

## **OVERLOOK TOWERS, CORP. – Purchase Application**

Dear Prospective Resident:

Thank you for your interest in Overlook Towers, Corp.; 100 Overlook Terrace.

Enclosed is your Purchase Application. Please read all pages carefully and make sure to complete the application in its entirety. Applications that are incomplete or missing any documentation will not be accepted for processing and will be returned to the applicant.

\*NOTE – The maximum amount of financing permitted is 90%.

Please complete and forward the application, along with required documents and fees, directly to Argo Real Estate, LLC for processing.

For your convenience, a digital copy of this application is available as a fillable PDF on our website [www.argo.com](http://www.argo.com).

If you have any questions regarding your application or interview procedures, please contact the Transfer Department at Argo Real Estate, LLC on (212) 896-8697.

Sincerely,

ARGO REAL ESTATE LLC

Transfer Department

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## OVERLOOK TOWERS, CORP. – Required Documents & Important Information

The following is a list of the items that you are required to submit for the board to review your application. Please be sure to provide all the information requested. Applications received that are missing ANY of the following items will NOT be accepted for processing and will be returned to the applicant.

### **Important Information (please read carefully before completing your application)**

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Please submit one (1) original collated set of the completed application package. Please make sure that application packages contain ALL required documentation. All documents should be provided as single sided (NOT printed on both sides), and be free of any staples or small paper clips. Required documents may be separated by dividers. Please note that documents will not be returned and that the applicant is advised to retain a copy for their records.

1. No application will be considered by the board until the shareholder is current on all obligations to the corporation.
2. The Board of Directors may request additional information and/or documentation to support the information provided with the application.

### **Complete & Return the Following Forms Provided**

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- 1. Purchase Application – Part I (5 pages)  
*MUST BE COMPLETED IN ITS ENTIRETY & SIGNED. APPLICATION WILL NOT BE REVIEWED IF SECTIONS ARE LEFT BLANK. MUST BE TYPED OR PRINTED LEGIBLY IN BLACK OR BLUE INK*
- 2. Purchase Application – Part II – Financial Information (2 pages)  
*MUST BE COMPLETED IN ITS ENTIRETY & SIGNED. PLEASE MAKE SURE THAT ALL AMOUNTS MATCH YOUR SUPPORTING DOCUMENTS EXACTLY. MUST BE TYPED OR PRINTED LEGIBLY IN BLACK OR BLUE INK*
- 3. Purchase Fees Acknowledgement Form (1 page)  
*MUST BE SIGNED BY APPLICANT(S).*
- 4. Credit Report Authorization Form (1 page)  
*MUST INCLUDE SOCIAL SECURITY NUMBER AND US RESIDENTIAL ADDRESS (NO P.O. BOXES) MUST BE TYPED OR PRINTED LEGIBLY IN BLACK OR BLUE INK*
- 5. House Rules Acknowledgement Form (1 page)  
*MUST BE SIGNED BY APPLICANT(S).*
- 6. Lead Paint and/or Lead-Based Paint Hazards Disclosure (1 page)  
*MUST BE SIGNED AND INITIALED BY ALL PARTIES (SELLER, PURCHASER, AND AGENT(S) IF APPLICABLE)*
- 7. Window Guards Notice (1 page)  
*MUST BE SIGNED BY APPLICANT(S).*
- 8. Smoke Detector Affidavit of Compliance (1 page)  
*MUST BE SIGNED BY BOTH SELLER/GRANTOR AND PURCHASER/GRANTEE. FORM MUST BE NOTARIZED.*
- 9. Carbon Monoxide Detector Affidavit of Compliance (1 page)  
*MUST BE SIGNED BY BOTH SELLER/GRANTOR AND PURCHASER/GRANTEE. FORM MUST BE NOTARIZED.*
- 10. Bed Bug Affidavit (1 page)  
*MUST BE SIGNED BY BOTH SELLER AND PURCHASER*
- 11. Emergency Contact Form (1 page)
- 12. Move In/Move Out Policy Form (2 pages)
- 13. Fire Safety Plan Acknowledgement Form (1 page)

### Provide the Following Documentation

- 1. Copy of Contract of Sale (including all riders)  
*MUST BE EXECUTED BY ALL PARTIES.*
- 2. Verification of Assets & Liabilities listed above in Part II – Financial Information  
*MUST INCLUDE ALL PAGES OF EACH STATEMENT LISTED. STATEMENTS MUST CLEARLY SHOW THE ACCOUNT HOLDERS NAME AND ACCOUNT NUMBER. ALL ASSETS & LIABILITIES MUST BE ACCOUNTED FOR IF LISTED.*
- 3. Loan Commitment Letter **(Provide ONLY if Financing)**  
*MUST INCLUDE MONTHLY MORTGAGE PAYMENT & INTEREST AMOUNT.*
- 4. Aztech Recognition Agreements **(Provide ONLY if Financing)**  
*THREE (3) ORIGINALS MUST BE PROVIDED. NO OTHER FORM WILL BE ACCEPTED.*
- 5. Employment & Salary / Income Verification Letter  
*MUST BE ON COMPANY LETTERHEAD AND INCLUDE SALARY, LENGTH OF EMPLOYMENT, AND SUPERVISOR/HR CONTACT DETAILS. IF SELF EMPLOYED PLEASE ENCLOSE A NOTARIZED LETTER FROM YOUR C.P.A. VERIFYING YOUR INCOME ALONG WITH A COPY OF THE LAST THREE (3) YEARS BUSINESS TAX RETURN AND TWO (2) BUSINESS REFERENCES*
- 5. Three (3) most recent pay stubs
- 6. Two (2) Business/Professional Reference Letters  
*MUST BE ON COMPANY LETTERHEAD, SIGNED, DATED, AND INCLUDE REFEREE'S CONTACT INFORMATION. (NO SUBORDINATES OR FAMILY MEMBERS CAN BE USED)*
- 7. Two (2) Personal Reference Letters  
*MUST BE SIGNED, DATED, AND INCLUDE REFEREE'S CONTACT INFORMATION. (NO SUBORDINATES OR FAMILY MEMBERS CAN BE USED)*
- 8. Current Landlord / Managing Agent Reference Letter  
*MUST INCLUDE MONTHLY RENT, LENGTH OF OCCUPANCY, REFEREE'S CONTACT INFORMATION, AND BE SIGNED & DATED. IF YOU CURRENTLY OWN YOUR OWN HOME, PLEASE PROVIDE PROOF OF OWNERSHIP AND EXPLANATION OF PLANS FOR THAT RESIDENCE.*
- 9. Latest Two (2) Years Federal Income Tax Returns  
*MUST INCLUDE ALL SCHEDULES & PAGES, AND BE SIGNED. APPLICATIONS SUBMITTED AFTER APRIL 15<sup>TH</sup> MUST INCLUDE MOST RECENT TAX RETURN OR A COPY OF YOUR EXTENSION AND THE TAX RETURN FOR THE PREVIOUS YEAR.*
- 10. W2 forms and/or 1099 forms for two (2) years.
- 11. Bank Statement(s) for ALL Accounts (past three (3) months)  
*PROVIDE ALL PAGES OF EACH STATEMENT, INCLUDING BLANK PAGES AND COPIES OF CLEARED CHECKS.*
- 10. Three (3) current credit card statements for each card
- 11. Statement from the applicant(s) explaining in detail, the source of funds for the purchase of the apartment

### Additional Information (for your review only, please DO NOT return)

- 1. House Rules and Policies
- 2. "Protect Your Family from Lead in Your Home" EPA Pamphlet.

### Address for Delivery of Application Packages

Please submit all completed application packages, along with fees, directly to:

ARGO REAL ESTATE, LLC  
Attn: Transfer Department  
 50 W. 17<sup>th</sup> Street, 7<sup>th</sup> Floor  
 New York, NY 10011

All inquiries concerning applications and interview procedures should be directed to the Transfer Department at Argo Real Estate, LLC (212) 896-8697.

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## OVERLOOK TOWERS CORP. – Application Fees Acknowledgement

The following is the schedule of fees required with the submission of all applications. All checks can be personal checks unless otherwise noted.

### Fees Due Upon Submission

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1.	\$500.00	Application Processing Fee (non-refundable)	Payable to: ARGO REAL ESTATE, LLC
2.	\$50.00	Credit Check Fee / per person (non-refundable)	Payable to: ARGO REAL ESTATE, LLC
3.	\$200.00	Application Processing Fee (non-refundable)	Payable to: OVERLOOK TOWERS, CORP.
4.	\$500.00	Move In Deposit from Purchaser (refundable)	Payable to: OVERLOOK TOWERS, CORP.
5.	\$500.00	Move Out Deposit from Seller (refundable)	Payable to: OVERLOOK TOWERS, CORP.

### AUTHORIZATION OF ELECTRONIC DEBIT:

You are hereby on notice that all checks submitted to this office can be processed electronically, at first presentment and any re-presentments, by transmitting the amount of the check, routing number, account number and check serial number to your financial institution. By submitting a check for payment, you are authorizing us to initiate an electronic debit from your bank or asset account as early as the same day the check is received in our office. Please note that you will not receive a cancelled check with your bank or asset account statement with respect to any checks processed electronically, but such amounts will appear as debits on the statement issued by your bank or asset account.

### Fees Acknowledgement

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I /We hereby acknowledge that all fees paid pursuant to this application are non-refundable, unless otherwise noted.

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Purchaser Signature

Date:

Co- Purchaser Signature

Date:

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## Part I – Purchase Application Information

Building Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Shares: \_\_\_\_\_

Monthly Maintenance: \_\_\_\_\_ Assessments (if any): \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Down Payment: \_\_\_\_\_ Amount Financed: \_\_\_\_\_

Special Conditions (if any): \_\_\_\_\_

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### Seller(s)

Name(s): \_\_\_\_\_ SS#: \_\_\_\_\_

\_\_\_\_\_ SS#: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Seller's Attorney: \_\_\_\_\_ Attorney's Firm: \_\_\_\_\_

Attorney's Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Seller's Broker (if any): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### Applicant(s) / Purchaser(s)

Purchaser Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Co- Purchaser Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Purchaser's Attorney: \_\_\_\_\_ Attorney's Firm: \_\_\_\_\_

Attorney's Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Purchaser's Broker (if any): \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name(s) Co-operative Stock will be held in: \_\_\_\_\_

**Residence History**

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**Purchaser**

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of Residency: \_\_\_\_\_ Monthly Rent / Mortgage Payment: \_\_\_\_\_

Landlord / Managing Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If owned, list Mortgage Lender and Account Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of Residency: \_\_\_\_\_ Monthly Rent / Mortgage Payment: \_\_\_\_\_

Landlord / Managing Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If owned, list Mortgage Lender and Account Number: \_\_\_\_\_

**Co-Purchaser**

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of Residency: \_\_\_\_\_ Monthly Rent / Mortgage Payment: \_\_\_\_\_

Landlord / Managing Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If owned, list Mortgage Lender and Account Number: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of Residency: \_\_\_\_\_ Monthly Rent / Mortgage Payment: \_\_\_\_\_

Landlord / Managing Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

If owned, list Mortgage Lender and Account Number: \_\_\_\_\_

**Employment Information**

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**Purchaser**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Annual Income: \_\_\_\_\_

**Co-Purchaser**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Annual Income: \_\_\_\_\_

**Business / Professional References**

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**Applicant**

**Co-Applicant**

1. Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Title / Position: \_\_\_\_\_  
 Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Title / Position: \_\_\_\_\_  
 Phone: \_\_\_\_\_

1. Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Title / Position: \_\_\_\_\_  
 Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Title / Position: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Personal References**

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**Applicant**

**Co-Applicant**

1. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship to Applicant: \_\_\_\_\_  
 Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship to Applicant: \_\_\_\_\_  
 Phone: \_\_\_\_\_

1. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship to Applicant: \_\_\_\_\_  
 Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship to Applicant: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Bank References**

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**Applicant**

**Co-Applicant**

Checking Account #: \_\_\_\_\_  
 Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Savings Account #: \_\_\_\_\_  
 Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Other Account #: \_\_\_\_\_  
 Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Checking Account #: \_\_\_\_\_  
 Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Savings Account #: \_\_\_\_\_  
 Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Other Account #: \_\_\_\_\_  
 Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

**Additional Information**

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Please list the name and Social Security Number of each person who will reside in the apartment (other than the applicant(s)/purchaser(s)).

Name	Social Security No.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please answer the following: (if any of these questions are answered "YES", please provide details in the space provided or attach additional pages if needed)

1. Are you now, or in the past five (5) years have you been, privy to any lawsuits or other legal actions?  YES  NO  
please describe: \_\_\_\_\_
2. Has the applicant(s) and/or occupant(s) ever been convicted of a felony?  YES  NO  
please describe: \_\_\_\_\_
3. Are there any outstanding judgments against you?  YES  NO  
please describe: \_\_\_\_\_
4. Do you intend to finance any part of the purchase?  YES  NO  
If YES, Name & Address of Lender: \_\_\_\_\_  
What are the terms of your loan? \_\_\_\_\_
5. Will any part of the cash payment for the purchase of the apartment be borrowed?  YES  NO
6. Do you plan to keep any pets in the apartment?  YES  NO  
If YES, please list and include Species, Breed, Weight, and Age of ALL animals.  
please describe: \_\_\_\_\_
7. Do you intend to plan any musical instruments in the apartment?  YES  NO  
please describe: \_\_\_\_\_
8. Do you intend to use the apartment for professional or business purposes?  YES  NO  
please describe: \_\_\_\_\_

Please attach a complete and detailed financial statement [See Part II of this application] for each person whose name will be on the proprietary lease. Include all assets, liabilities (including contingent liabilities such as guarantees), and a statement of income and regular expenses such as rent, mortgage payments, taxes, alimony, etc.

This statement should be countersigned by your attorney or accountant attesting to its accuracy, and/or the details of the financial statement should be substantiated by copies of supporting documents, (e.g., stock brokerage statement, loan statement, credit card statement, money market account statement, 401K statement, etc.). Please include bank statements for checking and savings accounts.



### Representations / Authorizations

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The undersigned purchaser(s) understand(s) that the consent of the co-operative board is required under the terms of the proprietary lease to the proposed transfer thereof and that the board of directors will rely on the information furnished above. The undersigned purchaser(s) also agree(s) to meet in person with representatives of the corporation. Purchaser(s) understand(s) that the corporation reserves the right to request further information from the purchaser(s).

The co-operative corporation, its officers, agents, and board of directors shall have no liability with respect to any matter or concerning any act of the proposed seller in connection with any contact contemplated herein.

This application is submitted on behalf of the current shareholder(s) listed on this application who is recognized as the applicant and to whom the co-operative corporation will respond. The purchaser understands that he has no contractual or other relationship with the co-operative corporation and any claims are limited solely to the shareholder.

The applicant(s) and purchaser(s) represent(s) to the co-operative corporation, its board of directors, officers, and agents that the purchaser(s) is purchasing the premises for the purpose of occupying same as a principal residence. The purchaser(s) represent(s) that he will not allow any person or persons to occupy the premises except in accordance with the provisions of the proprietary lease, by-laws, and rules and regulations of the co-operative corporation as same may be amended from time to time. The purchaser(s) further represent(s) that the premises will be occupied only by those persons listed on this application. Said representations will survive the closing.

All the representations and statements made by the applicant(s) and purchaser(s) are made with full knowledge that they will be relied upon by the co-operative corporation, its board of directors, officers, and agents in connection with the application of the applicant(s) and purchaser(s) represent(s) that they are familiar with the proprietary lease, the by-laws, and rules and regulations of the co-operative corporation, as some have been amended and will comply with all the provisions thereof. The co-operative corporation, its board of directors, officers, and agents may rely upon this representation.

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Sellers Signature	Date:	Co-Seller's	Date:
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Purchaser Signature	Date:	Co- Purchaser Signature	Date:
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The undersigned authorizes the co-operative corporation or its agents to retain a credit reporting agency. This agency may obtain, prepare and furnish credit reports on my/our character, general reputation, personal characteristics, and mode of living. (The above complies with Section 606 of the Fair Credit Reporting Act.)

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Purchaser Signature	Date:	Co- Purchaser Signature	Date:
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## Part II – Financial Information

Purchaser: _____	Co-Purchaser: _____
Address: _____	Address: _____
_____	_____

### SOURCE OF INCOME & REGULAR EXPENSES

INCOME (ANNUAL)	Purchaser	Co-Purchaser	EXPENSES MONTHLY:	Purchaser	Co-Purchaser
Base Salary	_____	_____	Maintenance	_____	_____
Overtime Wages	_____	_____	Apartment Financing	_____	_____
Bonuses	_____	_____	Other Mortgages	_____	_____
Commissions	_____	_____	Real Estate Taxes	_____	_____
Dividends & Interest Income	_____	_____	Bank Loans	_____	_____
Real Estate Income (Net)	_____	_____	Auto Loan	_____	_____
Other Income (Itemize)	_____	_____	Credit Card Debt	_____	_____
<b>TOTAL INCOME</b>	_____	_____	<b>TOTAL</b>	_____	_____

### ASSETS & LIABILITIES

ASSETS	Purchaser	Co-Purchaser	LIABILITIES	Purchaser	Co-Purchaser
Cash/Money Market Funds (Sched. A)	_____	_____	Notes Payable:	_____	_____
Contract Deposit	_____	_____	to Banks	_____	_____
Bonds, Stocks, Brokerage Acc. (Sched. B)	_____	_____	to Relatives	_____	_____
Investment in Own Business	_____	_____	to Others	_____	_____
Accounts & Notes Receivable	_____	_____	Installment Accounts Payable:	_____	_____
Real Estate Owned (Sched. C)	_____	_____	Automobile	_____	_____
Automobiles (Blue Book Value)	_____	_____	Other	_____	_____
Personal Property & Furniture	_____	_____	Mortgages Payable on Real Estate	_____	_____
Life Insurance (Cash Surrender Value)	_____	_____	Unpaid Real Estate Taxes	_____	_____
Retirement Funds/IRA	_____	_____	Unpaid Income Taxes	_____	_____
401K	_____	_____	Chattel Mortgages	_____	_____
KEOGH	_____	_____	Loans on Life Insurance Policies	_____	_____
Profit Sharing/Pension Plan	_____	_____	Outstanding Credit Card Debt	_____	_____
Other Assets (Sched. D)	_____	_____	<b>TOTAL LIABILITIES</b>	_____	_____
<b>TOTAL ASSETS</b>	_____	_____	<b>NET WORTH</b>	_____	_____

### SCHEDULE A

Cash/Money Market Funds (attach additional pages if necessary) - Total should match Cash/Money Market Funds above.

<u>Financial Institution</u>	<u>Type of Account</u>	<u>Account Balance</u>	<u>Statement Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SCHEDULE B**

*Stocks, Bonds, & Mutual Funds (attach additional pages if necessary) - Total should match Stocks, Bonds, Brokerage Acc. line on previous page.*

<u>Amount of Shares</u>	<u>Description</u>	<u>Marketable Value</u>	<u>Non-Marketable Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SCHEDULE C**

*Real Estate (attach additional pages if necessary) - Total should match Real Estate line on previous page.*

<u>Property Address</u>	<u>Type of Property</u>	<u>Mortgage/Lien Amount</u>	<u>Mortgage Payment</u>	<u>Insur./Maint. /Taxes/etc</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SCHEDULE D**

*Other Assests (attach additional pages if necessary)*

Explanation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**IF YOU ARE A PRINCIPAL OF, OR ARE EMPLOYED BY, A FAMILY BUSINESS, PLEASE COMPLETE THIS SECTION:**

	<u>Purchaser</u>	<u>Co-Purchaser</u>
Dividend or Partnership Income (current year)	_____	_____
Dividend or Partnership Income (previous year)	_____	_____
Dividend or Partnership Income (2 previous year)	_____	_____

The foregoing application has been carefully prepared, and the undersigned hereby solemnly declare(s) and certify(s) that all information contained herein is complete, true and correct. The information is submitted as being a true and accurate statement of the financial condition of the undersigned on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
 Purchaser Date

\_\_\_\_\_  
 Co-Purchaser (if any) Date

Credit Report Authorization (page 1 of 2)

I/We authorize Argo Real Estate LLC and or/its agents to obtain a tenant background search or consumer report through **CoreLogic Saferent c/o Consumer Relations Department** 7300 Westmore Road, Suite 3, Rockville, MD 20850-523 and any other information it deems necessary, for the purpose of evaluating my application. I/We understand that such information may include, but is not limited to credit history, housing court, sex offender search, criminal background check, employment/income verification, prior residency verification and/or any other necessary information. I/We understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection, with respect to or in connection with the rental of a residence for which application was made. I/We agree to hold the above named company and procurer or furnisher of information, free from any liability what-so-ever in the use, procurement, or furnishing of such information. I/We further consent and authorize Argo Real Estate LLC and/or its agents to furnish this information to the Board of Directors, and/or its agents of the cooperative building or condominium to which I/We have applied, or to the Landlord of the rental apartment and his/her agents.

Pursuant to federal and state law:

1. If the Landlord takes adverse action against you on the basis of information contained in a tenant screening report, the Landlord must notify you that such action was taken and supply you with the name and address of the consumer reporting agency that provided the tenant screening report on the basis of which such action was taken;
2. If any adverse action is taken against you based on information contained in a consumer screening report, you have the right to inspect and receive a free copy of the report by contacting the consumer reporting agency;
3. Every tenant or prospective tenant is entitled to one free tenant screening report from each national consumer credit reporting agency (Equifax, Experian and TransUnion) annually, in addition to a credit report that should be obtained from [www.annualcreditreport.com](http://www.annualcreditreport.com); and
4. Every tenant or prospective tenant may dispute inaccurate or incorrect information contained in a

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
Date

Credit Report Authorization Form (page 2 of 2)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Applicant's Signature

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant's Name (print)

\_\_\_\_\_  
Co-Applicant's Signature

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Guarantor's Name (print)

\_\_\_\_\_  
Guarantor's Signature

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Authorization for Electronic Debit:**

You are hereby on notice that all checks submitted to this office can be processed electronically, at first presentment, and any re-presentments, by transmitting the amount of the check, routing number, account number and check serial number of your financial institution. By submitting a check for payment, you are authorizing us to initiate an electronic debit from your bank or asset account as early as the same day the check is received in our office. Please note that you will not receive a cancelled check with your bank or asset account statement with respect to any checks processed electronically, but such amounts will appear as debits on the statement issued by your bank or asset account.

**Disclosure of information on Lead-based Paint and/or Lead-Based Paint Hazards  
SALES**

Property Address: \_\_\_\_\_

**Lead Warning Statement**

*Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.*

**Seller's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (Check (i) or (ii) below):

(i) \_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ii) \_\_\_ Seller has no knowledge of lead-based paint and/or lead-based paint hazards are present in the housing.

(b) Records and reports available to the Purchaser (Check (i) or (ii) below):

(i) \_\_\_ Seller has provided the Purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ii) \_\_\_ Seller has no records or reports pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Purchaser's Acknowledgment (initial)**

(c) \_\_\_ Purchaser has received copies of all information listed above.

(d) \_\_\_ Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home*.

(e) Purchaser has (check (i) or (ii) below):

(i) \_\_\_ received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or

(ii) \_\_\_ waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

**Agent's Acknowledgment (initial)**

(f) \_\_\_ Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____ SELLER	_____ DATE	_____ CO-SELLER	_____ DATE
_____ PURCHASER	_____ DATE	_____ CO-PURCHASER	_____ DATE
_____ AGENT	_____ DATE	_____ AGENT	_____ DATE

## Notice to Tenant or Occupant

### WINDOW GUARDS REQUIRED

**You are required by law** to have window guards installed in all windows if a child 10 years of age or younger lives in your apartment.

***Your landlord is required by law*** to install window guards in your apartment:

if a child 10 years of age or younger lives in your apartment,

OR

if you ask him to install window guards at any time (you need not give a reason).

***It is a violation of law*** to refuse, interfere with installation, or remove window guards where required, or to fail to complete and return this form to your landlord.

Check One:

- Children 10 years of age or younger live in my apartment
- No Children 10 years of age or younger live in my apartment
- I want window guards even though I have no children 10 years of age or younger

Tenant's Name: \_\_\_\_\_  
(Print)

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant's Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

**RETURN THIS FORM TO:**



**FOR FURTHER INFORMATION CALL:**

Window Falls Prevention Program (212) 676-2158  
New York City Department of Health  
125 Worth Street, Room 222A  
New York, NY 10013

## AFFIDAVIT OF COMPLIANCE WITH SMOKE DETECTOR REQUIREMENT FOR ONE- AND TWO-FAMILY DWELLINGS

State of New York }  
 } **SS.:**  
 County of }

The undersigned, being duly sworn, depose and say that under penalty of perjury that they are the grantor and grantee of the real property or of the cooperative shares in a cooperative corporation owning real property located at:

\_\_\_\_\_ , \_\_\_\_\_  
*(Street Address)* *(Unit / Apt. #)*

\_\_\_\_\_, New York, \_\_\_\_\_ - \_\_\_\_\_ (the "Premises");  
*(City)* *(Block)* *(Lot)*

That the Premises is a one or two family dwelling, or a cooperative apartment or condominium unit in a one-or- two family dwelling, and that installed in the Premises is an approved and operational smoke detecting device in compliance with the provisions of Article 6 of Subchapter 17 of Chapter 1 of Title 27 of the Administrative Code of the City of New York concerning smoke detecting devices;

That they make affidavit in compliance with New York City Administrative Code Section 11-2105 (g). (The signatures of at least one grantor and one grantee are required, and must be notarized).

\_\_\_\_\_  
 Name of Grantor *(Type or Print)*

\_\_\_\_\_  
 Signature of Grantor

Sworn to before me

This \_\_\_\_\_ date \_\_\_\_\_ of 20\_\_\_\_ ,

\_\_\_\_\_  
*(Notary Public)*

\_\_\_\_\_  
 Name of Grantee *(Type or Print)*

\_\_\_\_\_  
 Signature of Grantee

Sworn to before me

This \_\_\_\_\_ date \_\_\_\_\_ of 20\_\_\_\_ ,

\_\_\_\_\_  
*(Notary Public)*

These statements are made with the knowledge that a willfully false representation is unlawful and is punishable as a crime of perjury under Article 210 of the Penal Law.

NEW YORK CITY REAL PROPERTY TRANSFER TAX RETURNS FILED ON OR AFTER FEBRUARY 6th, 1990, WITH RESPECT TO THE CONVEYANCE OF A ONE- OR TWO-FAMILY DWELLING, OR A COOPERATIVE APARTMENT OR A CONDOMINIUM UNIT IN A ONE- OR TWO-FAMILY DWELLING, WILL NOT BE ACCEPTED FOR FILING UNLESS ACCOMPANIED BY THIS AFFIDAVIT.



## AFFIDAVIT OF COMPLIANCE WITH CARBON MONOXIDE DETECTOR REQUIREMENT FOR ONE- AND TWO-FAMILY DWELLINGS

State of New York }  
 } SS.:  
 County of }

The undersigned, being duly sworn, depose and say that under penalty of perjury that they are the grantor and grantee of the real property or of the cooperative shares in a cooperative corporation owning real property located at:

\_\_\_\_\_, \_\_\_\_\_,  
 (Street Address) (Unit / Apt. #)  
 \_\_\_\_\_, New York, \_\_\_\_\_ - \_\_\_\_\_ (the "Premises");  
 (City) (Block) (Lot)

That the Premises is a one or two family dwelling, or a cooperative apartment or condominium unit in a one-or- two family dwelling, and that installed in the Premises is an approved and operational carbon monoxide detecting device in compliance with the provisions of Section 378 (5) (a) and Section 378 (5) (d) of the Executive Law concerning carbon monoxide detecting devices;

That they make affidavit in compliance with New York City Administrative Code Section 11-2105 (g). (The signatures of at least one grantor and one grantee are required, and must be notarized).

\_\_\_\_\_  
 Name of Grantor (Type or Print)

\_\_\_\_\_  
 Signature of Grantor

Sworn to before me

This \_\_\_\_\_ date \_\_\_\_\_ of 20\_\_\_\_ ,

\_\_\_\_\_  
 (Notary Public)

\_\_\_\_\_  
 Name of Grantee (Type or Print)

\_\_\_\_\_  
 Signature of Grantee

Sworn to before me

This \_\_\_\_\_ date \_\_\_\_\_ of 20\_\_\_\_ ,

\_\_\_\_\_  
 (Notary Public)

These statements are made with the knowledge that a willfully false representation is unlawful and is punishable as a crime of perjury under Article 210 of the Penal Law.

NEW YORK CITY REAL PROPERTY TRANSFER TAX RETURNS FILED ON OR AFTER FEBRUARY 6th, 1990, WITH RESPECT TO THE CONVEYANCE OF A ONE- OR TWO-FAMILY DWELLING, OR A COOPERATIVE APARTMENT OR A CONDOMINIUM UNIT IN A ONE- OR TWO-FAMILY DWELLING, WILL NOT BE ACCEPTED FOR FILING UNLESS ACCOMPANIED BY THIS AFFIDAVIT.

**NOTICE TO TENANT  
DISCLOSURE OF BEDBUG INFESTATION HISTORY**

Pursuant to the NYC Housing Maintenance Code, an owner/managing agent of residential rental property shall furnish to each tenant signing a vacancy lease a notice that sets forth the property's bedbug infestation history.

Name of tenant(s):

Subject Premises:

Apt. #:

Date of vacancy lease:

**BEDBUG INFESTATION HISTORY**

(Only boxes checked apply)

- There is no history of any bedbug infestation within the past year in the building or in any apartment.
  
- During the past year the building had a bedbug infestation history that has been the subject of eradication measures. The location of the infestation was on the \_\_\_\_\_ floor(s).
  
- During the past year the building had a bedbug infestation history on the \_\_\_\_\_ floor(s) and it has not been the subject of eradication measures.
  
- During the past year the apartment had a bedbug infestation history and eradication measures were employed.
  
- During the past year the apartment had a bedbug infestation history and eradication measures were not employed.
  
- Other: \_\_\_\_\_

Signature of Tenant(s): \_\_\_\_\_ Dated: \_\_\_\_\_

Signature of Owner/Agent: \_\_\_\_\_ Dated: \_\_\_\_\_