



**Mayor Mike Spano**

**CITY OF YONKERS**

David B. Jackson, AAS, IAO, CCD  
City Assessor

**DEPARTMENT OF ASSESSMENT**

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**CERTIFICATION BY MANAGEMENT COMPANY**

(Co-operative Apartment Buildings Only)

*An officer of the management organization must complete the following information:*

**Applicant Name:** \_\_\_\_\_

**Prior Owner:** \_\_\_\_\_

**Section:** \_\_\_\_\_ **Block:** \_\_\_\_\_ **Lot 1:** \_\_\_\_\_ **Lot 2:** \_\_\_\_\_

**Co-op Address:** \_\_\_\_\_

**Applicant Unit Number:** \_\_\_\_\_ **Floor Number:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Date Unit Purchased:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Number of shares** allocated to this Co-op apartment: \_\_\_\_\_

Total Number of **shares issued** by Co-op Corporation: \_\_\_\_\_

Is this apartment **owner-occupied**?    Yes [  ]    No [  ]

*I hereby certify that the above information is true and correct.*

_____
Signature of Officer
_____
Please Print Name
_____
Phone Number

_____
Date
_____
Title

*For Assessor's Office Use Only:*

Exempt Amount: \_\_\_\_\_

Approved By: \_\_\_\_\_

Exempt Percent: \_\_\_\_\_

Key Entry By: \_\_\_\_\_