

VERNON WOODS – PURCHASE APPLICATION
c/o FINGER & FINGER, A PROFESSIONAL CORPORATION
158 Grand Street
White Plains, NY 10601
914 914-949-3608
914 949-0308 Fax

DATE:		
APPLICANT'S NAME:		
CO-APPLICANT:		
SELLER'S NAME:		ADDRESS: PEARSALL DR. APT. #
NO. OF SHARES:	MAINTENANCE:	CURRENT ASSESSMENT (IF ANY):

NO DOGS ALLOWED
15% MINIMUM CASH INVESTMENT REQUIRED

PLEASE SUBMIT ONE (1) COMPLETE SET OF THE FOLLOWING DOCUMENTS TO THE LAW OFFICES OF FINGER & FINGER, A PROFESSIONAL CORPORATION AT THE ABOVE LOCATION. ONLY COMPLETED APPLICATIONS WITH ALL REQUIRED DOCUMENTS SET FORTH ON THE CHECK LIST AND MEETING THE INCOME AND ASSET REQUIREMENTS SPECIFIED ON THIS DOCUMENT WILL BE ACCEPTED. A COPY OF THE MORTGAGE COMMITMENT LETTER MUST BE PART OF THE PACKAGE BEFORE AN INTERVIEW MAY BE ARRANGED WITH THE ADMISSIONS COMMITTEE:

- 1. COMPLETED APPLICATION AND FORMS SIGNED BY APPLICANTS:**
 - a. NO DOG ACKNOWLEDGMENT**
 - b. THE CHILD GUARD NOTIFICATION FORM**
 - c. THE LEAD PAINT FORM**
 - d. CREDIT AUTHORIZATION & EMPLOYMENT RELEASE**
 - e. AUTHORIZATION FOR RELEASE OF INFORMATION**
 - f. REQUEST FOR VERIFICATION OF DEPOSIT**
 - g. REQUEST FOR VERIFICATION OF EMPLOYMENT**
 - h. AFFIDAVIT AS TO NET WORTH AND INCOME AND VALIDITY OF INFORMATION PRESENTED HEREIN**
 - i. PERPETUAL PROXY FOR QUORUM PURPOSES ONLY**
 - j. CERTIFICATION FORM RELATING TO READING THE "CO-OP LIVING AT VERNON WOODS" AND THE HOUSE RULES ATTACHED WITHIN.**
- 2. COPY OF FULLY EXECUTED CONTRACT OF SALE SIGNED BY ALL PARTIES.**
- 3. COPY OF MORTGAGE COMMITMENT LETTER AND BANK LETTER OF ESTIMATED MONTHLY MORTGAGE PAYMENTS.**
- 4. CHECK IN THE AMOUNT OF \$385 MADE PAYABLE TO FINGER & FINGER TO COVER PROCESSING FEES AND CREDIT CHECKS. THESE PROCESSING FEES ARE NOT REFUNDABLE. IF APPLICANT IS A CURRENT RESIDENT OF VERNON WOODS APARTMENTS, THE NON-REFUNDABLE APPLICATION FEE IS \$175 MADE OUT TO FINGER & FINGER.**
- 5. COPIES OF IRS FORM W-2 WAGE AND TAX STATEMENT, 1099S (IF APPLICABLE) AND INCOME TAX RETURNS FOR THE MOST RECENT TWO (2) CONSECUTIVE YEARS INCLUDING ALL SCHEDULES .**
- 6. PAY STUBS FROM YOUR PRESENT EMPLOYER FOR THE MOST RECENT THREE (3) CONSECUTIVE PAY PERIODS.**
- 7. COPIES OF BANK STATEMENTS FOR THE MOST RECENT FOUR (4) MONTHS PRECEDING THE DATE OF THE CONTRACT OF SALE FOR ANY AND ALL CHECKING, SAVINGS AND MONEY MARKET ACCOUNTS.**

VERNON WOODS – PURCHASE APPLICATION

8. VERIFICATION OF EMPLOYMENT LETTER FROM EMPLOYER STATING CURRENT SALARY AND LENGTH OF EMPLOYMENT.
9. LETTER FROM CURRENT LANDLORD VERIFYING TIMELY RENT PAYMENT HISTORY, IF APPLICABLE. IF YOU DO NOT HAVE A CURRENT LANDLORD, PLEASE ADVISE OF YOUR CURRENT RESIDENCE.
10. THREE (3) PERSONAL REFERENCE LETTERS FROM NON-RELATIVES FOR EACH APPLICANT. ALL LETTERS MUST BE ORIGINALS, SIGNED AND DATED.
11. COPY OF PICTURE IDENTIFICATION FOR ALL LISTED BUYERS AND OCCUPANTS.
12. PROOF OF HOMEOWNER'S INSURANCE TO BE SUPPLIED AT CLOSING IF APPLICANT IS APPROVED.

APPLICATION OF APPLICANT(S) THAT DO NOT MEET THE INCOME AND/OR ASSET REQUIREMENTS SPECIFIED BELOW WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE APPLICANT(S).

MINIMUM COMBINED HOUSEHOLD INCOME:

\$45,000	STUDIO APARTMENT;
\$55,000	ONE-BEDROOM APARTMENT;
\$70,000	TWO-BEDROOM APARTMENT;
\$80,000	THREE-BEDROOM APARTMENT.

ASSET REQUIREMENTS IN ONE ACCOUNT OR IN COMBINATION OF ACCOUNTS:

\$6,000	FOUR (4) MONTHS IF A STUDIO IS BEING PURCHASED;
\$7,500	FOUR (4) MONTHS IF A ONE-, TWO- OR THREE-BEDROOM APARTMENT IS BEING PURCHASED

IN CASH OR CASH EQUIVALENT (I.E., CHECKING, SAVINGS OR MONEY MARKET). REQUIRED ASSET BALANCE OF \$6,000 OR \$7,500 PER MONTH MUST APPEAR WITHIN THE FINANCIAL PAPERWORK PROVIDED WITH THIS APPLICATION AND MUST CONSISTENTLY APPEAR WITHIN ALL FOUR (4) MONTH'S FINANCIAL PAPERWORK.

BEFORE SHARES OF AN APARTMENT CAN BE SUBLET, VERNON WOODS APARTMENTS, INC. REQUIRES THAT THE APARTMENT BEING SUBLET BE OCCUPIED BY THE CURRENT SHAREHOLDER FOR A MINIMUM OF TWO (2) YEARS PRIOR TO THE SUBLET. NO EXCEPTIONS ARE MADE.

IMPORTANT: PLEASE BE ADVISED THAT THE APPLICATION MUST BE CAREFULLY AND COMPLETELY FILLED OUT. ALL DOCUMENTS REQUESTED MUST BE SUPPLIED AND ALL INFORMATION ASKED FOR ON THE FORMS COMPLETED. FAILURE TO DO SO WILL DELAY THE PROCESSING OF THE APPLICATION AND WILL BE RETURNED TO THE APPLICANTS.

APPLICANT(S), FAMILY MEMBERS OR ANY OTHER OCCUPANT(S) WHO WILL RESIDE IN THE APARTMENT MUST ATTEND THE INTERVIEW WITH THE ADMISSIONS COMMITTEE.

**VERNON WOODS APARTMENTS, INC. – PURCHASE APPLICATION
CHECK LIST SIGN-OFF**

<u>DOCUMENT</u>	<u>SIGNATURE</u>
SIGNED APPLICATION CHECK LIST	_____
COPY OF APPLICATION FEE CHECKS	_____
COOP PURCHASE APPLICATION VERIFICATION FORM	_____
PERSONAL INFORMATION	_____
CREDIT AUTHORIZATION & EMPLOYMENT RELEASE	_____
AUTHORIZATION FOR RELEASE OF INFORMATION	_____
REQUEST FOR VERIFICATION OF DEPOSIT	_____
REQUEST FOR VERIFICATION OF EMPLOYMENT	_____
NO DOG ACKNOWLEDGMENT	_____
CHILD GUARD NOTIFICATION FORM	_____
AFFIDAVIT(S) AS TO NET WORTH	_____
PERPETUAL PROXY	_____
CERTIFICATION FORM	_____
THREE (3) PERSONAL REFERENCE LETTERS	_____
EMPLOYMENT LETTER	_____
LETTER FROM CURRENT LANDLORD, IF APPLICABLE	_____
THREE MOST RECENT CONSECUTIVE PAY STUBS	_____
MOST RECENT PAST TWO YEARS W-2 FORMS & 1099S	_____
TWO MOST RECENT FEDERAL TAX RETURNS	_____
FOUR MOST RECENT CONSECUTIVE BANK STATEMENTS*	_____
CONTRACT OF SALE AND LEAD PAINT NOTIFICATION	_____
COMMITMENT LETTER FROM LENDER (IF ANY)	_____
SUBLET AGREEMENT (IF APPLICABLE)	_____
MISCELLANEOUS INFORMATION, IF REQUIRED	_____
PICTURE ID	_____

***VERNON WOODS REQUIRES A MINIMUM OF \$6,000 (FOR STUDIO) AND \$7,500 FOR ALL OTHER APARTMENTS FOR EACH OF THE LAST FOUR (4) MONTHS. YOUR SIGNATURE ON EACH LINE IS AN ACKNOWLEDGEMENT THAT YOU HAVE PROVIDED THE INFORMATION REQUESTED AND THAT THE CONTENTS THEREIN ARE TRUE TO THE BEST OF YOUR KNOWLEDGE.**

Applicant Signature

Date

Co-Applicant Signature

Date

VERNON WOODS APARTMENTS, INC. – PURCHASE APPLICATION CO-OPERATIVE PURCHASE APPLICATION VERIFICATION FORM



TO THE BOARD OF DIRECTORS OF VERNON WOODS APARTMENTS, INC.:

The undersigned hereby submit this application to purchase _____ shares of stock in Vernon Woods Apartments, Inc. (the "Corporation") and the Proprietary Lease for Apartment _____ at Pearsall Drive, Mount Vernon, New York, 10552.

We/I hereby acknowledge understanding of the following:

1. Pursuant to authority granted in the Proprietary Lease and By-Laws of the Corporation, the Board of Directors will use this application to obtain background information regarding the proposed purchaser(s) of the Corporation's stock and all the adult occupants of the unit being purchased.
2. The Board of Directors may require additional information and will require that the applicant(s) appear for a personal interview. All adults who will reside in the apartment will also be required to complete an application and appear for a scheduled interview.

3. The proposed purchase cannot be consummated without the consent of the Board of Directors.

Vernon Woods Apartments, Inc. requires that an apartment being sublet be owner occupied for a minimum of two (2) years prior to the execution of any sale of shares or sublets.

We/I have read the Proprietary Lease, House Rules and the information booklet on Co-op Living in Vernon Woods which govern the occupancy of the apartment agree to abide by these rules.

In no event will the Corporation, the Board of Directors, or its agents be responsible for any liabilities or expenses incurred by an applicant whose application is not approved.

While the Board of Directors will attempt to review all applications promptly, the Corporation, The Board of Directors, and its agents will not be responsible for expenses or liabilities resulting from any delay in this review.

Falsification of any of the enclosed information or omission of material information may result, without limitation, in revocation of approval by the Board of Directors, and termination of the applicant's Proprietary Lease.

The undersigned authorize(s) the Board of Directors to contact any of the employers, landlords, credit services, financial and educational institutions, references, etc. described herein for information bearing upon this application.

The undersigned hereby makes application to purchase shares of stock in the Corporation and the Proprietary Lease for the Apartment listed above.

The undersigned acknowledges that, if this application is accepted, the undersigned will not:

- *Pledge the shares of the Corporation's stock without the Board's prior written permission;*
- *Make alterations to the apartment without complying with the Cooperative's alteration policy and submitting appropriate application to the Board;*
- *Sublease the apartment; (Violators of this rule will, among other things be fined \$500.00) without the Board's prior written permission;*
- *Use the apartment for other than residential purposes;*
- *Violate any provision of the Proprietary Lease, the House Rules or the By-Laws.*

The undersigned confirms the accuracy of all the information contained herein.

Applicant Signature

Date

Co-Applicant Signature

Date

**VERNON WOODS APARTMENTS, INC. – PURCHASE APPLICATION
CREDIT AUTHORIZATION & EMPLOYMENT RELEASE**

IN CONNECTION WITH MY/OUR PURCHASE OF STOCK I / WE AUTHORIZE THE PROCUREMENT OF CONSUMER INVESTIGATIVE REPORT. I / WE FURTHER AUTHORIZE ALL CREDIT AGENCIES, BANKS, LENDING INSTITUTIONS, CURRENT AND FORMER EMPLOYERS AND PERSONS TO RELEASE INFORMATION THAT THEY MAY HAVE ABOUT MY/OUR HISTORY AND RELEASE THEM FROM ANY LIABILITY AND RESPONSIBILITY FOR DOING SO.

THIS AUTHORIZATION, IN ORIGINAL OR COPY FORM, SHALL BE VALID FOR THIS AND ANY FUTURE REPORTS THAT MAY BE REQUESTED. FURTHER INFORMATION MAY BE AVAILABLE UPON WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME.

Applicant Signature

Social Security Number

Date

Co-Applicant Signature

Social Security Number

Date

VERNON WOODS APARTMENTS, INC. – PURCHASE APPLICATION AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant and Co-Applclicant hereby authorize the bank named herein to disclose to the Cooperative and Finger & Finger, A Professional Corporation all relevant information regarding the status of all their checking and saving accounts, including average balances, length of time open, etc.

The undersigned applicant(s), desiring to purchase the shares of stock of the Vernon Woods Apartments, Inc., (hereafter known as the "Corporation") allocable to the above Apartment, and to assume the Proprietary Lease in connection therewith, hereby certifies: That the above information is complete and correct, and that applicant has read, is familiar with and agrees to comply with all the provisions of the Proprietary Lease and the House Rules of the Corporation. Applicant understands that the consent of the Corporation's Board of Directors will rely on the information furnished above, and that information requested is essential to any decision made with respect to this application. The applicant agrees that he or she and/or spouse and all occupants of the apartment will meet in person with representatives of the Corporation and hereby consent to verification by the Corporation of all matters set forth herein, including appropriate credit investigation.

The applicant(s) also authorize the Corporation or Finger & Finger, A Professional Corporation., to make inquiry of any credit report agency such as "TRW" and obtain information as to credit standing of the applicant(s).

The undersigned has filled out the information sheet following and understands that this information is essential in considering this application. It is further understood that this application is subject to approval by the Corporation. This proposal shall result in no legal obligation on the part of the Corporation and all information submitted becomes the property of the Corporation and will not be released to the applicant or returned in the event the application is not approved.

Applicant(s) acknowledge that:

1. Neither the Corporation, nor its officers, nor its transfer agents shall have any liability or responsibility with respect to any matter or concerning any act of the proposed seller or any real estate or mortgage broker in connection with any contract or undertaking contemplated herein.
2. If any information provided by the seller or prospective purchaser is false or incorrect and the Board of Directors of the Cooperative Corporation relies on this false information to its detriment, then the seller or purchaser as the case may be agrees to indemnify and hold the Board harmless for any damages that may arise by their (the Board's) approval of the assignment.
3. Neither the Corporation nor its officers, nor its transfer agents have made any representation with respect to the value of shares of stock or the Proprietary Lease covering the subject apartment, nor any recommendation to the prospective purchaser with respect to the advisability of the purchase thereon.
4. Any false, willful or material misrepresentation stated in the application by the purchaser will be construed as material breaches of the Lease resulting in summary eviction proceedings against the tenant shareholder. The undersigned hereby affirms that the information contained in this application is true and accurate to the best of the belief of the undersigned,

Applicant Signature

Date

**VERNON WOODS APARTMENTS, INC. – PURCHASE APPLICATION
AUTHORIZATION FOR RELEASE OF INFORMATION**

Co-Applicant Signature

Date

INSTRUCTIONS:

*Applicant: Please complete Part I, sign and return with completed application to:
Finger & Finger, A Professional Corporation
158 Grand Street
White Plains, NY 10601*

Depository: Please complete Part II, sign and return directly to the above address.

Applicant(s) Names(s): _____
Applicant Address: _____

Depository Name: _____
Depository Address: _____

<i>Account Type</i>	<i>Name</i>	<i>Number</i>	<i>Balance</i>

Applicant Statement: I have applied to purchase a cooperative and stated the presence of deposits with you as shown above. You are authorized to verify this information and to supply Vernon Woods Apartments, Inc. at the address provided above with the information requested in Part II. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or its officers.

Applicant Signature: _____

Account Type	Name	Number	Balance

Loan No.	Date	Orig. Amt	Balance	Payment Amt	Security	# Late Payments

Remarks and additional information which may be of assistance in determining credit worthiness:

Signature of Depository _____ **Date:** _____
Title: _____

**VERNON WOODS APARTMENTS, INC. – PURCHASE APPLICATION
NO DOG ACKNOWLEDGMENT**

THIS AGREEMENT, made this _____ day of _____ 20____, by and between Vernon Woods Apartments, Inc., a cooperative corporation with principal offices located at 180 Pearsall Drive, Mount Vernon, New York 10552, and _____, Shareholder(s) / Sub-tenant(s) in Vernon Woods Apartments, Inc. with a Proprietary Lease / Rental Lease for Unit No. _____ in the building known as _____ Pearsall Drive.

WHEREAS, the Shareholder(s) or Subtenant(s) are fully aware of the restriction pursuant to the Proprietary Lease and Paragraph 13 of the House Rules with respect to pets, and

WHEREAS, THE Shareholder(s) or Sub-tenant(s) have received copies of the House Rules [as well as copies of the Proprietary Lease, if purchaser], and

WHEREAS, the Shareholder(s) or Sub-tenant(s) wish to reconfirm their commitment to comply with the Proprietary Lease and Paragraph 13 of the House Rules, and

WHEREAS, the Shareholder(s) or Sub-tenant(s) recognize that DOGS of any kind are absolutely prohibited in Vernon Woods, with the exception of guide dogs as such term is defined in the New York Civil Rights Law or successor statute, and that the Board of Directors does not have discretion under the Proprietary Lease to grant an exception to the provisions with respect to dogs as set forth in Paragraph 14 of the House Rules.

Agreed to and Affirmed by:

Applicant:

	_____ Signature	_____ Print Name	_____ Date
Co-Applicant			
	_____ Signature	_____ Print Name	_____ Date
Vernon Woods Apartments, Inc.			
	_____ Signature	_____ Print Name	_____ Date

VERNON WOODS APARTMENTS, INC. – PURCHASE APPLICATION



**CITY OF MOUNT VERNON, NEW YORK
DEPARTMENT OF BUILDINGS
914-665-2300**

CHILD GUARD NOTIFICATION FORM

**THIS FORM MUST BE COMPLETED BY ALL RESIDENTS
(EVEN IF CHILDREN ARE NOT RESIDING IN THE HOUSEHOLD)**

******NOTICE TO TENANT OR OCCUPANT******

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

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

- If a child 10 years or younger lives in your apartment
- If you ask him to install window guards at any time. Tenant or occupant need not give a reason for requesting guards.

OR

It is in violation of law to refuse, interfere with installation of, or remove window guards where required, or to fail to complete and return this form to your landlord. If this form is not returned promptly, an inspection by the landlord will follow.

Please Check Applicable Choice

_____ Child(ren) 10 years of age or younger reside in my apartment.	_____ Window guards are installed in all windows*
_____ No child(ren) 10 years of age or younger reside in my apartment.	_____ Window guards are not installed in all windows.
_____ I want window guards even though I have no child(ren) 10 years of age or younger.	_____ Window guards need maintenance or repair.
_____ Window guards do not need maintenance or repair.	

Tenant's Name:

_____ **Print Name**

_____ **Building Address/Apt. Number**

Tenant's Name:

_____ **Signature**

_____ **Date**

Co-Tenant's Name:

_____ **Print Name**

_____ **Building Address/Apt. Number**

Co-Tenant's Name:

_____ **Signature**

_____ **Date**

Please return this form to Vernon Woods Management Office.

VERNON WOODS APARTMENTS, INC. – PURCHASE APPLICATION

AFFIDAVIT
AS TO NET WORTH AND INCOME
AND VALIDITY OF INFORMATION PRESENTED HEREIN

NOTE: If application is being made by more than one person, each applicant must submit an affidavit as to their net worth and income.

State of New York)
County of Westchester) SS

_____, being duly sworn, deposes and states the following:

I submit herewith a true statement of my assets, liabilities and current net income. I make this affidavit in order to induce the Board of Directors of Vernon Woods Apartments, Inc. to approve the following:

my application to purchase apartment _____ at _____ Pearsall Drive, Mount Vernon, New York.

Applicant's Signature:

Sworn to me this _____ Day of _____ 20____

Notary Public

VERNON WOODS APARTMENTS, INC. – PURCHASE APPLICATION

AFFIDAVIT
AS TO NET WORTH AND INCOME
AND VALIDITY OF INFORMATION PRESENTED HEREIN

NOTE: If application is being made by more than one person, each applicant must submit an affidavit as to their net worth and income.

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my application to purchase apartment _____ at _____ Pearsall Drive, Mount Vernon, New York.

Applicant's Signature:

Sworn to me this _____ Day of _____ 20____

Notary Public

VERNON WOODS APARTMENTS, INC. – PURCHASE APPLICATION
ANNUAL MEETING

PERPETUAL PROXY



VERNON
WOODS
Apartments, Inc.

The undersigned hereby designates the Secretary of the Corporation, as Proxy for the undersigned at the next Annual Meeting of Shareholders of **VERNON WOODS APARTMENTS, INC.** to held on the second Tuesday of May at the Health Facility and at any adjournment thereof, to:

☐ **QUORUM PURPOSES ONLY**

register with the Secretary of the Corporation at the calling of the roll for the purpose of attendance and establishing a quorum only at any such meeting.

This Proxy shall continue until revoked in writing or in person by the undersigned's appearance at the calling of the roll at any such meeting. All Shareholders of record designated in the Ledger/Stock Book of the Corporation as of the close of business on April 30th shall be entitled to vote at this meeting or any adjournment thereof.

Dated: _____ Building/Apartment: _____

Signature(s): _____

Print Name(s): _____

**VERNON WOODS APARTMENTS, INC. – PURCHASE APPLICATION
CERTIFICATION FORM**

Date: _____

I / We have read the booklet, "Co-Op Living at Vernon Woods" and the Vernon Woods House Rules attached within.

I / We understand that it is my / our responsibility to ask any questions or voice any concerns regarding the subject material presented in the booklet and the House Rules since the contents of the booklet and the House Rules may not be formally discussed during the interview process.

Applicant's Name:

Print Name

Building Address/Apt. Number

Applicant's Name:

Signature

Date

Co-Applicant's Name:

Print Name

Building Address/Apt. Number

Co-Applicant's Name:

Signature

Date

Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards

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 in the housing.

(b) Records and reports available to the seller (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 reports or records 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 their best of their knowledge, that the information they have provided is true and accurate.

Seller Date

Seller Date

Purchaser Date

Purchaser Date

Agent Date

Agent Date

PERMIT #: _____

**Vernon Woods Apartments, Inc.
Parking Agreement**

I, _____, certify that I am the occupant of _____ Pearsall Drive, Apartment _____. I own / rent (circle one) this apartment. I am the owner and/or operator of the following vehicle:

Make: _____ Model: _____ Year: _____ Color: _____

License Plate State / Number: _____

This application must be accompanied by a copy of the vehicle registration and proof of insurance. The completed form should be returned to the management office as soon as possible after closing or lease signing for processing.

VERNON WOODS PARKING RULES

1. Only vehicles displaying the current Vernon Woods parking sticker, vehicles with valid guest passes or special parking passes may be parked overnight on Vernon Woods property.
2. **Parking stickers must be attached to the right-hand bottom side of the windshield.** Parking stickers, guest passes and special passes must be displayed in the front window at all times. Guest or special passes are non-transferable and can only be used for the specified date noted on the pass. New parking stickers or special passes will be issued only if the old sticker / pass is returned to the management office. Parking stickers must be returned upon moving from Vernon Woods.
3. Any guest visiting Vernon Woods must obtain a guest parking pass at the security gatehouse before entering the grounds. Guest passes will only be issued if the resident is home to authorize admittance. Guest parking privileges are intended for **guests only** and are **not** to be utilized for the parking of resident's secondary vehicles. Any vehicles parked on Vernon Woods property not displaying an authorized parking sticker or pass, or without license plates, current registration or inspection stickers will be ticketed and/or towed (towing fees are at the owner's expense). Vehicles parking over parking lines (taking up two spots) or parking on the grass will be ticketed.
4. Residents are reminded that overnight parking commences at 12:00 midnight. Residents will be charged through their maintenance \$10.00 per night, per vehicle for overnight guest parking.
5. Residents who plan to park a substitute vehicle that does not display a current Vernon Woods sticker must obtain a special pass from the management office. The management office will issue a special pass for a specified number of days if sufficient evidence is presented to warrant such pass (stolen car or accident report, mechanic's estimate, etc.). Special passes can only be issued from the management office and are not to exceed 5 days. **The security gatehouse cannot issue special passes.**
6. Vehicles parked in the fire lane and emergency access areas marked by yellow curbs are limited to fifteen (10) minutes, and must display their flashing hazard lights. Violators will be towed at the owner's expense. Vernon Woods is not responsible for tickets issued by the fire department if a car is parked in the fire lane (marked by yellow curbs).

Vernon Woods Apartments, Inc.

Parking Agreement (Continued)

7. Each unit in Vernon Woods may request one parking sticker. This sticker is assigned to a specific vehicle (including motorcycles) and must be permanently attached to the assigned vehicle. In order to be issued a sticker for a vehicle, the vehicle must be properly registered and inspected. Once your application and admission process has been approved, please consult the Vernon Woods management office for an application for your sticker. **Additional vehicles must be parked offsite unless a garage space is rented.**
8. No trucks, limousines or other vehicles displaying commercial license plates will be permitted to park overnight on Vernon Woods grounds. Violators will be towed at the owner's expense.
9. Residents are cautioned to observe the posted speed limit of ten (10) miles per hour at all times while driving their vehicle on Vernon Woods grounds.
10. Residents are not authorized to repair their vehicles on Vernon Woods grounds, nor store vehicles that are not properly licensed, or that lack current registration or inspections on Vernon Woods grounds.
11. Residents who transfer license plates to another vehicle must return the old sticker to the Management Office and present the current registration for the new vehicle. The management office will then distribute to you a new parking sticker for the vehicle.
12. Vehicles parked illegally as outlined in the above paragraphs can and will be fined and/or towed at the owner's expense.

I have read the above rules and understand their meaning. I will convey them to my guests and to every member of my household. I agree to pay for any fines/penalties owed by me or my guests as outlined above.

Agreed To:

Print Name

Signature

Building & Apartment Number

Date

Applicant Daytime Telephone Number

Card #: _____

Vernon Woods Apartments, Inc.
Health Club Release

I/We, _____, residing at _____ Pearsall Drive, Apartment number _____, being of lawful age (over 18 years old), in consideration of being permitted to utilize all facilities and equipment at the Health Club located at Vernon Woods Apartments, Inc., do for myself (ourselves), my (our) heirs, executors, administrators and assigns, hereby release, waive and forever discharge Vernon Woods Apartments, Inc., its officers, members and agents, of and from, any claim, demand, action or right of action of whatever kind or nature, either in law or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, or property damage resulting from any accident, casualty, first aid treatment, or other occurrence, which may arise during my (our) use of the Health Club or any activities in connection therewith.

As additional consideration for the use of the facilities and equipment at the Health Club, for my (our) guests, I (we) agree to indemnify and defend Vernon Woods Apartments, Inc., its officers, members and agents, of and from, any claim, demand, action or right of action of whatever kind or nature, either in law or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, or property damage resulting from any accident, casualty, first aid treatment, or other occurrence, which may involve any of my (our) guests at the Health Club, or any activities in which my (our) guests may participate.

I (we) agree not to allow guests to use the Health Club unless I (we) am(are) personally present with them at all times, and unless each and every guest signs the Release Form (available in the Management Office or Health Club security desk).

I (we) agree that no children for whom I (we) am (are) responsible, under the age of eighteen (18), can enter and/or use the Health Club unless accompanied by an adult at all times such adult taking responsibility for any child or children accompanying him or her.

I (we) have read this document and understand all of its terms. I (we) execute it voluntarily and with full knowledge of its significance.

Print Name

Signature

Building & Apartment Number

Date

Applicant Daytime Telephone Number

Health Club Hours are from 6:00 a.m. to 11:00 p.m.

VERNON WOODS APARTMENTS, INC. - PURCHASE APPLICATION

GENERAL INFORMATION

COOPERATIVE NAME:			NO OF SHARES:		
APARTMENT ADDRESS:		APARTMENT NO.		MONTHLY MAINTENANCE:	
PURCHASE PRICE:	AMOUNT BEING FINANCED:	DEPOSIT ON CONTRACT:	IS SOURCE OF DOWN PAYMENT <input type="checkbox"/> A GIFT <input type="checkbox"/> LOAN?		
MORTGAGE LENDER:					
NAMES OF COOPERATIVE STOCK WOULD BE HELD IN :			TYPE OF OWNERSHIP: <input type="checkbox"/> TENANTS IN COMMON <input type="checkbox"/> JOINT TENANTS WITH RIGHTS OF SURVIVORSHIP <input type="checkbox"/> TENANTS BY THE ENTIRETY		

SELLERS AND PURCHASERS

SELLER(S):	PURCHASER(S):
PRESENT ADDRESS:	PRESENT ADDRESS:
TELEPHONE NO. () - HOME () - CELL () - WORK	TELEPHONE NO. () - HOME () - CELL () - WORK
E-MAIL:	E-MAIL:

ATTORNEYS

PURCHASER'S ATTORNEY:	SELLER'S ATTORNEY:
FIRM:	FIRM:
ADDRESS:	ADDRESS:
TELEPHONE NO. () - OFFICE () - CELL () - FAX	TELEPHONE NO. () - OFFICE () - CELL () - FAX
E-MAIL:	E-MAIL:

BROKERS

PURCHASER'S BROKER:	SELLER'S BROKER:
TELEPHONE NO. () - OFFICE () - CELL () - FAX	TELEPHONE NO. () - OFFICE () - CELL () - FAX
E-MAIL:	E-MAIL:

VERNON WOODS APARTMENTS, INC. - PURCHASE APPLICATION

PERSONAL INFORMATION REGARDING APPLICANT(S)

	<i>APPLICANT</i>	<i>CO-APPLICANT</i>
NAME:		
PRESENT ADDRESS:		
DATES OF RESIDENCE:	To: <input style="width: 50px;" type="text"/> FROM: <input style="width: 50px;" type="text"/>	To: <input style="width: 50px;" type="text"/> FROM: <input style="width: 50px;" type="text"/>
CURRENT RENT:		
REASON FOR LEAVING:		

RESIDENCE INFORMATION

CURRENT LANDLORD:		
CURRENT LANDLORD'S ADDRESS:		
LANDLORD TELEPHONE NUMBER:		

PREVIOUS LANDLORD (IF AT PRESENT LOCATION LESS THAN FIVE (5) YEARS)		
CURRENT LANDLORD'S ADDRESS:		
LANDLORD TELEPHONE NUMBER:		
REASON FOR LEAVING:		

EMPLOYMENT INFORMATION

EMPLOYMENT STATUS:	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> STUDENT	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> RETIRED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> STUDENT
ARE YOU SELF-EMPLOYED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
CURRENT EMPLOYER:		
EMPLOYER ADDRESS:		
PERIOD OF EMPLOYMENT:	To: <input style="width: 50px;" type="text"/> FROM: <input style="width: 50px;" type="text"/>	To: <input style="width: 50px;" type="text"/> FROM: <input style="width: 50px;" type="text"/>
ACTUAL INCOME LAST YEAR:		

VERNON WOODS APARTMENTS, INC. - PURCHASE APPLICATION

	APPLICANT	CO-APPLICANT
LINE OF WORK:		
YEARS IN LINE OF WORK:		
SUPERVISOR'S NAME:		
BUSINESS TELEPHONE:		

PRIOR EMPLOYER: (IF LESS THAN 3 YEARS IN CURRENT JOB)				
PRIOR EMPLOYER ADDRESS:				
PERIOD OF EMPLOYMENT:	To:	FROM:	To:	FROM:
PRIOR SUPERVISOR'S NAME:				
BUSINESS TELEPHONE:				

EDUCATIONAL BACKGROUND AND ACTIVITIES

EDUCATIONAL BACKGROUND:		
NAMES OF SOCIAL OR PROFESSIONAL ORGANIZATIONS TO WHICH APPLICANTS BELONG:		
HOBBIES AND INTERESTS:		

ADDITIONAL INFORMATION REGARDING APPLICANT(S)

WILL OCCUPANCY BE:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NON-RESIDENT	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NON-RESIDENT
IF PART TIME, WHAT IS THE APPROXIMATE NUMBER OF DAYS PER MONTH YOU WILL USE THE APARTMENT?		
IS THIS THE FIRST TIME PURCHASING A CO-OP?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, WHERE ELSE HAVE YOU OWNED BEFORE?		
ADDRESS OF ANY ADDITIONAL RESIDENCES OWNED OR LEASED BY APPLICANT(S)		

VERNON WOODS APARTMENTS, INC. - PURCHASE APPLICATION

OTHER OCCUPANTS AND PETS

NAME(S) OF ALL PERSONS WHO WILL RESIDE IN THE APARTMENT:	
SCHOOLS AND YEARS ATTENDED OF OCCUPANTS (IF DIFFERENT FROM PURCHASER(S))	
ARE ANY PETS TO BE MAINTAINED IN THE APARTMENT? IF YES, NOTE NUMBER AND KIND. (PLEASE REFER TO BUILDING RULES)	
NAMES OF ANYONE IN THE BUILDING KNOWN TO APPLICANTS	

EMERGENCY INFORMATION

EMERGENCY CONTACT:	TELEPHONE NO. <div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 10px;"> <div style="text-align: center; margin-right: 10px;"> () - - () - - () - - </div> <div> HOME CELL WORK </div> </div> E-MAIL:
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USE AND RENOVATION OF APARTMENT UNIT

DO YOU PLAN TO SUBLEASE YOUR APARTMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO (NOTE: PLEASE REFER TO BUILDING RULES)
WILL THERE BE ANY BUSINESS OR PROFESSION CONDUCTED IN THE APARTMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO (NOTE: PLEASE REFER TO THE PROPRIETARY LEASE AND/OR BUILDING RULES)
IF YES, PLEASE DESCRIBE THE NATURE OF YOUR BUSINESS?	
DO YOU PLAN TO PERFORM ANY ALTERATIONS OR REPAIRS TO THE APARTMENT UNIT?	<input type="checkbox"/> YES <input type="checkbox"/> NO (NOTE: PLEASE REFER TO ALTERATIONS AGREEMENT)
IF YES, PLEASE DESCRIBE THE PLANS:	

PERSONAL REFERENCES

	<i>APPLICANT</i>	<i>CO-APPLICANT</i>
NAME:		
ADDRESS:		
NAME:		
ADDRESS:		

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BUSINESS REFERENCES

	<i>APPLICANT</i>	<i>CO-APPLICANT</i>
NAME:		
ADDRESS:		
NAME:		
ADDRESS:		
NAME:		
ADDRESS:		

BANK AND CREDIT REFERENCES

BANK NAME:		
ADDRESS:		
ACCOUNT #:	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN
BANK NAME:		
ADDRESS:		
ACCOUNT #:	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOAN

STOCK BROKER

NAME:		
FIRM:		
ADDRESS:		
ACCOUNT #		
TELEPHONE #		
FAX #:		
E-MAIL:		

ACCOUNTANT

NAME:		
FIRM:		

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	APPLICANT	CO-APPLICANT
ADDRESS:		
ACCOUNT #		
TELEPHONE #		
FAX #:		
E-MAIL:		

DECLARATIONS

ARE THERE ANY OUTSTANDING JUDGMENTS AGAINST YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE AMOUNT: \$	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE AMOUNT: \$
HAVE YOU BEEN DECLARED BANKRUPT IN THE LAST SEVEN (7) YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU HAD A PROPERTY FORECLOSED UPON OR GIVEN TITLE OR A DEED IN LIEU THEREOF IN THE LAST SEVEN (7) YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
IN THE LAST FIVE (5) YEARS, HAVE YOU BEEN A PARTY TO ANY LAWSUIT? (SEE SCHEDULE)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU DIRECTLY OR INDIRECTLY BEEN OBLIGATED ON A LOAN THAT RESULTED IN FORECLOSURE OR TRANSFER OF TITLE IN LIEU OF FORECLOSURE OR JUDGMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU PRESENTLY DELINQUENT OR IN DEFAULT ON ANY FEDERAL DEBT OR ANY OTHER LOAN, MORTGAGE, FINANCIAL OBLIGATION, BOND OR LOAN GUARANTEE?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE AMOUNT: \$	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE AMOUNT: \$
IS ANY PART OF THE DOWN PAYMENT BORROWED OR A GIFT?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE AMOUNT: \$	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE AMOUNT: \$
DO YOU INTEND TO OCCUPY THE APARTMENT AS YOUR PRIMARY RESIDENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU OBLIGATED TO PAY ALIMONY OR CHILD SUPPORT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU OR ANY MEMBER OF YOUR FAMILY HAVE DIPLOMATIC STATUS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS ANY BUSINESS YOU HAVE CONTROLLED BEEN THE SUBJECT OF BANKRUPTCY IN THE LAST SEVEN (7) YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU A CO-MAKER OR ENDORSER ON A NOTE?	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE AMOUNT: \$	<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE AMOUNT: \$
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

VERNON WOODS APARTMENTS, INC. - PURCHASE APPLICATION

IF YES, PLEASE DESCRIBE:

THE FOREGOING APPLICATION, INCLUDING ALL PERSONAL AND FINANCIAL INFORMATION, HAS BEEN CAREFULLY PREPARED, AND THE UNDERSIGNED HEREBY SOLEMNLY DECLARE(S) AND CERTIFIES THAT ALL THE INFORMATION IS TRUE AND CORRECT AND THAT THE FINANCIAL INFORMATION SUBMITTED IS A TRUE AND ACCURATE STATEMENT OF THE UNDERSIGNED AS OF THE DATE SET FORTH BY EACH SIGNATURE. THE UNDERSIGNED ALSO AGREE(S) THAT IN PROCESSING THIS APPLICATION, THE MANAGING AGENT NAMED HEREIN AND ITS EMPLOYEES AND AGENTS NEITHER BEAR NOR ASSUME ANY RESPONSIBILITY WHATSOEVER FOR THE VERIFICATION OR COMPLETENESS OF THE INFORMATION CONTAINED HEREIN. IN ADDITION, THE UNDERSIGNED HEREBY AUTHORIZE(S) THE MANAGING AGENT AND THE COOPERATIVE CORPORATION TO SHARE SUCH PORTIONS OF THE APPLICATION AS THEY MAY REASONABLY BELIEVE NECESSARY TO FULFILL THE PURPOSES OF THIS APPLICATION WITH ANY OTHER PARTIES, AND FURTHER AGREE TO HOLD THE MANAGING AGENT, ITS EMPLOYEES AND AGENTS HARMLESS FROM ANY ERROR OR OMISSION IN THE TRANSFER OF THE INFORMATION OR THE DISTRIBUTION OF SUCH INFORMATION TO THIRD PARTIES.

APPLICANT: _____

DATE: _____

CO-APPLICANT: _____

DATE: _____

PURCHASE APPLICATION FOR THE SALE OF COOPERATIVE APARTMENTS

FINANCIAL STATEMENT

NAME(S): _____

ADDRESS: _____

THE FOLLOWING IS SUBMITTED AS BEING A TRUE AND ACCURATE STATEMENT OF THE FINANCIAL CONDITION OF THE UNDERSIGNED ON THE _____ DAY OF _____ 20____

ASSETS

	APPLICANT	CO-APPLICANT	COMBINED
CASH IN BANKS			
MONEY MARKET FUNDS			
CONTRACT (ESCROW) DEPOSIT			
INVESTMENTS: BONDS & STOCKS (COMPLETE SCHEDULE)			
INVESTMENT IN OWN BUSINESS			
ACCOUNTS AND NOTES RECEIVABLE			
REAL ESTATE OWNED (COMPLETE SCHEDULE)			
Yr. MAKE AUTOMOBILE(S)			
PERSONAL PROPERTY & FURNITURE			
CASH SURRENDER VALUE OF A PERMANENT LIFE INSURANCE			
RETIREMENT FUNDS/IRA			
401K			
KEOGH			
PROFIT SHARING/PENSION PLAN			
OTHER ASSETS			
TOTAL ASSETS			

SCHEDULE OF BONDS AND STOCKS

AMOUNT OF SHARES	DESCRIPTION (EXTENDED VALUATION IN COLUMN)	MARKETABLE VALUE	NON-MARKETABLE VALUE

SCHEDULE OF REAL ESTATE

DESCRIPTION AND LOCATION	COST	ACTUAL VALUE	MORTGAGE AMOUNT	MATURITY DATE

PURCHASE APPLICATION FOR THE SALE OF COOPERATIVE APARTMENTS

FINANCIAL STATEMENT

NAME(S): _____

ADDRESS: _____

LIABILITIES

	APPLICANT	CO-APPLICANT	COMBINED
NOTES PAYABLE			
NOTES PAYABLE:			
To BANKS			
To RELATIVE(S)			
To OTHERS			
INSTALLMENT ACCOUNTS PAYABLE:			
AUTOMOBILE			
OTHER			
OTHER ACCOUNTS PAYABLE			
OUTSTANDING CREDIT CARD LOANS			
MORTGAGE PAYABLE ON REAL ESTATE (SEE SCHEDULE)			
UNPAID REAL ESTATE TAXES			
UNPAID INCOME TAXES			
CHattel MORTGAGES			
LOAN ON CASH SURRENDER VALUE (INCLUDE PREMIUM ADVANCES)			
OTHER DEBTS – ITEMIZE			
TOTAL LIABILITIES			

NET WORTH

	APPLICANT	CO-APPLICANT	COMBINED
TOTAL ASSETS (FROM P. 8)			
TOTAL LIABILITIES			
NET WORTH			

PURCHASE APPLICATION FOR THE SALE OF COOPERATIVE APARTMENTS FINANCIAL STATEMENT

NAME(S): _____

ADDRESS: _____

SOURCE OF INCOME

(MONTHLY)	APPLICANT	CO-APPLICANT	COMBINED
BASE SALARY			
OVERTIME WAGES			
BONUS & COMMISSIONS			
INTEREST INCOME			
DIVIDENDS			
REAL ESTATE INCOME (NET)			
OTHER INCOME – ITEMIZE			
TOTAL MONTHLY INCOME:			

PROJECTED EXPENSES

(MONTHLY)	APPLICANT	CO-APPLICANT	COMBINED
MAINTENANCE			
APARTMENT FINANCING			
OTHER MORTGAGES			
BANK LOANS			
AUTO LOANS OR AUTO LEASE PAYMENTS			
INSURANCE (AFTER TAX) PAYMENTS			
REVOLVING CREDIT PAYMENTS			
STUDENT LOAN REPAYMENTS			
CHILD SUPPORT			
ALIMONY PAYMENTS			
ANY REPAYMENTS TO FAMILY MEMBER			
TOTAL MONTHLY EXPENSE:			

ANNUAL DEBT TO EQUITY

TOTAL MONTHLY INCOME X 12 MONTHS			
TOTAL MONTHLY EXPENSE X 12 MONTHS			
DEBT TO EQUITY RATIO (EXPENSE DIVIDED BY INCOME)			

APPLICANT: _____

DATE: _____

CO-APPLICANT: _____

DATE: _____