



## Lease Checklist

Last Name			First Name		
Address				Apt #	
Entity Code		Entity Name			

Tenant Type	Regulation Status	Lease Type	Lease Term
Community Rental	Rent Stabilized	New	1 year
DHS Referral	Non-Rent Stabilized	Renewal	2 year
DMH			
HASA			

Unit Type (check all that apply)								
LIHTC	Section 8	NY/NY	HASA	Home	Inclusionary	Harassment Cure	Market	Other-HPD (Reg) & Regulatory Agmt

Income Band						
(V/L)	(L)					
50% AMI	60 % AMI	80 % AMI	125 % AMI	165 % AMI	Market	

Lease Expiration Date	(New) Lease Start Date	(New) Lease End Date

Current Rent	Rent Increase (%)	Increase Amount	New Rent	Tenant Portion	Rent Subsidy	Preferential Rent (if any)
	1 year					
	2 year					

Subsidy Type (check all that apply)					Other				
Section 8									
Sec 8 Voucher	Sec 8 Mod	Sec 8 NYCHA	PBV	TBV	HASA	SCRIE	S+C	IPS	

Rider Type (check all that apply)						
LIHTC	Harassment Cure	Section 8	Inclusionary	IPS	Employee Occupied Unit	

Security Deposit	Additional Deposit
	1 year
	2 year

Prepared By	Date
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Reviewed By	Date
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