

METRO MANAGEMENT

DEVELOPMENT, INC.

■ CO-OPS ■ CONDOMINIUMS ■ MITCHELL-LAMA

1981 Marcus Avenue ■ Suite C-131 ■ Lake Success, NY 11042 ■ 718-706-7755 ■ Fax: 718-706-7760

FLORAL PARK OWNERS, INC.

PROCEDURE FOR SALE OF APARTMENT:

The following procedure must be followed for the Resale of a Cooperative Apartment. No Resale may occur without first obtaining approval from the Board of Directors.

Purchaser (s) must submit **One (1) collated set of the application with** the following fees via certified checks or money orders. **NO personal checks will be accepted.**

Incomplete applications will not be processed and will be returned to sender.

Item	Amount	Refundable	Payable To
Processing Fee	\$400.00	No	Metro Management & Devel., Inc.
	\$ 350.00	No	Floral Park Owners, Inc.
Criminal Background Check	\$200.00 (per applicant and occupant over the age of 18)	No	Metro Management & Devel., Inc.
Credit Report	\$75.00 (per applicant)	No	Metro Management & Devel., Inc.

Please note that all completed applications are date stamped upon receipt and processed within 2 weeks in the order in which they are received.

Your completed package with ALL fess must be sent to:

Metro Management Devel., Inc.
1981 Marcus Avenue
Suite C-131
Lake Success, New York 11042

Attention: Tany Jones
tjones@metromanagementdev.com
718.593-8905

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PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION:

POLICIES/RULES	DESCRIPTIONS
Pet Policy	Please refer to building's pet policy and fill out form in application.
Flip Tax	Administrative Waiver Fee \$3,000.00 due by Seller at Closing.
Maximum Financing	80% allowed. 20% down payment required. NO EXCEPTIONS.
Open House	Please refer to building's House Rules located on our website, www.metromanagementdev.com
Sublet Policy	SUBLETTING NOT PERMITTED.
Gifting Policy	Gifts are allowed. Bank/notarized gift letter must accompany application.
Interviews	All applicants and occupants must attend the in-person interview.
Smoking Policy	No smoking in the common areas of the building. Please refer to the House Rules for further information and fill form out in application.
Parents buying for children (vice versa)	Purchases made for parents/adult children are not allowed. If the intention is for the parent/adult child to occupy the apartment solely, all names must be on the shares and therefore all are considered applicants.
Guarantors	Not allowed. NO EXCEPTIONS.
Parking/Amenities	Transferable with sale. Deeded with the Coop. Unit.
Power of Attorneys (POA)	If any party is being represented by a POA, please include a copy of the POA and an affidavit of full force. Please contact your attorney if you have any questions.
Estate Sales	Copies of Letter of Testamentary/Administration (not dated less than 6 months), death and stock certificates must be submitted <u>with</u> applications.
Application Instruction	<ul style="list-style-type: none"> ▪ DO NOT bind application or sections together. ▪ DO NOT staple application or sections together. ▪ DO NOT make double sided copies of any sections. ▪ DO NOT remove sections provided in application. ▪ DO NOT include tabs or plastic inserts for each section.
Property of Application	The original application and all submitted documents become the property of the cooperative. If the application is approved, the original application will not be returned for any reason. In the event an application is denied, the original application will be returned <i>if</i> requested in writing within 15 days of issuance of the denial letter.
Foreign Documents	<ul style="list-style-type: none"> ▪ For any foreign documentation included in the application, translated, and notarized copy must be included. ▪ For any foreign bank statements included, please provide the most up to date currency conversion. All foreign bank statements require the FDIC logo.
Main Point of Contact	<p>Please provide ONE e-mail addresses/phone # below and advise our office who will be the point person.</p> <p>Name _____ Phone _____</p> <p>Email _____</p>



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IMPORTANT INFORMATION REGARDING YOUR SOCIAL SECURITY NUMBER

PROTECTING YOUR PRIVACY

In order to protect your privacy please remove/blackout your social security number from each financial institution document inserted into the application.

- Financial condition (net worth)
- Tax returns
- Personal loans
- Bank statements
 - IRA
 - CD's
 - Savings

The Credit Agency Authorization Form AND Criminal Background Check Forms in the application are the only form that requires your Social Security number. These two forms containing your Social Security number will be shredded in our office as soon as we submit the information to the Agency used to obtain your reports.

If you have any questions, please contact the Management Office.

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SECTION I

COOPERATIVE REBNY PURCHASE APPLICATION & ITEMIZED FINANCIAL STATEMENT

Purchase Application For the Sale of a Cooperative Apartment

BASIC INFORMATION

Today's Date: _____

Cooperative Name _____

Number of Shares _____

Apartment Address _____

Apartment # _____

Is Source of Down Payment a Gift? Yes or Loan

Purchase Price _____

Monthly Maintenance _____

Proposed Closing Date _____

Telephone _____

Requested Move In Date: _____

Email _____

Address _____

SELLER'S INFORMATION

Seller(s) _____

Present Address _____

Home Telephone _____

Cell Telephone _____

Email _____

Seller's Attorney _____

Firm _____

Firm Address _____

Email _____

Office Telephone _____

Cell Telephone _____

Facsimile _____

SELLER'S BROKER

Seller's Broker _____

Email _____

Office Telephone _____

Cell Telephone _____

PURCHASER'S INFORMATION

Purchaser (s)

Present Address

Home Telephone

Office Telephone

Cell Telephone

Email

Email

Amount Financing

Deposit on Contract

Purchaser's Attorney

Firm

Firm Address

Email

Office Telephone

Cell Telephone

Name(s) Cooperative Stock would be held in (and type of joint ownership) [e.g. tenants in common, joint tenants with rights of survivorship, or tenants by the entirety]

Mortgage Lender

Email

Attorney for Lender

Cell Telephone

Office Telephone

Cell Telephone

PURCHASER'S BROKER

Purchaser's Broker

Email

Office Telephone

Cell Telephone



PERSONAL INFORMATION REGARDING APPLICANT(S)

Applicant

Co-Applicant

Name: _____

Residence Address: _____

Dates of Residence: From: ___ / ___ / ___ To: ___ / ___ / ___

From: ___ / ___ / ___ To: ___ / ___ / ___

Prior Address: _____

(If less than five years at present address)

Dates of Residence: From: ___ / ___ / ___ To: ___ / ___ / ___

From: ___ / ___ / ___ To: ___ / ___ / ___

Employment Status: Full-time Part-time Unemployed
Retired Student

Full-time Part-time Unemployed
Retired Student

Are you self-employed? Yes No

Yes No

Current Employer: _____

Employer Address: _____

Period of Employment: From: ___ / ___ / ___ To: ___ / ___ / ___

From: ___ / ___ / ___ To: ___ / ___ / ___

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: From: ___ / ___ / ___ To: ___ / ___ / ___

From: ___ / ___ / ___ To: ___ / ___ / ___

Prior Supervisor's Name: _____

Business Telephone: _____

Income Estimate this year: _____

Actual Income last year: _____

Education Background (Optional): _____

ADDITIONAL INFORMATION REGARDING APPLICANT (S)

Name(s) of all persons who will reside in the apartment _____

Schools and years attended of occupants (if different from purchaser) [optional] _____

Names of anyone in the building known to applicant(s) _____

Are any pets to be maintained in the apartment? If yes, note number and kind. (NOTE: Please refer to building rules.) _____

Name of organizations to which applicants belongs (clubs, Societies, board memberships, etc.) [optional] _____

Will occupancy be: Full-time Part Time

If Part-Time, what is the approximate number of days per month you will use the apartment? _____

Do you plan to sublease your apartment? Yes No (NOTE: Please refer to building rules)

Do you plan to perform any alterations to the apartment? Yes No (NOTE: Please refer to building

Alteration Agreement) If yes, please describe the plans: _____

Will there be any business of profession conducted in the apartment? Yes No (NOTE: Please refer to building rules) If yes, please describe the nature of your business. _____

If you do not plan to receive mail at the apartment, please specify where monthly bills and correspondence should be sent: _____

Address of any additional residence owned or leased by applicant: _____

Is this your first time purchasing a coop? Yes No

If no, where else have you owned before: _____

Emergency Contact: _____

Cell Telephone _____

Home Telephone _____

Email _____

APPLICANT'S HOUSING HISTORY

Current Landlord _____

Landlord's Address _____

Landlord's Telephone Number _____

Current Rent _____

Reason for Moving _____

Dates of occupancy _____

Prior Landlord (*if at present location less than 5 years*) _____

Prior Landlord's address _____

Prior Landlord Telephone Number _____

Prior Rent _____

Reason for Moving _____

Dates of occupancy _____

BUSINESS AND PROFESSIONAL REFERENCES

Applicant

Co-Applicant

1. Name: _____

Address: _____

2. Name: _____

Address: _____

PERSONAL REFERENCES

Applicant

Co-Applicant

1. Name: _____

Address: _____

2. Name: _____

Address: _____

3. Name: _____

Address: _____

BANK AND CREDIT REFERENCES

	<u>Applicant</u>	<u>Co-Applicant</u>
1. Bank Name:	_____	_____
Address:	_____	_____
Last 4 digits of Account#:	_____	_____
Type:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/>	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/>
2. Bank Name:	_____	_____
Address:	_____	_____
Last 4 digits of Account#:	_____	_____
Type:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/>	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/>
3. Stock Broker or CPA:	_____	_____
Firm:	_____	_____
Address:	_____	_____
Phone:	_____	_____

DECLARATIONS

	<u>Applicant</u>	<u>Co-Applicant</u>
1. Are there any outstanding judgements against you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Have you been declared bankrupt in the last 7 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Have you had a property foreclosed upon or given title or a deed in lieu thereof in the last 7 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. In the last 5 years, have you been a party to any lawsuit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Have you directly or indirectly been obligated on a loan that resulted in foreclosure or transfer of title in lieu of foreclosure or judgement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are you presently delinquent or default on any Federal debt or in any other loan, mortgage, financial obligation, bond, or loan guarantee?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Is any part of the down payment borrowed or a gift?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Do you intend to occupy the apartment as your primary residence?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Are you obligated to pay alimony or child support?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10. Do you or any member of your family have diplomatic status?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Has any business you have controlled been the subject of bankruptcy in the last 7 years?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Are you a co-maker or endorser on a note?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Have you ever been convicted of a felony or misdemeanor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, please describe: _____

Financial Statement

Applicant: _____ Co-Applicant: _____

SECTION 1 -SOURCE OF INCOME & PROJECTED HOUSING EXPENSES

Annual Income	Applicant	Co-Applicant	Joint/ Total	Monthly
Base salary				
Net Rental Income				
Pensions				
Social Security				
Overtime				
Bonuses				
Commissions				
Dividends/ Interest				
Other Income				
Other Income				
Total				

AFTER CLOSING

Monthly Expenses	Applicant	Co-Applicant	Joint/Total
Maintenance			
Apt. Financing			
Assessments			
Other Mortgages			
Bank Loans			
Auto Loans			
Credit Card Debt			
Student Loans			
Other Expenses			
Other Expenses			
Total			



SECTION 2 -ASSETS & LIABILITIES

Liabilities	Applicant	Co-Applicant	Joint/Total
Notes Payable to Banks			
Notes Payable to Relatives			
Notes Payable to Others			
Alimony Payments Annual			
Automobile Loans/Leases			
Other Accounts Payable			
Mortgages Payable			
Unpaid Real Estate Taxes			
Unpaid Income Taxes			
Chattel Mortgages			
Loans on Life Insurance			
Credit Card Debt			
Other Debts			
Total Liabilities			
Net Worth			

Assets	Applicant	Co-Applicant	Joint/Total
Cash/ Money Market Funds (Sch A)			
Contract Deposit			
Investment in own Business			
Accounts Receivable			
Real Estate Owned (Sch B)			
Automobiles Owned			
Personal Property & Furniture			
Life Insurance (Cash Value)			
Retirement Funds/IRA:			
401K			
KEOGH			
Profit Sharing/Pension			
Other Assets (Sch C)			
Total Assets			

Adjusted Gross Income Federal Tax Return Line #31	Applicant	Co-Applicant	Joint/Total
Year (_____)			
Prior Year (_____)			
Second Prior Year (_____)			



SECTION 3 -ITEMIZED SCHEDULE OF ASSETS

Schedule A -Cash, brokerage statements, cash value life insurance
 (Attach additional pages if necessary) Total must match cash line above.

Applicant or Co-Applicant	Financial Institution	Type of Account	Last Four Digits of Account #	Account Balance
Total				

Schedule B -Real Estate (Attach additional pages if necessary)
 Total must match cash line above.

Applicant or Co-Applicant	Property Address	Type of Property	Amount of Mortgage Payments	Insurance main, tax & misc.
Total				



Schedule C -Other Assets (Attach additional pages if necessary)

SECTION 4 -IF YOU ARE A PRINCIPAL OF OR ARE EMPLOYED BY A FAMILY BUSINESS, PLEASE COMPLETE THIS SECTION.

	Applicant	Co-Applicant
Dividend or Partnership income (Present Year)		
Dividend or Partnership income (Prior Year)		
Dividend or Partnership income (Second Prior Year)		

ADDITIONAL COMMENTS:

MONTHLY BUDGET		
MORTGAGE		
MAINTENANCE		
HOME EQUITY LOAN		
AUTO PAYMENT #1		
AUTO PAYMENT #2		
FUEL		
REPAIRS		
AUTO INSURANCE		
HOME INSURANCE		
MEDICAL INSURANCE		
LIFE INSURANCE		
HOUSEHOLD EXPENSES		
FOOD		
ELECTRIC		
PHONE CELL/HOME		
LAUNDRY/DRY CLEANING		
CABLE/TV/MODEM		
MEDICAL EXPENSES (CO-PAYS/RX,ETC)		
ENTERTAINMENT/GYM/OTHER		
STUDENT LOAN DEBT		
CREDIT CARD		
401K/SAVINGS		
TOTAL		
MINUS NET INCOME		
SURPLUS TOTAL		



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: _____

Co-Applicant: _____

Building: _____

Apartment: _____

Date: _____



Council of New York Cooperatives & Condominiums

Discrimination is prohibited in Board admissions procedures under the following laws:

The Federal Fair Housing Act
The Civil Rights Act
The New York State and New York City Human Rights Laws

The New York City Human Rights Law provides that it is unlawful to refuse to sell, rent, lease, approve the sale, rental or lease or otherwise deny a housing accommodation based on actual or perceived race, creed, color, national origin, gender (including gender identity), age, disability, sexual orientation, marital status, partnership status, lawful source of income, alienage, or citizenship status or because children are, may be, or would be residing in the accommodation. Where a housing accommodation or an interest is sought or occupied exclusively for residential purposes, the provisions shall be construed to prohibit discrimination in the sale, rental, or leasing of such housing accommodation or interest on account of a person's occupation. Complaints may be filed within one year of an unlawful discriminatory act at the Law Enforcement Bureau of the City's Commission on Human Rights.

The New York State Human Rights Law provides that it is unlawful to refuse to sell, rent, lease or otherwise deny a housing accommodation on the basis of race, creed, color, national origin, sex, age, disability, sexual orientation, military status, marital status, or familial status. Complaints may be filed within one year of an unlawful discriminatory act to the New York State Division of Human Rights or within three years of an unlawful discriminatory act in State Court. Complaints may not be filed with both the Division and the Court.

The Federal Fair Housing Act prohibits discrimination in housing practices on the basis of race, color, religion, sex, handicap, familial status, or national origin. Individuals who believe they have been victims of an illegal housing practice may file a complaint within one year of the unlawful discriminatory act with the Department of Housing and Urban Development (HUD) or file their own lawsuit in federal or state court. The Department of Justice brings suit on behalf of individuals based on referrals from HUD.

The Civil Rights Act provides that all citizens of the United States shall have the same right to inherit, purchase, lease, sell, hold, and convey real and personal property. The law concerns the rights of all persons to make and enforce contracts, to sue, be parties, give evidence, and to the full and equal benefit of all laws and proceedings for the security of persons and property. Complaints may be filed with the Office for Civil Rights.

SECTION 2 CONTRACT OF SALE

Please provide a legible copy of the executed contract of sale.

SECTION 3 SOURCE OF FUNDS FOR PURCHASE

IF FINANCING, PLEASE INCLUDE:

- Commitment Letter
- Loan Application
- Copy of Appraisal Report
- 3 original Aztec Recognition Agreements (signed by bank officer & applicant (s))

SOURCE OF FUNDS FOR DOWNPAYMENT OR IF THIS IS AN ALL-CASH PURCHASE, PLEASE INCLUDE:

- A detailed statement from the applicant explaining the source of funds for purchase. (Please reference name of banking institution with last 4 digits of account #).
- IF gifting, a bank gifting letter is required. (Please refer to building rules, if this is allowed)

Corporation requires a minimum cash down payment of 20% of the purchase price. The maximum financing is 80%.

SECTION 4

SUBSTANTIATING DOCUMENTATION

- Bank statement (checking/savings/cd)
- Ira, Pension, Retirement Fund, 401K
- Stocks/Bonds
- Life Insurance Policy
- And any other assets

Please provide 3 RECENT STATEMENTS for each account regardless if statement is monthly or quarterly. ALL pages are required for each statement.

SECTION 5

INSERT LAST 2 YEARS FEDERAL TAX RETURNS WITH W-2 FORMS OR 1099 IF APPLICABLE HERE

If a submission is made before the tax filing deadline, the most recent W2 will be required.

All schedules must be included & copies should be signed.

If an extension was filed, please provide a copy.

SECTION 6 EMPLOYMENT VERIFICATION

LETTER FROM EMPLOYER MUST INCLUDE

- Title
- Current salary
- Employment period

COPY OF LAST THREE PAY STUBS

IF RETIRED, PLEASE SUBMIT THE FOLLOWING: SOCIAL SECURITY AWARD LETTER, PENSION AWARD LETTER, BANK INTEREST FORM 1099 AND DIVIDEND FORM 1096.

IF SELF-EMPLOYED, YOUR CPA MUST PROVIDE A LETTER OF INCOME VERIFICATION. A BUSINESS FINANCIAL STATEMENT FROM YOUR ACCOUNTANT IS ALSO REQUIRED AND THE LAST TWO YEARS BUSINESS OR CORPORATION TAX RETURNS MUST BE SUBMITTED.

Please note that we do not accept “The Work Number” authorization form as employment verification. Your application will be considered incomplete. Please contact your HR Department to provide a letter.

SECTION 7 REAL ESTATE

OWNED REAL ESTATE –If applicant currently owns any real estate, please provide the following:

- Most recent Mortgage Statement detailing monthly payment
- Annual Property Tax Bill, if applicable
- Annual Insurance Premium, if applicable
- If you are receiving rental income, a copy of an executed lease agreement is required detailing monthly/annual income.

SOLD REAL ESTATE –If applicant is in the process of selling or recently sold real estate, please provide the following:

- Contract of Sale, if applicable
- Listing Agreement, if applicable
- Closing Disclosure, if applicable

SECTION 8 LIABILITIES

**INDICATE IF THERE ARE ANY EXISTING
LIABILITIES SUCH AS:**

- Personal Loans (from relatives or others)
- 401K Loans
- Child Support
- Alimony
- Others

Detailed statement of Monthly payment should be provided.

SECTION 9 REFERENCE LETTERS

LANDLORD REFERENCE LETTER

Should include length of stay & six months proof of payment (if you reside with relatives a letter should be provided by the home owner).

COOP. OR CONDO. OWNED PROPERTY

Provide a letter from Management indicating monthly payments.

PERSONAL REFERENCE LETTERS

Please provide three letters per applicant from non-relatives (combined letters are acceptable)

BUSINESS REFERENCE LETTERS

Please provide two letters per applicant on business letterhead.

SECTION 10
ACKNOWLEDGMENT & AUTHORIZATION

FLORAL PARK OWNERS, INC.

Apartment_____

ACKNOWLEDGMENT OF HOUSE RULES

I/We have received a copy and read the current House Rules for **Floral Park Owners, Inc.** and I/We will abide by them.

I understand that I may not move into the building until:

_____ The Board has approved my application

ACKNOWLEDGEMENT OF SMOKING POLICY

By signing below:

1. I/We, acknowledge receipt and acceptance of the Smoking Policy for Floral Park Owners Inc. as outlined within the House Rules and/or Smoking Policy.

2. I/We, also acknowledge that the Smoking Policy extends to the members of my/our household and all visiting family members and guests.

Applicant's Name (Print)

Applicant's Signature

Applicant's Name (Print)

Applicant's Signature

Date

FLORAL PARK OWNERS, INC.

Apartment _____

ACKNOWLEDGEMENT OF HOMEOWNERS INSURANCE

By signing below, I (we) _____ acknowledge that we will obtain homeowners insurance and provide proof on or before the date of closing.

Applicant's Name (Print)

Applicant's Signature

Applicant's Name (Print)

Applicant's Signature

Date

FLORAL PARK OWNERS, INC.

Apartment _____

OCCUPANCY (USE OF PREMISES)

The undersigned _____ & _____ hereby agree, represent and covenant as follows:

1. Occupation of the apartment is as a private dwelling for the shareholder(s) and the specific number and names of non-shareholder residents as indicated on the purchase application form.
2. In no event shall more than one married couple occupy the apartment without the written consent of Floral Park Owners, Inc. Board of Directors.
3. The apartment may be occupied from time to time by guests of the shareholder(s) for a period not exceeding one month, unless a longer period is approved in writing by the Board of Directors.
4. No guests may occupy the apartment unless one or more of the permitted adult residents are then in occupancy or unless consented to in writing by the Board of Directors.
5. In the event of violation of these rules, the Apartment Corporation is entitled to subject the shareholder(s) to penalties, which may include monetary fines and other penalties including lease termination. In the case of an unauthorized occupancy of the apartment which continues for ten (10) days after written notice, the lease may be terminated.

Date

Applicant's Signature

Applicant's Signature

Sworn to this _____ day of _____ 20____

Notary Public

FLORAL PARK OWNERS, INC.

Apartment _____

ACKNOWLEDGMENT OF REPRESENTATIONS & AGREEMENTS

The undersigned _____ & _____ hereby agree, represent and covenant as follows:

1. We are in contract to purchase apartment _____, at Floral Park Owners, Inc. located at _____
2. In conjunction with our purchase of the shares and Proprietary Lease appurtenant to the apartment, we submitted an application and various back-up documentation for review by the Board of Directors of Floral Park Owners, Inc.
3. We understand that the documentation and information we provide in connection with our purchase application, and the subsequent interview with the Board of Directors, is and will be thorough, complete, accurate, up to date and contain no false statements or omissions of fact.
4. We understand that the Board of Directors will rely upon the documentation, information and representations in the application and interview in consenting to our purchase of the unit, and that any false statement or omission of fact in the application and/or the interview will be deemed a material default under my Proprietary Lease, and subject us to such penalties and remedies as the Board may deem appropriate, including but not limited to fines, and legal action including cancellation of the stock, termination of the Proprietary Lease and eviction from the premises.
5. Whenever used in this Agreement, the singular shall include the plural and vice-versa.

Applicant's Name (Print)

Applicant's Signature

Applicant's Name (Print)

Applicant's Signature

Date

Sworn to this _____ day of _____ 20____

Notary Public

FLORAL PARK OWNERS, INC.

Apartment _____

PURCHASER'S ASSUMPTION OF "AS IS" CONDITIONS

I/We _____ & _____ acknowledge and represent and warrant that I/we have inspected the Premises and am/are taking possession of the **Premises AS IS**.

I/we acknowledge that it is my/our obligation to ensure that the Premise is in good condition and that it complies with the Rules and Regulations of the Cooperative. In no event shall the Cooperative or Metro Management & Development, Inc., the Management Company, be responsible to the Purchaser (s) or to any other party for any condition in or caused by the Premises other than obligations of the Cooperative which are specifically set forth in the Proprietary Lease.

I/we understand that the Cooperative or Management has not inspected the Premises and that any alterations which may have been made to the Premises by the Transferor, or prior owners of the Premises, including alterations not made in conformity with the cooperative's Proprietary Lease, house rules, or local building codes are the sole responsibility of the Purchaser(s). The Cooperative makes no representation that any alterations to the Premises is, or was, approved by the Cooperative.

I/we agree that, in the event that there are or were any illegal or improper alterations to the Premises, or if there are repairs otherwise needed to the Premises necessitated by the conduct of the Transferor or former owners of the Premises, the correction of and the cost of such correction(s) and/or repair(s) shall be borne solely by the Purchaser.

[If applicable] I/we have been provided with copies of the annexed alteration agreements provided by the Transferor or former owners of the Premises to the cooperative to perform alterations to the Premises (the "Alteration Agreement"). In order to induce the Corporation to consent to, and register on the records of the Corporation, the transfer of the Shares and Lease to the Premises to the undersigned, for good and valuable consideration, the receipt and sufficiency of which consideration is hereby acknowledged, the Seller hereby assigns and the Buyer ASSUMES AND AGREES TO PERFORM AND OBSERVE all the terms, covenants, and conditions of the Alteration Agreement as if they were a signatory thereto. Henceforth, the term "Shareholder" as used in the Alteration Agreement shall mean the undersigned with the same force and effect as though the undersigned had been the original Shareholder thereunder. Any breach of this Assumption of the Alteration Agreement or of the Alteration Agreement shall constitute a breach of the Lease appurtenant to the Apartment. This Assumption of Alteration Agreement shall be binding on, and enforceable against, the undersigned and the undersigned's estate, heirs, executors, administrators, personal representatives, successors, and assigns.

Date: _____, 20____

Seller

Buyer

Seller

Buyer

State of _____ }
County of _____ } **ss**

On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be the individual described in and who executed the foregoing instrument, and duly acknowledged to me that she/he executed the same.

Notary Public

State of _____ }
County of _____ } **ss**

On this _____ day of _____, 20____, before me personally came _____, to me known and known to me to be the individual described in and who executed the foregoing instrument, and duly acknowledged to me that she/he executed the same.

Notary Public

THE CITY OF NEW YORK
DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT
DIVISION OF CODE ENFORCEMENT

SMOKE & CARBON MONOXIDE DETECTOR CERTIFICATE OF INSTALLATIONS

PROPERTY ADDRESS: _____

APARTMENT _____

IN ACCORDANCE WITH THE PROVISION OF SECTION 27-2045, 27-2046, 27-2046.1 AND 27-2046.2 OF THE ADMINISTRATIVE CODE OF THE CITY OF NEW YORK AND THE RULES PROMULGATED BY THE DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT (DHPD) TO IMPLEMENT THOSE SECTIONS, THE OWNER OF THE ABOVE PREMISES MUST FILE WITH DHPD'S DIVISION OF CODE ENFORCEMENT BOROUGH OFFICE, IN THE BOROUGH IN WHICH THE PROPERTY IS LOCATED, A CERTIFICATE OF SATISFACTORY INSTALLATION OF SMOKE AND CARBON MONOXIDE DETECTING DEVICES WITHIN 10 DAYS AFTER SUCH INSTALLATION.

I HEREBY CERTIFY THAT ONE OR MORE APPROVED AND OPERATIONAL SMOKE AND CARBON MONOXIDE DETECTING DEVICE HAS BEEN INSTALLED IN EACH DWELLING UNIT AS PRESCRIBED IN THE RULES OF THE DEPARTMENT OF BUILDINGS AND DHPD.

Applicant's Name (Print)

Applicant's Signature

Applicant's Name (Print)

Applicant's Signature

Date

WINDOW GUARD QUESTIONNAIRE

LEASE NOTICE TO TENANT

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

OR

If a child 10 years of age or younger lives in your apartment.

It is a violation of law to refuse, interfere with installation, or remove window guards where required.

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: _____

Tenant's Signature: _____ Date: _____

Tenant's Address: _____

Return this form to:

Owner/Manager: Metro Management Devel., Inc.
1981 Marcus Avenue
Suite C-131
Lake Success, New York 11042

For further information call: Window Falls Prevention 212-676-2158

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 (initial)

_____ a) Presence of lead-based paint and/or lead-based paint hazards (check one below):
 Known lead-based paint and/or lead-based hazards are being present in the housing
(explain): _____

_____ 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 one below):

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).

_____ Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Purchaser's Acknowledgments (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 one below):

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

_____ 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 provided by the signatory is true and accurate.

Seller: _____ Date: _____ Seller: _____ Date: _____

Agent: _____ Date: _____ Agent: _____ Date: _____

Purchaser: _____ Date: _____ Purchaser: _____ Date: _____

**FLORAL PARK OWNERS, INC.
NO WASHING MACHINE AND/OR DRYER AGREEMENT**

RE: Resale of premises

Apartment# _____

It has been specifically pointed out to me (us) that under the terms of the Corporation's House Rules + Bylaws that the use of washing machines and/or dryers is strictly prohibited.

WE AGREE TO BE BOUND BY THE FOLLOWING:

- A) I/WE agree that if there is a washing machine or dryer in the apartment that we are purchasing we will have the Seller/Shareholder remove same prior to the transfer of shares.
- B) I/WE will not bring into the apartment at the time we take occupancy or at any subsequent time any washing machine and/or dryer.
- C) I/WE understand that a violation of this agreement at any time shall be considered a material breach of the terms of our Proprietary Lease which will result in legal action by Floral Park Owners, Inc. wherein all legal costs will be passed on to me.
- D) I/WE understand that in addition to fines and legal fees passed on by the co-op I may be subject to fines and/or penalties by the NYC DOB for the unauthorized installation of a washing machine and/or dryer.

Prospective Purchaser

Prospective Purchaser

Dated

(1/2021)

FPO/RESALE DOC#1

FLORAL PARK OWNERS, INC.

Parkwood Estates Revised Pet Policy

Re: Resale of
Apartment# _____

I HAVE RECEIVED A COPY OF THE REVISED PET POLICY OF PARKWOOD ESTATES
(DATED JANUARY 2014).

I UNDERSTAND AND AGREE TO ABIDE BY THE REVISED PET POLICY ESTABLISHED
BY PARKWOOD ESTATES.

Please Check One:

I (we) do not have any pets _____

I (we) have a pet for Board Approval Dog/Cat _____

Breed _____

Dog/Cat Age Dog/Cat Name _____

How Long Applicant Owned Pet _____

I (we) understand that should approval be granted for my (our) pet there is a ninety (90) day
probationary adjustment period wherein pets will be subject to removal from the premises if any
substantiated complaints are lodged against them.

(DON'T FORGET TO INCLUDE A PHOTOGRAPH OF YOUR 4-LEGGED FAMILY MEMBER~ PHOTO WILL NOT
BE RETURNED AND WILL REMAIN A PART OF YOUR FILE).

**IT IS FURTHER AGREED AND ACKNOWLEDGED THAT I/WE WILL NOT BRING A DOG INTO
THE APARTMENT WITHOUT THE PRIOR WRITTEN CONSENT OF THE **BOARD OF
DIRECTORS**; IF I/WE DO HARBOR AN UNAUTHORIZED DOG WE ACKNOWLEDGE THAT WE
WILL BE SUBJECT TO A MINIMUM \$100.00/MONTH FINE UNTIL SUCH TIME THAT THE DOG
IS REMOVED.**

(Prospective Purchaser)

(Prospective Purchaser)

Dated

PARKWOOD ESTATES PET POLICY

JANUARY 2014

PET APPROVAL PROCEDURE:

1. All residents must obtain prior written approval for their pet from the Board of Directors. Concerned Management will present a copy of the pet policy for signature by new residents in the resale application prior to occupying the apartment and to existing residents who wish to obtain a pet.
2. Following the death or loss of a dog or cat, written approval from the Board must be obtained for a replacement pet.
3. All other animals are subject to board approval as well.

PET RESTRICTIONS:

Parkwood Estates has determined that only specific animals be permitted. Dogs, domesticated cats, birds, rabbits, and small caged mammals such as guinea pigs are acceptable. Aggressive and large breeds not conducive to apartment living such as pit bulls, German Shepards, Dobermans, Dalmatians, Rottweilers, Great Danes, St. Bernards, Mastiffs, etc. are prohibited. The following restrictions pertain to our community members as well as their guests:

1. All new pets are subject to a ninety (90) day probationary adjustment period wherein pets will be subject to removal from the premises if any substantiated complaints are lodged against them.
2. Apartments will be restricted to one dog or one cat or one of each.
3. Requests for a second dog will not be considered.
4. Residents with 2 dogs will not be allowed to replace their second dog following the death or loss of one of their dogs.
5. New York City law requires that dogs must be curbed.
6. Pets shall not be kept, bred, or used for any commercial purpose.
7. Pets must be confined to the owner's apartment, must not be allowed to roam free, and may not be tied unattended in any common area. Pets in transit are to be restrained by a leash not to exceed 6 ft. in length (pursuant to NYC regulations), carried, or placed in an animal carrier.
8. Pets are prohibited in on-site laundry rooms.
9. Waste/Litter Disposal: Persons who walk their pets are responsible for immediately cleaning up after their animals and discarding securely bagged solid pet waste in the dumpsters provided throughout the community. Cat litter may not be disposed of in the toilets as it clogs the pipes. The shavings and waste materials from any other caged animals must also be properly disposed of in the dumpsters.

PLEASE RETAIN THIS PET POLICY FOR YOUR REFERENCE

Page 2

10. A pet will be evicted at the owner's expense if it becomes a nuisance or creates any unreasonable disturbance. Examples are:
 - a. Pets who cause personal injury or property damage due to wild or aggressive behavior
 - b. Pets who make continuous and/or incessant noise for extended periods of time (defined as ten or more minutes)
 - c. Pets that relieve themselves on walls or floors of common areas (apartment foyers, etc.)
 - d. Pets who are conspicuously unclean or infested by fleas or other parasites
11. Feeding, caring for or otherwise aiding stray animals, including but not limited to squirrels, feral cats, and birds, is **strictly prohibited**.
12. Guests who bring their pets must abide by the same restrictions as residents.
13. Foster pets require board approval and are limited to sixty (60) days; if permanent adoption of foster pet approval procedure must be followed for board approval.

ENFORCEMENT:

1. All pet owners, including Shareholders, Renters, and Visitors, shall indemnify Floral Park Owners, Inc. and the management company and hold them harmless against loss or liability of any kind arising from their pets.
2. Any pet owner, resident or management/maintenance staff member observing an infraction of any of these rules should discuss it in a neighborly fashion with the pet owner in an effort to secure voluntary compliance.
3. If the complaint is not satisfied voluntarily, it must be put in writing, signed, and presented to Management. If Floral Park Owners, Inc. determines the complaint to be valid, the pet owner will receive written notice of the violation providing a period of five (5) days to cure. If after presentation of written notice and passage of the applicable cure period of the violation the problem is still unresolved, an **escalating** fine will be imposed.
4. Immediate notice and action may be taken if the nature of the complaint involves personal injury or the threat thereof.
5. Floral Park Owners, Inc. may require the permanent removal of a pet if such pet is determined to be a nuisance or a danger to the community and its residents.
6. The Board of Directors will have authority to assess and collect fines for violation of the established rules pertaining to pets in an amount necessary to repair or replace damaged area(s) or object(s), as otherwise determined by the Board.
7. Appeals must be made in written form, addressed to the Board of Directors and presented in a timely fashion.

NO SUBLET POLICY ACKNOWLEDGMENT

RE: Resale of premises

Apartment# _____

It has been specifically pointed out to me (us) that under the terms of the Corporation's House Rules + Bylaws that I/We will not be permitted to sublet the apartment.

The Corporation's bylaws only permit sublet privileges to those Purchasers who purchased prior to 10/31/1989.

I/We do hereby agree that we will not sublet the apartment after purchase or it will be a material breach of the terms of the Proprietary Lease which will result in legal action by Floral Park Owners, Inc. wherein all legal costs will be passed on to me as well as fines.

Purchaser

Purchaser

Dated

(1/2021)

FPO/RESALE DOC#3

SHAREHOLDER ALTERATION AGREEMENT RECEIPT

RE: Resale of premises

Apartment# _____

It has been specifically pointed out to me (us) that under the terms of the Corporation's House Rules + Bylaws that i/We do hereby agree not to perform any alterations/work in said premises until I/We are in receipt of written approval from the Floral Park Owners, Inc. Board of Directors, or its Agents.

I/We have received a copy of the Parkwood Estates Shareholder Alteration Guidelines.

Purchaser

Purchaser

Dated

(1/2021)

FPO/RESALE DOC#4

Parkwood Estates

Shareholder Alteration Guidelines

All Shareholders are reminded that Article 21(a) of the Proprietary Lease (page 643) states that **prior approval for alterations must be granted by the Lessor (Floral Park Owners, Inc.) before any work can be done.**

In order to avoid any confusion, and possible litigation and/or fines, the following guidelines are to be followed when planning any work in your apartment. These guidelines are not designed to deter or hinder a Shareholder from making various improvements within their apartments, but to ensure that any and all changes do not jeopardize the buildings' structure or safety and quality of life of other Parkwood Estates residents.

Any properly filed request will be expediently reviewed and responded to within a reasonable timeframe.

- A. A formal written application must be submitted to Management outlining the location of the proposed work.
- B. Plans specifically detailing the nature and scope of the proposed work must be included in said application.
- C. A description of any electrical work (if applicable) must be included. Any electrical work must be performed by a NYC licensed and insured electrical contractor.
- D. A description of any plumbing work (if applicable) must be included. Any plumbing alterations must be performed by a plumber licensed by the NYC Department of Buildings. Said plumbing work must be appropriately filed for (if necessary) with the Department of Buildings under a Plumbing Repair Application and shall be submitted to Management prior to the commencement of any work.
- E. A description of any demolition and the method of disposal (the contractor you use will be responsible for the removal of all construction debris). Construction debris cannot be placed outdoors for any length of time. It must be carted away from the premises once it is removed from the apartment.
- F. If a General Contractor is being utilized, he must be licensed and carry a minimum of \$1,000,000. liability insurance covering and indemnifying the Owners Corp., naming Floral Park Owners, Inc., 251-38 71 Road, Bellerose, NY 11426 as co-insured. For work not requiring a licensed contractor, Shareholders must submit proof of the workman's insurance with a minimum of \$500,000. liability insurance: or where there is no workman's insurance, the Shareholder must submit proof of their personal insurance with a minimum of \$100,000. liability insurance.
- G. Under no circumstances will any partition change or removal be considered.
- H. Under no circumstances will any relocation of the kitchen stove or sink be considered; the standard ad existing kitchen layouts must be followed (utilizing the existing gas and plumbing line layouts).
- I. Under no circumstances will the installation of a Jacuzzi, whirlpool tub, hot tub, washing machine and/or clothes dryer be approved.
- J. Alteration work must be performed Monday through Friday during the hours of 8:00 AM thru 5:00 PM and NOT during a holiday.
- K. Under no circumstances will permission be granted for alteration work to be performed on any weekend or holiday.
- L. The installation of an *a/e* sleeve, security system and/or alarm system requires approval.
- M. **Once written approval is granted, you must notify Management of the project commencement date.**

The co-op reserves its rights to request additional documentation or information with regard to any proposed work.

Any infractions to the aforementioned Alteration Guidelines will subject the Shareholder to a fine at the discretion of the Board of Directors. Any infraction that constitutes a compromise to the integrity of the building or its components, or jeopardizes the safety of any Residents may subject the Shareholder to additional costs in connection with repairs and/or restoration of the subject apartment by the co-op's contractor. This may necessitate the commencement of legal action wherein legal costs incurred by the co-op will be the responsibility of the Shareholder.

Updated: January 2021

PURCHASER'S PLEASE RETAIN THESE GUIDELINES FOR FUTURE REFERENCE

APPLICATION FOR RESALE

SELLER INFORMATION:

Shareholder/Seller's Name(s) _____

Apartment #/Address _____

Mailing Address (If Different) _____

Telephone Contact #s HOME _____

BUSINESS _____

CELLULAR _____

EMAIL _____

Shareholder/Seller's SS# _____

My Cooperative Loan is held by _____
(Name of Lending Institution)

Address of Lending Institution _____

Shareholder/Seller's Attorney's Name _____

Attorney's Address _____

Attorney's Telephone# _____ FAX# _____

Attorney's Email _____

If there is no financing on your co-op apartment please check here _____

(08/15)

RE: Resale of premises

Apartment#_____

I (WE), _____, _____ as Prospective Purchasers of the shares to Apartment# _____, affirm that I (WE) will **not install any window-type air conditioner(s)**.

It has been specifically pointed out to (us) that pursuant to the terms of the cooperative's rules and in connection with the recent window replacement project that the use of window-type air conditioning units is prohibited.

I (WE), understand that a violation of this agreement at any time shall be considered to be a material breach of the terms of my (our) proprietary lease which will result in the issuance of a fine at the Board's discretion and/or the commencement of legal action by the Cooperative to terminate my (our) occupancy.

Prospective Purchaser

Prospective Purchaser

Dated

(05/08)

FPO/RESALE DOC #5

SELLER'S OCCUPANCY AGREEMENT

RE: Resale of premises

Apartment# _____

We have been made aware of the Floral Park Owners, Inc. Cooperative Rules and Regulations with respect to **NOT ALLOWING** our prospective purchaser(s) (applicants) to move into and/or take possession of the apartment without prior written Board approval.

WE AGREE TO BE BOUND BY THE FOLLOWING:

- A) I/WE, Shareholders(s) agree that I/WE will not allow my/our prospective purchaser(s) (applicants) to occupy and/or take possession of the apartment until such time that all requested information/documentation is received/reviewed by the Admissions Committee of the Board of Directors and until written Board approval is granted.
- B) I/WE, Shareholder(s) agree to pay a non-refundable fine at the discretion of the Board of Directors.
- C) In addition, I/WE, Shareholder(s) realize that our request for resale will automatically be denied should we default in this agreement.

Shareholder

Shareholder

Dated

(5/08)

FPO/RESALE DOC#6

SHAREHOLDERS PERSONAL INSURANCE REQUIREMENT

Re: Resale of premises

Apartment# _____

We have been made aware of the Floral Park Owners, Inc. Board of Directors policy with respect to **Mandatory Personal Insurance Coverage** required by each and every Shareholder.

WE AGREE TO BE BOUND BY THE FOLLOWING:

- A) I/WE, Prospective Shareholder(s) agree to secure mandatory personal co-op owners insurance as follows:
Minimum personal liability insurance of \$100,000.00
Minimum personal property insurance of \$75,000.00.
- B) I/WE, Prospective Shareholder(s) recognize that it is a co-op requirement to send proof personal insurance to floralparkownersbod@gmail.com each January. (Note: Reminders are sent to all Shareholders of Record).

As the Co-op's requirement is a minimum, it is urged for all Shareholders to contact their insurance broker/agency for advice on adequate coverage to suit individual needs.

Prospective Purchaser

Prospective Purchaser

Dated

(7/2024)

FLORAL PARK OWNERS, INC. PARKWOOD ESTATES SMOKING POLICY

RE: Resale of premises

Apartment# _____

SMOKING IS PROHIBITED IN ALL COMMON AREAS OF THE PROPERTY WHICH INCLUDES SHARED VESTIBULES, SHARED ENTRANCE PORCHES, GARAGES AND LAUNDRY ROOMS.

IF YOU SMOKE INSIDE YOUR APARTMENT **YOU** ARE RESPONSIBLE FOR ENSURING THE SMOKE DOES NOT ESCAPE INTO THE COMMON AREAS OR TO OTHER UNITS.

IF YOU CHOSE TO SMOKE PLEASE BE MINDFUL THAT SECONDARY SMOKE IMPACTS THOSE RESIDENTS RESIDING NEARBY WHO CHOSE NOT TO SMOKE.

WITH EVERYONE'S COOPERATION WE CAN ADOPT THIS COMPLEX-WIDE SMOKING POLICY THAT WILL MOVE US TOWARD A SAFER AND MORE COMFORTABLE STANDARD OF LIVING FOR ALL RESIDENTS AT PARKWOOD ESTATES.

CIGARETTE FILTERS ARE NON-BIODEGRADABLE AND WHEN DISCARDED ON THE GROUNDS REMAIN THERE UNTIL SWEEPED AWAY BY THE RAIN OR PICKED UP. IN AN EFFORT TO MAINTAIN OUR PROPERTIES' PRISTINE APPEARANCE PLEASE REFRAIN FROM DISCARDING YOUR CIGARETTE BUTTS ON THE GROUNDS.

Applicant / Purchaser

Applicant / Purchaser

Dated

**RELEASE OF INFORMATION AUTHORIZATION
AUTHORIZATION TO OBTAIN A CREDIT REPORT
AUTHORIZATION TO OBTAIN A CRIMINAL BACKGROUND CHECK**

In order to comply with the provisions of 15 U. S. C. Section 1681(d) of the Federal Fair Credit Reporting Act, I (we) authorize you to retain Metro Management & Devel., Inc., which agency may obtain, prepare, and furnish an investigative consumer report including information on my character and general reputation, personal characteristics, and mode of living, whichever are applicable, as well as information regarding employment, credit, criminal, and current financial position. If this is an application, I (we) further authorize Metro Management & Devel., Inc., at its discretion, to make a copy of such credit report available to the owner of the unit, which I (we) propose to lease. In addition, within a reasonable period of time, upon written request to Metro Management & Devel., Inc., I (we) may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

PLEASE PRINT CLEARLY

Print Name: _____ Date of Birth _____

Address: _____

City/State/Zip: _____

Social Security Number: _____

Signature: _____

Print Name: _____ Date of Birth _____

Address: _____

City/State/Zip: _____

Social Security Number: _____

Signature: _____

BUILDING REFERENCE: Floral Park Owners, Inc. APT# _____