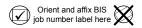


HPD3: Single Room Occupancy Multiple Dwelling (SRO MD) Anti-Harassment Checklist



Must be typewritten.

					•	•
1	Location Information R	equired for all applications.				
_	House No(s)	Street Name	Work Proposed on Floor No(s)			
	Borough	Block	Lot	BIN	CB No.	
2	Applicant of Record Re	equired for all applications.				
	Last Name First Name				Middle Initial	
	Business Name				Business Telephone	
	Business Address				Business Fax	
	City	State	Zip		Mobile Telephone	
	E-Mail				License Number	□ PE □ RA
3	Exemption/Certification Declaration Required for all applications. For every yes/no question required, you must answer "yes" or "no".					
	In accordance with 28 RCNY § 10-02, Rules of the Department of Housing Preservation and Development, I certify that the scope of work for the job number identified above: Yes No					
4		an updated HP3 and a new C and Signatures Required				
	Falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. It is unlawful to give to a city employee, or for a city employee to accept, any benefit, monetary or otherwise, either as a gratuity for properly performing the job or in exchange for special consideration. Violation is			e or Nam y for ion is	ne (please print)	1
	punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement, application, report or certification of the correction of a violation required under the provisions of this code or of a rule of any agency, I may be		orm, iolation	nature	Date	
	barred from filing further applications or documents with the Department.			P.E.	/ R.A. Seal (apply seal, then	sign and date over seal)