

BILL TO: _____

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ADDRESS OF BUILDING _____

LANDLORD _____

MDR # _____ AGENT _____

DHCR OR RENT STABILIZATION # _____

***BOOK NUMBER	Tenants Name	Apt. No.	Floor	Rent per Month	Total Due	Controlled	*Due Date	**Stabilized	Check if Lease	Specify Which Months Are Due	Additional Charges if Any
1.											
2.											
3.											
4.											
5.											

*Indicate Only In Not 1st of Month Tenancy

**Indicate Which of Following Applies

<p>Stabilized Apartments 05 STABILIZED BEFORE 6/30/71 AND SAME TENANTS 06 STABILIZED BEFORE 6/30/71 RERENTED BEFORE 7/1/74 07 ETPA 1974 RERENTED AFTER 7/1/74 08 VACANCY DECONTROLLED RERENTED BEFORE 7/1/74 10 BUILT AFTER 3/10/69 AND STABILIZED 7/1/74 22 BUILT AFTER 7/1/74 WITH J51 OR 421A TAX ABATEMENT</p>

***** BOOK NUMBER IS FOR OFFICE USE ONLY**