

CERTIFICATION BY CO-OP BOARD OF MANAGERS

**FOR PROPERTY TAX EXEMPTION APPLICANTS
OF COOPERATIVE APARTMENTS**

THE FOLLOWING INFORMATION MUST BE COMPLETED BY AN OFFICER/MANAGING AGENT OF THE COOPERATIVE CORPORATION:

- 1) NAME(S) OF APPLICANT _____
- 2) APPLICANT'S UNIT/APARTMENT NUMBER _____
- 3) NAME(S) OF THE SHAREHOLDERS OF THIS UNIT _____
- 4) IF MORE THAN ONE OWNER, BE SURE TO LIST ALL OWNERS HERE _____

- 5) NUMBER OF SHARES IN THIS UNIT OWNED BY APPLICANT _____
- 6) DATE APPLICANT PURCHASED THESE SHARES _____
- 7) ADDRESS OF THE BUILDING IN WHICH THE UNIT IS LOCATED:

- 8) TAX MAP IDENTIFICATION OF THE BUILDING IN WHICH THE UNIT IS LOCATED

- 9) TOTAL NUMBER OF SHARES FOR THIS BUILDING _____
- 10) THE UNIT IS THE PRIMARY RESIDENCE OF THE APPLICANT(S) YES ___ NO ___

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER CERTIFY THAT THE COOPERATIVE CORPORATION/MANAGING AGENT WILL NOTIFY THE ASSESSOR OF ANY TRANSFER OF THE SHARES OF THIS UNIT.

Signature of Officer/Managing Agent

Print Name

Title

Telephone Number

Address

Date

**LAST DATE TO FILE
DECEMBER 1ST.**