

Dear Shareholders:

The New York City Department of Finance requires that management companies provide information of all eligible cooperative Shareholders and condominium Unit Owners in order to receive the NYC real estate tax abatement credits.

Please fill out the attached survey form as best as you can in its entirety by referring to your proprietary lease for your survey answers. This information will only be used to update your records in our system as well as to report to the NYC Department of Finance regarding the residency status of all our shareholders in order for the city to determine eligibility for the co-op tax abatement.

***Please note, it is important to complete the survey in it's entirety for us to be able to update your information with***

***NYC Department of Finance.***

Please feel free to reach out to us at 516-876-4800 or email us at [coopabatement@kaled.com](mailto:coopabatement@kaled.com) should you require any assistance.

**\*\* Please Return in Enclosed Envelope or Email To: [coopabatement@kaled.com](mailto:coopabatement@kaled.com) \*\***

**COOP ABATEMENT RESIDENT VERIFICATION SURVEY**

1. Name of all shareholders listed on the proprietary lease (separate with commas if multiple)

\_\_\_\_\_

2. Do you own more than 3 units within the same property? Yes / No

Full address with unit number(s) \_\_\_\_\_

3. Is your Unit or at least one of your units your primary residence? Yes / No

4. Is your unit sponsor owned? Yes / No

5. Is your unit owed by a trust? Yes / No

If your unit is owned by a trust, are you the trustee or beneficiary living there with unit being your primary residence? Yes / No

6. Please list the social security number or the tax ID number of all shareholders on the proprietary lease:

\_\_\_\_\_

7. Have there been any circumstances or changes in residency since January 1, 2018 that may require updated information to be submitted to the city? Yes / No

Please state the reason for this change: \_\_\_\_\_

**\*\*Please send proof of primary residency together with this survey \*\* (example: copy of State ID)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_