Month <input type="checkbox"/> Week</p> <p>10. Lease in effect on 4/1/2022 <input type="checkbox"/> None Began On _____ Expires On _____</p> <p>11. Rent has changed since 2021 registration due to:</p> <p><input type="checkbox"/> Second Succession <input type="checkbox"/> Lease Renewal <input type="checkbox"/> Vacancy Lease <input type="checkbox"/> 421-a (2.2%)</p> <p>12. Rent changes since 2021 registration due to DHCR rent adjustment order(s):</p> <p><input type="checkbox"/> Major Capital Improvement <input type="checkbox"/> Fair Market Rent Appeal <input type="checkbox"/> Rent Overcharge <input type="checkbox"/> Hardship</p> <p>13. Rent changes since 2021 registration due to Individual Apartment Improvements:</p> <p>Effective Date (Date of first collection): _____ Monthly Rent Increase: _____ Total Cost: _____ Reason for Increase:</p> <p><input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dishwasher <input type="checkbox"/> A/C <input type="checkbox"/> Windows <input type="checkbox"/> Other</p> <p>Notification Submitted to DHCR: _____ Informed Consent Submitted to DHCR: _____ Date Notification / Informed Consent Submitted to DHCR: _____</p>
<input type="checkbox"/> Transient Occupancy in Hotel/SRO	<input type="checkbox"/> Owner Occupied						
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<p>14. Owner / Managing Agent</p> <p><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Managing Agent <input type="checkbox"/> Coop / Condo Owner</p> <p>GERSHWIN SAMUEL 5310 CHURCH AVENUE BROOKLYN, NY 11203</p>							



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<p>1. Building Registration Number 310347</p> <p>2a. Tenant in Occupancy on 4/1/2022 <input type="checkbox"/> Vacant HERMINE BUDHAI</p> <p><input type="checkbox"/> Tenant succeeded to apartment after 6/19/1997</p> <p>2b. Not-for-Profit (Homeless Unit) <input type="checkbox"/> Not-for-Profit (Homeless Unit) Not-for-Profit Service Provider</p> <p>3. Apartment Street Address 202 CLARKSON AVE</p> <p>4. Apartment Number 3F</p> <p>5. City, Town or Village BROOKLYN 6. ZIP Code (plus 4) NY 11226</p> <p>7a. If this apartment is temporarily exempt, indicate reason below <input type="checkbox"/> Transient Occupancy in Hotel/SRO <input type="checkbox"/> Owner Occupied <input type="checkbox"/> Commercial/Professional <input type="checkbox"/> Employee <input type="checkbox"/> Not-for-Profit (Non-Homeless Unit) <input type="checkbox"/> Other</p> <p>7b. If this Apartment became permanently exempt since 2021 Registration, indicate effective date and reason below: Effective Date of Exemption: _____ <input type="checkbox"/> Coop/Condo Occupied by Owner or Non-Protected Tenant <input type="checkbox"/> Substantial Building Rehabilitation <input type="checkbox"/> Other: _____</p> <p>Qualifying Expiration of: <input type="checkbox"/> Sec 11-243 or 11-244 (J-51) <input type="checkbox"/> Sec 608 <input type="checkbox"/> Sec 421-a</p> <p>14. Owner / Managing Agent <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Managing Agent <input type="checkbox"/> Coop / Condo Owner GERSHWIN SAMUEL 5310 CHURCH AVENUE BROOKLYN, NY 11203</p>	<p>8a. Legal Regulated Rent on 4/1/2022 \$1,339.50 per <input checked="" type="checkbox"/> Month <input type="checkbox"/> Week <input type="checkbox"/> 421-a Income Restructured Unit * <input type="checkbox"/> 421-a Market Rate Unit <small>* This 421-a Income Restricted Unit is reserved for individuals or families whose incomes at the time of initial occupancy do not exceed _____ % of the area median incomes, as adjusted for family size.</small></p> <p>8b. Preferential rent in effect on 4/1/2022 _____ per <input type="checkbox"/> Month <input type="checkbox"/> Week</p> <p>9. Other Adjustments: <input type="checkbox"/> SCRIE <input type="checkbox"/> DRIE <input type="checkbox"/> DHCR Rent Reduction Order <input type="checkbox"/> Section 8 <input type="checkbox"/> Appliance Surcharge <input type="checkbox"/> Other: _____</p> <p>Enter Actual Payment by Tenant on 4/1/2022 (if different than 8a. and 8b.) _____ per <input type="checkbox"/> Month <input type="checkbox"/> Week</p> <p>10. Lease in effect on 4/1/2022 <input type="checkbox"/> None Began On 11/1/2021 Expires On 10/31/2022</p> <p>11. Rent has changed since 2021 registration due to: <input type="checkbox"/> Second Succession <input type="checkbox"/> Lease Renewal <input type="checkbox"/> Vacancy Lease <input type="checkbox"/> 421-a (2.2%)</p> <p>12. Rent changes since 2021 registration due to DHCR rent adjustment order(s): <input type="checkbox"/> Major Capital Improvement <input type="checkbox"/> Fair Market Rent Appeal <input type="checkbox"/> Rent Overcharge <input type="checkbox"/> Hardship</p> <p>13. Rent changes since 2021 registration due to Individual Apartment Improvements: Effective Date (Date of first collection): _____ Monthly Rent Increase: _____ Total Cost: _____ Reason for Increase: <input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dishwasher <input type="checkbox"/> A/C <input type="checkbox"/> Windows <input type="checkbox"/> Other Notification Submitted to DHCR: _____ Informed Consent Submitted to DHCR: _____ Date Notification / Informed Consent Submitted to DHCR: _____</p>
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<p>1. Building Registration Number 310347</p> <p>2a. Tenant in Occupancy on 4/1/2022 <input type="checkbox"/> Vacant ANGELA ARIAS</p> <p><input type="checkbox"/> Tenant succeeded to apartment after 6/19/1997</p> <p>2b. Not-for-Profit (Homeless Unit) <input type="checkbox"/> Not-for-Profit (Homeless Unit) Not-for-Profit Service Provider</p> <p>3. Apartment Street Address 202 CLARKSON AVE</p> <p>4. Apartment Number 3R</p> <p>5. City, Town or Village BROOKLYN 6. ZIP Code (plus 4) NY 11226</p> <p>7a. If this apartment is temporarily exempt, indicate reason below</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Transient Occupancy in Hotel/SRO</td> <td><input type="checkbox"/> Owner Occupied</td> </tr> <tr> <td><input type="checkbox"/> Commercial/Professional</td> <td><input type="checkbox"/> Employee</td> </tr> <tr> <td><input type="checkbox"/> Not-for-Profit (Non-Homeless Unit)</td> <td><input type="checkbox"/> Other</td> </tr> </table> <p>7b. If this Apartment became permanently exempt since 2021 Registration, indicate effective date and reason below:</p> <p>Effective Date of Exemption: _____</p> <p><input type="checkbox"/> Coop/Condo Occupied by Owner or Non-Protected Tenant</p> <p><input type="checkbox"/> Substantial Building Rehabilitation</p> <p><input type="checkbox"/> Other: _____</p> <p>Qualifying Expiration of:</p> <p><input type="checkbox"/> Sec 11-243 or 11-244 (J-51)</p> <p><input type="checkbox"/> Sec 608</p> <p><input type="checkbox"/> Sec 421-a</p>	<input type="checkbox"/> Transient Occupancy in Hotel/SRO	<input type="checkbox"/> Owner Occupied	<input type="checkbox"/> Commercial/Professional	<input type="checkbox"/> Employee	<input type="checkbox"/> Not-for-Profit (Non-Homeless Unit)	<input type="checkbox"/> Other	<p>8a. Legal Regulated Rent on 4/1/2022 \$1,139.09 per <input checked="" type="checkbox"/> Month <input type="checkbox"/> Week</p> <p><input type="checkbox"/> 421-a Income Restricted Unit * <input type="checkbox"/> 421-a Market Rate Unit</p> <p><small>* This 421-a Income Restricted Unit is reserved for individuals or families whose incomes at the time of initial occupancy do not exceed _____ % of the area median incomes, as adjusted for family size.</small></p> <hr/> <p>8b. Preferential rent in effect on 4/1/2022 _____ per <input type="checkbox"/> Month <input type="checkbox"/> Week</p> <p>9. Other Adjustments:</p> <p><input type="checkbox"/> SCRIE <input type="checkbox"/> DRIE <input type="checkbox"/> DHCR Rent Reduction Order</p> <p><input type="checkbox"/> Section 8 <input type="checkbox"/> Appliance Surcharge</p> <p><input type="checkbox"/> Other: _____</p> <p>Enter Actual Payment by Tenant on 4/1/2022 (if different than 8a. and 8b.) _____ per <input type="checkbox"/> Month <input type="checkbox"/> Week</p> <p>10. Lease in effect on 4/1/2022 <input type="checkbox"/> None Began On 11/1/2021 Expires On 10/31/2023</p> <p>11. Rent has changed since 2021 registration due to:</p> <p><input type="checkbox"/> Second Succession <input type="checkbox"/> Lease Renewal <input type="checkbox"/> Vacancy Lease <input type="checkbox"/> 421-a (2.2%)</p> <p>12. Rent changes since 2021 registration due to DHCR rent adjustment order(s):</p> <p><input type="checkbox"/> Major Capital Improvement <input type="checkbox"/> Fair Market Rent Appeal <input type="checkbox"/> Rent Overcharge <input type="checkbox"/> Hardship</p> <p>13. Rent changes since 2021 registration due to Individual Apartment Improvements:</p> <p>Effective Date (Date of first collection): _____</p> <p>Monthly Rent Increase: _____ Total Cost: _____</p> <p>Reason for Increase:</p> <p><input type="checkbox"/> Stove <input type="checkbox"/> Refrigerator <input type="checkbox"/> Dishwasher</p> <p><input type="checkbox"/> A/C <input type="checkbox"/> Windows</p> <p><input type="checkbox"/> Other</p> <p>Notification Submitted to DHCR: _____</p> <p>Informed Consent Submitted to DHCR: _____</p> <p>Date Notification / Informed Consent Submitted to DHCR: _____</p>
<input type="checkbox"/> Transient Occupancy in Hotel/SRO	<input type="checkbox"/> Owner Occupied						
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<p>14. Owner / Managing Agent</p> <p><input type="checkbox"/> Owner <input checked="" type="checkbox"/> Managing Agent <input type="checkbox"/> Coop / Condo Owner</p> <p>GERSHWIN SAMUEL 5310 CHURCH AVENUE BROOKLYN, NY 11203</p>							