



RESALE APPLICATION & PROCEDURES

TO: PROSPECTIVE PURCHASER OF APARTMENT@Tower One 1523 Central Park Avenue
Yonkers
NY

In order to avoid delays in processing this application, **please** be sure to include all of the following items as incomplete applications will not be processed.

Complete all items on the attached application. The Board of Directors reserves the right to require additional evidence of financial responsibility of character reference.

In addition to the completed application, we require the following documents for each applicant:

- 1) Completed Application (Attached)
- 2) A non-refundable **\$400.00** application fee made payable to **Stillman Management**
A non-refundable **\$100.00** credit/criminal/background/sex offender inquiry fee **PER PURCHASER** payable to **Stillman Management**
A non-refundable **\$100.00** criminal/background/sex offender inquiry fee **PER ADDITIONAL OCCUPANT** (18+ and older) payable to **Stillman Management**
- 3) 3 Checks made payable to **1523 Central Park Avenue Owners, Inc.**
 - a) \$200.00 (refundable move in deposit)
 - b) \$500.00 **by seller** for administrative fee (Non Refundable)
 - c) \$150.00 **by purchaser** for administrative fee (Non Refundable)
- 4) Latest Tax Returns with all schedules and W'2's- must include all pages of federal tax return.
- 5) Photo Identification of each person who will be residing in the apartment.
- 6) Fully executed Contract of Sale
- 7) Mortgage Commitment (If financing: Please note: 80% MAXIMUM FINANCING)
- 8) Loan Application to Bank
- 9) Copy of Appraisal
- 10) 3 Recognition Agreements- must be signed by borrower and bank
- 11) Most recent bank and brokerage account statements
- 12) Authorization for Credit Report (Attached) - Please put form in a sealed envelope with your application.
- 13) Landlord reference letter
- 14) Employment letter to include salary, length of employment and prospect of continuation of employment.
- 15) Copies of two month of pay-stubs



440 Mamaroneck Avenue, Suite S 512
Harrison, NY 10528

T: 914.813.1900
F: 914.813.1919

www.stillmanmanagement.com



- 16) If this is a cash sale- include a letter explaining and proof of where funds are coming to purchase.
- 17) Application Release Form (Form Attached)
- 18) Emergency Contact Form (Form Attached)

Please submit (8) collated copies of each and every page of the application. Please note you do not need to make copies of the recognition agreements, AUTHORIZATION FORMS FOR CREDIT and checks. Please use the attached dividers to organize your application.

It takes approximately 30 days to process each application. Failure to comply with the above procedure will delay this process.

Please note that parking does not automatically come with the unit. You will be given one if it is available and if not you may submit your name to be placed on the waiting list. Purchasers should obtain the car stickers from the seller and bring them to closing.

Please submit application to the Sales & Leasing Department of Stillman Management @

STILLMAN MANAGEMENT, INC.

440 Mamaroneck Avenue
Suite S-512
Harrison, NY 10528

Please note that an incomplete package will be mailed back to the purchaser(s).

NOTE: ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE. HOWEVER IT IS STRONGLY ENCLOURAGED THAT ALL ACCOUNT NUMBERS AND SOCIAL SECURITY NUMBERS BE BLACKED OUT ON ALL THE COPIES OF THE APPLICATION. PLEASE DO NOT CROSS OUT SOCIAL SECURITY NUMBERS ON THE AUTHORIZATION FORMS TO OBTAIN A CREDIT REPORT AND A BACKGROUND CHECK.

STILLMAN MANAGEMENT

440 MAMARONECK AVENUE

HARRISON, NY 10528

SUITE 512

ATTENTION RITA PITA

IMPORTANT INFORMATION REGARDING YOUR SOCIAL SECURITY NUMBER

PROTECTING YOUR PRIVACY

IN ORDER TO PROTECT YOUR PRIVACY PLEASE REMOVE/BLACK OUT YOUR SOCIAL SECURITY NUMBER FROM EACH FINANCIAL INSTITUTION DOCUMENT INSERTED INTO THE APPLICATION.

FINANCIAL CONDITION (NET WORTH)

TAX RETURNS

PERSONAL LOANS

BANK STATEMENTS

IRA STATEMENTS

CD'S

SAVINGS, ETC.

THE CREDIT AGENCY AUTHORIZATION FORM AND THE AUTHORIZATION FORM FOR A BACKGROUND CHECK ARE THE ONLY FORMS THAT REQUIRE THE SOCIAL SECURITY NUMBER. ONLY SEND ONE EACH OF THESE FORMS. ONCE THE REQUIRED FORMS ARE OBTAINED THE AUTHORIZATION FORMS WILL BE SHREDDED AND YOUR SOCIAL SECURITY NUMBER ON THE DOCUMENTS OBTAINED WILL BE BLACKED OUT.

IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT THE SALES AND LEASING DEPARTMENT AT STILLMAN MANAGEMENT.

IMPORTANT NOTES

Due to the large volume of calls and applications received by this office, we kindly ask that you refrain from calling for an update, during the 1st 3 weeks after an application has been delivered to our office. When an update is ready, we will contact your point person, which we recommend should your Real Estate broker, or in the absence of a broker your Attorney. Please advise all parties involved and provide them with the brokers and/or attorney's contact information.

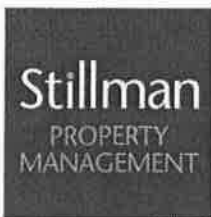
In an effort of fairness, we must process applications on a first come first serve basis.

If you are concerned about the receipt of the package, please use a method of return receipt, via USPS, fed Ex, messenger service or hand delivery, etc.

Please provide a name of the contact person an e-mail address below for the point person (main contact) to be contacted when there is an update to be provided about this application.

Name _____, Title _____, Phone _____

Email _____



440 Mamaroneck Avenue, Suite S 512
Harrison, NY 10528
T: 914.813.1900
F: 914.813.1919
www.stillmanmanagement.com



Please provide the following information with your application in order to send the information for closing:

Seller's Attorney

Name: _____

Phone Number: _____

Fax Number: _____

Email: _____

Buyer's Attorney

Name: _____

Phone Number: _____

Fax Number: _____

Email: _____

STILLMAN MANAGEMENT, INC.

THIS SHEET MUST BE COMPLETED FOR ALL PURCHASERS

Present Owner(s) _____ Apt # _____

Name(s) of Applicant _____

Present Address _____

Current Residence is Co-op _____ Rental _____ Private Home _____

Previous Address _____ How Long _____

Home Phone _____ Business Phone _____ Cell Phone _____

Size of Apartment 1 Bedroom _____ 2 Bedroom _____ 3 Bedroom _____

Marital Status _____ Spouse's Name _____

Child(ren) Name(s) _____ Male _____ Female _____

_____ Male _____ Female _____

_____ Male _____ Female _____

Child(ren) Name(s) _____ Male _____ Female _____

Will there be other occupants in the unit? Yes _____ No _____

If yes: Name Relationship

STILLMAN MANAGEMENT, INC.

Sources of Income of each person to reside in apartment or who will be listed as a shareholder:

Earnings (include self-employment)	Number of persons employed _____			
Employer's name and address	Position/ occupation	how long	Current salary	Est. next year bonus
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Complete if employed in current position for less than two (2) years

Previous employer and address	type of business	position	dates from-to	Monthly income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

These questions apply to all purchasers

If a "yes" answer is given to a question in this area, explain on an attached sheet

	Purchaser Yes or No	Co-Purchaser Yes or No
Have you any outstanding judgements?	_____	_____
In the last 7 years, have you been declared bankrupt?	_____	_____
Have you had property foreclosed upon or given title or deed in lieu thereof?	_____	_____
Are you a co-maker or endorser on a note?	_____	_____
Are you a party in a lawsuit?	_____	_____

STILLMAN MANAGEMENT, INC.

EMPLOYMENT

Purchaser

Social Security # _____

Employer's Name _____

Address _____

Type of Business _____ Position _____

of Years in present employment _____ Annual Income \$ _____

Spouse

Social Security # _____

Employer's Name _____

Address _____

Type of Business _____ Position _____

of Years in present employment _____ Annual Income \$ _____

Other Sources of Income

1. _____
2. _____
3. _____

References:

Bank _____ Address _____

Business _____ Address _____

Credit _____ Address _____

It is agreed that this application is subject to acceptance or rejection at any time by the cooperative at its discretion

Applicant Signature

*Note: Please write any additional information on back.

STILLMAN MANAGEMENT, INC.

Describe other income: H = Husband W = Wife

Notice: alimony, child support or separate maintenance income need not be revealed if the Purchaser or Co-Purchaser does not choose to have it considered as a basis for paying maintenance charges.

	Monthly Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Details of Purchase
(do not complete if refinance)

a) Purchase price (*)	\$ _____
b) Total closing costs (estimated)	\$ _____
c) Prepaid escrow (estimated)	\$ _____
d) TOTAL (a+b+c)	\$ _____
e) Amount of financing	\$ _____
f) Other financing	\$ _____
g) Other Equity	\$ _____
h) Amount of cash deposit	\$ _____
i) Closing costs paid by seller	\$ _____
j) Cash required for closing (estimated)	\$ _____

If applicable, explain "other financing" or "other equity" (provide addendum if more space is needed)

* Copy of contract of sale to be submitted with application

STILLMAN MANAGEMENT, INC.

GROSS MONTHLY INCOME

Item	Purchaser	Co-purchaser	Total
Base employment income	\$ _____	\$ _____	\$ _____
Overtime	\$ _____	\$ _____	\$ _____
Bonuses	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Dividends/Interest	\$ _____	\$ _____	\$ _____
Net rental income	\$ _____	\$ _____	\$ _____
Other income	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

MONTHLY HOUSING EXPENSE

Item	Present	Proposed
Rent/Maintenance	\$ _____	\$ _____
Bank financing	\$ _____	\$ _____
Other financing	\$ _____	\$ _____
Co-op Assessments	\$ _____	\$ _____
Other miscellaneous housing expense	\$ _____	\$ _____
Utilities (estimated)	\$ _____	\$ _____
Total	\$ _____	\$ _____

STILLMAN MANAGEMENT, INC.

Purchaser
Yes or No

Co-Purchaser
Yes or No

Are you obligated to pay alimony, child support or separate maintenance?

Is any part of the down payment borrowed or a gift?

If any portion of the down payment is borrowed, please list amounts, sources and repayment terms, if applicable.

Explanation:

If a gift, please enclosed gift letter.

STILLMAN MANAGEMENT, INC.

Three (3) personal references:
(no relatives)

1. _____ Phone number _____
2. _____ Phone number _____
3. _____ Phone number _____

Three (3) business references for each purchaser or prospective resident:
(no relatives)

1. _____ Phone number _____
2. _____ Phone number _____
3. _____ Phone number _____

STILLMAN MANAGEMENT, INC.

1523 CENTRAL PARK AVENUE OWNERS, INC.
REGISTRATION OF APARTMENT/RESALE

Date: _____

Name: _____ Apt # _____

Address: _____

Home Phone: _____ Bus. Phone: _____ Cell Phone: _____

Number of Shares: _____ Monthly Maintenance \$ _____

Date of Purchase: _____ Resale Price \$ _____

Attorney's Name: _____

Address: _____

Telephone #: _____ Fax #: _____

I recognize that the sale of shares can not be finalized without the consent of the Board of Directors and consent is contingent on an interview by the admissions committee.

Date: _____ Shareholder _____

Date: _____ Shareholder _____

STILLMAN MANAGEMENT, INC.

The applicant is advised that this application is subject to the approval of the Board of Directors without which the proposed purchase may not be consummated. In this regard, the applicant is directed to the By-laws of 1523 Central Park Avenue Owners, Inc. and the provisions of the Proprietary Lease.

The applicant is directed to the Proprietary Lease and House Rules which govern the occupancy of 1523 Central Park Avenue Owners, Inc. by its residents and which would govern the occupancy of the applicant.

In no event will the Board of Directors or its agents be responsible for any liabilities or expenses incurred by any applicant whose application is disapproved. The Board of Directors and its agents assume no responsibility for expenses or liabilities resulting from any delay in its' review.

All information furnished to the Board of Directors to contact any of the employers, banks, landlords, educational institutions, references, etc. described herein is needed in order to elicit information bearing upon the application.

The undersigned agrees that he/she will not move his/her possessions into the apartment without express permission of the Managing Agent and on an approved date as given by the Managing Agent.

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION FURNISHED HEREIN IS TRUE AND COMPLETE, AND DOES NOT OMIT ANY MATERIAL FACTS.

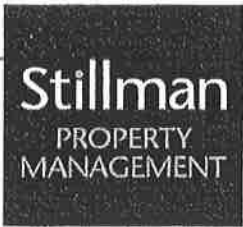
APPLICANT

APPLICANT

State of)
)ss:
County of)

Sworn to before me
this day of

Notary Public



440 Mamaroneck Avenue, Suite S-512
 Harrison, NY 10528
 T: 914.813.1900
 F: 914.813.1919
 www.stillmanmanagement.com



APPLICANT'S RELEASE

Re: Building Address: _____

Apartment Number: _____

The undersigned applicant(s) is (are) submitting an application to purchase/sublease the above referenced apartment.

Applicant has submitted payment for certain fees including but not limited to fees to check applicants' credit, background and to process this application.

Applicant acknowledges that the application to purchase/sublease the apartment may or may not be approved by the Board of Directors of the Cooperative Corporation owning building in its sole discretion and that if the application is not approved; no reason for the disapproval needs to be given. Whether the application is approved or not approved, certain costs and expenses will be incurred and the fees described above will not be refunded to the applicant(s).

The applicant releases both the cooperative corporation and the managing agent from any liability for the return of these funds incurred in the processing of the application, and agrees that in the even the applicant seeks recovery of such fees, the applicant shall be liable for all costs and expense (including attorney's fees) incurred by the cooperative corporation and/or managing agent.

 Applicant

 Applicant

Date: _____

Emergency Contact Form

Apt Number _____ Address _____

Name: _____

Work Number: _____ / Home Number: _____

Cell Phone Number: _____

E-mail Address: _____

Name: _____

Work Number: _____ / Home Number: _____

Cell Phone Number: _____

E-mail Address: _____

In the event of an emergency when a shareholder or owner cannot be reached, please provide the names of a person to contact:

1.

Name _____

Work Number: _____ / Home Number: _____

Additional Information:

Pets _____

Emergency Information we should know:

If

applicable: _____

Other Relevant Information you think we should know in case of an emergency:

Purchase Application

Table of Contents:

Cooperative Application

Supporting Documentation to Financial Statement

- a) Bank & brokerage Statements
- b) Retirement and Pension
- c) Social Security Award Letter (If applicable)
- d) Personal loans

Contract of Sale

Financing Information

- a) Commitment letter
- b) Loan application to bank
- c) Appraisal

If not financing need- letter explaining where funds are coming from to purchase.

Federal Tax Returns

Letter from Previous Landlord and/or Management Company

Reference letters

- a) Landlord
- b) Employment

Other

APPLICANT TENANT DATA VERIFICATION

Building _____ Rent/Purchase _____
 Address of Building _____
 Lease begins _____ Lease Expires _____ Apartment # _____
 Name of Applicant _____ Tel.# _____
 Present Address _____ State _____
(include zip code)

How long at above address _____ Social Security # _____
 Date of Birth _____
 Present Landlord _____ Address _____
 Telephone # _____ Lease Expires _____

If less than one year please list previous address _____

Previous Landlord _____ Tel.# _____
 Address _____ Date Vacated _____

Applicant employed by _____ Position _____
 Address _____ Telephone _____
 How Long _____ Salary _____ Contact Person _____

If present employer is less than one year
 Previous employer _____ Position _____
 Address _____ Telephone _____
 How Long _____ Date Left _____ Salary _____ Contact Person _____

Other sources of Income _____ Tel. # _____
 Contact person _____

Bank Reference:
 Name of Bank _____ Type of Acct. _____ Acct # _____
 _____ Type of Acct. _____ Acct # _____
 _____ Type of Acct. _____ Acct # _____

Accountant _____ Address _____
 Tel. # _____

Do you have Credit Cards _____

Name of Persons not on the Lease to occupy the Apartment _____

Name	Age	Relationship

In Case of Emergency Notify _____ Telephone# _____
 Address _____

In connection with my application for this apartment, I authorize all banks, corporations, companies, Credit agencies, accountants, persons and employers, to release any information that they have about me to Tenant Data Verification Co. Inc., or its agency and I release them from any and all liability or responsibility from doing so. Further I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand this notice will also apply to future update reports that may be requested. I understand that any misrepresentation by me may be the cause of rejection by the landlord.

Applicant's Signature _____ Date _____

Agent _____

APPLICANT

AUTHORIZATION TO OBTAIN A CREDIT BACKGROUND

IN ORDER TO COMPLY WITH THE PROVISIONS OF SECTION 6.06
(A) OF THE FEDERAL FAIR CREDIT REPORTING ACT, I
AUTHORIZE YOU TO RETAIN A CREDIT REPORTING AGENCY,
WHICH AGENCY MAY OBTAIN, PREPARE, FURNISH AND USE
INFORMATION ON MY CHARACTER AND GENERAL
REPUTATION, AS WELL AS INFORMATION REGARDING
EMPLOYMENT, INCOME, CREDIT HISTORY, ACCOUNTANTS,
BANKING INFORMATION, FINANCIAL BROKER AND LANDLORD.

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date : _____

APPLICANT

RELEASE OF INFORMATION AUTHORIZATION

AUTHORIZATION TO OBTAIN A CRIMINAL REPORT

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR
INSTITUTION TO RELEASE TO _____
AND/OR ITS REPRESENTATIVE ANY AND ALL INFORMATION
THAT THEY HAVE CONCERNING ANY CRIMINAL ACTIVITY...

I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR
INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH
FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER
INCURRED IN FURNISHING SUCH INFORMATION...

Print Name: _____ Date Of Birth _____

Signature: _____

Address: _____

City : _____

State : _____ Zip Code _____

Social Security #: _____

CO APPLICANT

TENANT DATA VERIFICATION

Building _____ Rent/Purchase _____

Address of Building _____

Lease begins _____ Lease Expires _____ Apartment # _____

Name of Applicant _____ Tel.# _____

Present Address _____ State _____

(include zip code)

How long at above address _____ Social Security # _____

Date of Birth _____

Present Landlord _____ Address _____

Telephone # _____ Lease Expires _____

If less than one year please list previous address _____

Previous Landlord _____ Tel.# _____

Address _____ Date Vacated _____

Applicant employed by _____ Position _____

Address _____ Telephone _____

How Long _____ Salary _____ Contact Person _____

If present employer is less than one year

Previous employer _____ Position _____

Address _____ Telephone _____

How Long _____ Date Left _____ Salary _____ Contact Person _____

Other sources of Income _____

Contact person _____ Tel. # _____

Bank Reference:

Name of Bank _____ Type of Acct. _____ Acct # _____

_____ Type of Acct. _____ Acct # _____

_____ Type of Acct. _____ Acct # _____

Accountant _____ Address _____

Tel. # _____

Do you have Credit Cards _____

Name of Persons not on the Lease to occupy the Apartment

Name _____ Age _____ Relationship _____

In Case of Emergency Notify _____ Telephone# _____

Address _____

In connection with my application for this apartment, I authorize all banks, corporations, companies, Credit agencies, accountants, persons and employers, to release any information that they have about me to Tenant Data Verification Co. Inc., or its agency and I release them from any and all liability or responsibility from doing so. Further I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background, character and personal reputation. I understand this notice will also apply to future update reports that may be requested. I understand that any misrepresentation by me may be the cause of rejection by the landlord.

Applicant's Signature _____ Date _____

Agent _____

CO APPLICANT

AUTHORIZATION TO OBTAIN A CREDIT BACKGROUND

IN ORDER TO COMPLY WITH THE PROVISIONS OF SECTION 6.06
(A) OF THE FEDERAL FAIR CREDIT REPORTING ACT, I
AUTHORIZE YOU TO RETAIN A CREDIT REPORTING AGENCY,
WHICH AGENCY MAY OBTAIN, PREPARE, FURNISH AND USE
INFORMATION ON MY CHARACTER AND GENERAL
REPUTATION, AS WELL AS INFORMATION REGARDING
EMPLOYMENT, INCOME, CREDIT HISTORY, ACCOUNTANTS,
BANKING INFORMATION, FINANCIAL BROKER AND LANDLORD.

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date : _____

CO APPLICANT

RELEASE OF INFORMATION AUTHORIZATION

AUTHORIZATION TO OBTAIN A CRIMINAL REPORT

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR INSTITUTION TO RELEASE TO _____ AND/OR ITS REPRESENTATIVE ANY AND ALL INFORMATION THAT THEY HAVE CONCERNING ANY CRIMINAL ACTIVITY...

I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION...

Print Name: _____ Date Of Birth _____

Signature: _____

Address: _____

City : _____

State : _____ Zip Code _____

Social Security #: _____

OCCUPANT #1 (OVER 18)

RELEASE OF INFORMATION AUTHORIZATION

AUTHORIZATION TO OBTAIN A CRIMINAL REPORT

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR
INSTITUTION TO RELEASE TO _____
AND/OR ITS REPRESENTATIVE ANY AND ALL INFORMATION
THAT THEY HAVE CONCERNING ANY CRIMINAL ACTIVITY...

I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR
INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH
FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER
INCURRED IN FURNISHING SUCH INFORMATION...

Print Name: _____ Date Of Birth _____

Signature: _____

Address: _____

City : _____

State : _____ Zip Code _____

Social Security #: _____

OCCUPANT #2 (OVER 18)

RELEASE OF INFORMATION AUTHORIZATION

AUTHORIZATION TO OBTAIN A CRIMINAL REPORT

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR
INSTITUTION TO RELEASE TO _____
AND/OR ITS REPRESENTATIVE ANY AND ALL INFORMATION
THAT THEY HAVE CONCERNING ANY CRIMINAL ACTIVITY...

I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR
INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH
FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER
INCURRED IN FURNISHING SUCH INFORMATION...

Print Name: _____ Date Of Birth _____

Signature: _____

Address: _____

City : _____

State : _____ Zip Code _____

Social Security #: _____

OCCUPANT #3 (OVER 18)

RELEASE OF INFORMATION AUTHORIZATION

AUTHORIZATION TO OBTAIN A CRIMINAL REPORT

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR
INSTITUTION TO RELEASE TO _____
AND/OR ITS REPRESENTATIVE ANY AND ALL INFORMATION
THAT THEY HAVE CONCERNING ANY CRIMINAL ACTIVITY...

I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR
INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH
FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER
INCURRED IN FURNISHING SUCH INFORMATION...

Print Name: _____ Date Of Birth _____

Signature: _____

Address: _____

City : _____

State : _____ Zip Code _____

Social Security #: _____

**INSERT APPLICATION
IMPORTANT NOTES FORM
APPLICATION
FINANCIAL STATEMENT**

**INSERT CONTRACT OF SALE
BUILDING REQUIRES MINIMUM 20%
DOWN PAYMENT**

**INSERT LOAN APPLICATION, COMMITMENT LETTER &
APPRAISAL. IF RECEIVING A MONETARY GIFT TO ASSIST WITH
THE PURCHASE, YOU MUST INCLUDE A NOTARIZE LETTER
STATING AS SUCH.**

**IF A CASH SALE: PLEASE INSERT A LETTER EXPLAINING WHERE
FUNDS ARE COMING FROM TO PURCHASE.
IF RECEIVING A MONETARY GIFT WILL, YOU WILL
NEED A NOTARIZED GIFT LETTER.**

**INSERT FEDERAL TAX RETURNS WITH W'2'S. ALL PAGES OF THE
TAX RETURNS MUST BE INCLUDED.**

INSERT THE FOLLOWING LETTERS
LANDLORD REFERENCE LETTER
EMPLOYMENT REFERENCE LETTER

**INSERT
PERSONAL LOANS
BANK & BROKERAGE STATEMENTS
IRA & 401K STATEMENTS**

**ALL DOCUMENTATION TO SUPPORT ANY ENTRIES ENTERED ON
THE FINANCIAL STATEMENT.**

SIGNATURE PAGES

MOVING PROCEDURES

I HAVE READ THE PROPRIETARY LEASE FORM

I HAVE READ THE HOUSE RULES

WINDOW GUARD FORM

LEAD PAINT FORMS



To: Tenant
 From: Landlord/Building Owner
 Date: / /

PROTECT YOUR CHILD FROM LEAD POISONING AND WINDOW FALLS

Annual Notice

New York City law requires that tenants living in buildings with 3 or more apartments complete this form and return it to their landlord before **February 15**, each year. **If you do not return this form, your landlord is required to visit your apartment to determine if children live in your apartment.**

Peeling Lead Paint

By law, your landlord is required to inspect your apartment for peeling paint and other lead paint hazards at least once a year if a child under 6 years of age (5 years or younger) lives with you.

- You must notify your landlord in writing if a child under 6 comes to live with you during the year.
- If a child under 6 lives with you, your landlord must inspect your apartment and provide you with the results of these paint inspections.
- Your landlord must use safe work practices to repair all peeling paint and other lead paint hazards.
- **Always report peeling paint to your landlord. Call 311 if your landlord does not respond.**

These requirements apply to buildings with 3 or more apartments built before 1960. They also apply to buildings built between 1960 and 1978 if the landlord knows that lead paint is present.

Window Guards

By law, your landlord is required to install window guards in all your windows if a child under 11 years of age (10 years or younger) lives with you, OR if you request them (even if no children live with you).

- **It is against the law** for you to interfere with installation, or remove window guards where they are required. Air conditioners in windows must be permanently installed.
- Window guards must be installed so there is no space greater than 1½ inches above or below the guard, on the side of the guard, or between the bars.
- **ONLY** windows that open to fire escapes, and one window in each first floor apartment when there is a fire escape on the outside of the building, are legally exempt from this requirement.

These requirements apply to all buildings with 3 or more apartments, regardless of when they were built.

Fill out and detach the bottom part of this form and return it to your landlord.

Please check all boxes that apply:

- A child under 6 years of age (5 years or younger) lives in my apartment.
- A child under 11 years of age (10 years or younger) lives in my apartment and:
- Window guards are installed in all windows as required.
 - Window guards need repair.
 - Window guards are NOT installed in all windows as required.
- No child under 11 years of age (10 years or younger) live in my apartment:
- I want window guards installed anyway.
 - I have window guards, but they need repair.

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Street Address</i>	<i>Apt. #</i>	<i>City State Zip Code</i>
<i>Signature</i>	<i>Date</i>	<i>Telephone Number</i>

Return form to: Name and address of landlord or managing agent. Call 311 for more information on preventing lead poisoning and window falls.

Approved 10/16/2014

**Resolution of the Board of Directors
1523 Central Park Avenue Owners, Inc.**

RESOLVED, that the House Rules shall be amended to add the following:

No dog shall be kept or harbored in the Building unless the same in each instance shall be expressly permitted in advance and in writing by the Board of Directors; such permission shall be revocable at any time by the Board of Directors in its absolute discretion. In no event shall dogs be permitted on elevators or in any of the public portions of the Building unless carried or on a leash. In no event shall permission be given for subtenants of a shareholder to keep or harbor a dog in the Building. Subtenants in residence and who are keeping or harboring a dog on the effective date of this Resolution shall not be affected by this Resolution, however, upon the demise or removal of such dog, no new dog shall be permitted to be kept or harbored by such subtenant. No application for subtenancy will be considered by the Board unless the applicant expressly agrees in writing in the sub lease not to keep or harbor a dog. No pigeons or other birds or animals shall be fed from the window sills, terraces or in the yard, driveways or other public portions of the Building, or on the sidewalk or street adjacent to the Building.

Commencing February 1, 2001, no new or additional dog may be kept or harbored by any shareholder or subtenant in the Building. It shall be the affirmative duty of any shareholder or subtenant claiming ownership of an existing dog to prove same by registering the dog with the managing agent on a form to be provided by the Board of Directors. Any dog not so registered will be deemed to have been kept and harbored as of after February 1, 2001, and shall be deemed in violation of this House Rule. A fee of \$ 25.00 per day for each day that an unregistered and/or illegal kept or harbored dog is located in an apartment shall be charged against the owner of said apartment and such fee shall be deemed additional rent. A breach of this resolution shall also be deemed a material breach of the Proprietary Lease and shall further subject the offender to termination of his/her Proprietary Lease.

Upon the demise or removal of any dog properly registered and kept in the Building, no new dog shall be permitted to be kept or harbored by the shareholder or subtenant.

Resolution of the Board of Directors
1523 Central Park Avenue Owners, Inc.

RESOLVED, that the House Rules are amended to add the following:

No washing machine may be installed in any apartment on the premises after the effective date of this Resolution.

Washing machines which have been installed prior to the effective date of this Resolution may continue to exist and be used, but may not be replaced. All such washing machines must be registered on a form to be provided by the Board of Directors on or before a date to be determined by the Board. Any washing machine not so registered will be deemed to have been acquired after the effective date of this Resolution and will be considered illegal, regardless of the date on which it was actually installed in the apartment.

Any illegal washing machine shall be removed upon demand by the Board and may be removed by the Board at the owner's cost and expense if the owner does not comply with the demand.

A fee of \$25.00 per day for each day that an unregistered and/or illegal washing machine is located in an apartment shall be charged against the owner of said apartment and such fee shall be deemed additional rent.

Due to the potential damage to the plumbing system of the Co-op and to personal property, possession of an unregistered and/or illegal washing machine shall also be deemed to be a material breach of the Proprietary Lease and shall further subject the offender to termination of his/her Proprietary Lease.

The effective date of this Resolution shall be February 1, 2001.

This resolution is pursuant to a vote taken at a regular meeting of the Board of Directors on January 18, 2001.

Approved _____
President, Board of Directors

Attest: _____
Secretary, Board of Directors
(Corporate Seal)

Board of Directors
1523 Central Park Avenue Owners Inc,
1523 Central Park Avenue
Yonkers, NY 10710

PARKING RULES

To: All Shareholders and Tenants

Please be advised that effective August 3, 1992, parking permits will be issued to all tenants/shareholders now renting a parking space and that the new system will go into effect August 17, 1992.

The parking permits are to be visibly displayed on your rearview mirror at all times when your vehicle is on co-op premises. Failure to visibly display the parking permit will result in the towing of your vehicle. Along with each parking permit a visitor permit(s) will be issued in the event that you authorize the use of your space to another vehicle. The visitor's permit must also be visibly displayed in the front window of the vehicle or it will be towed. Please be advised that any parking permit that appears to be altered or changed will constitute a violation.

The use of the parking permit will work as follows:

1. Easy Towing will be making frequent, random inspections of vehicles on premises (including indoor garage) for parking permits - if no permit is visible (hanging on your rearview mirror), the vehicle will be towed.
2. Each permit will have your space number inscribed on it. Any vehicle parked in a space that does not coincide with the number on their parking permit will also be towed.
3. Any vehicle parked anywhere on the premises other than their own space will be towed despite parking permit (this includes common parking lot areas, ramp to garage and walls along indoor garage).
4. NO EXCUSES will be accepted. If you are in violation of these regulations, your vehicle or your guest's vehicle will be towed even if it is illegally parked for just a few minutes and despite a note on the windshield of the vehicle.

Remember! Don Glo Towing will be making random, periodic checks of the premises and they are instructed/authorized to tow violators without question. The parking committee members no longer have to call to have a vehicle towed (though we are still available if an URGENT situation arises.

5. The parking permits and visitor permits will remain the property of the co-op. Parking permits are to be returned to the Board of Directors in the event of:

-
- a) Loss of parking space (due to any reason)
 - b) When moving out of co-op
 - c) When subletting (if you sublet and wish to keep parking space, the Board of Directors will re-issue permit to sub-letter per your written request)

Failure to return the parking permits to the Board of Directors will result in a \$25.00 fee that will be added to any fees due the co-op.

6. If a parking permit is lost or stolen, it should immediately be reported to the Board of Directors and a new one will be issued at a price of \$10.00.

COMMERCIAL PARKING:

Also, be advised that we are allocating the area beneath the terrace on the south side of the building for commercial vehicle use ONLY during the hours of 8:00 a.m. and 6:00 p.m. This space will be strictly for the following:

1. Delivery trucks
2. General Contractors
3. Cablevision vehicles
4. Any vehicle that is on the premises to provide a commercial service to the co-op, shareholders or tenants

Please advise any commercial service provider where they are to park when you contract their services. If they park in any other location in the parking area, they will be towed at their own expense.

Though it is unfortunate that such strict measures are being taken to maintain the integrity of the parking area, please realize that the lack of cooperation of the tenants/shareholders have forced our hands. Many people have had to suffer the inconvenience of waiting for access to their private parking space until the inconsiderate person in their space either leaves or the tow truck arrives. Not to mention the total disregard for the people on the parking committee, who try to provide a service (which is strictly on a volunteer basis) to the co-op and are bombarded with complaints at all times of the day and night.

The Board of Directors reserve the right to amend the rules of the parking on the premises of 1523 Central Park Avenue, Yonkers, NY as becomes necessary. Each shareholder/tenant will be duly informed of any such changes.

We thank you for your attention and cooperation in the matter of parking. Should we all adhere to the system, we know it will work for all of us.

The Board of Directors
1523 Central Park Avenue
Yonkers, NY 10710

ACKNOWLEDGMENT OF RECEIPT
OF LEAD-BASED PAINT DISCLOSURE INFORMATION

Premises: _____
Yonkers, N. Y.

Apartment #: _____

The undersigned, proposed purchaser(s) of the above referenced apartment do hereby acknowledge and confirm to 1523 Central Park Avenue ("Corporation") that the undersigned have received from the owner of the apartment and the Corporation the following items:

1. The pamphlet entitled Protect your Family from Lead in your Home published by the U.S. Environmental Protection Agency and the U.S. Consumer Product Safety Commission; and
2. Disclosure Notices containing Lead Warning Statements and information on lead-based paint and lead-based paint hazards in the apartment and building.

The undersigned acknowledge that they have read the Pamphlet and Disclosure Notices.

In addition, the undersigned acknowledge and confirm that the contract of sale has afforded them opportunity to conduct testing for lead-based paint at the apartment and the right to cancel the contract if such testing finds an unacceptable level of lead in the apartment or the undersigned have waived this right.

Dated: _____

July 22, 2002

Stillman Management, Inc.

Re: Balcony, Facade & Roof Project
1523 Central Park Avenue
Yonkers, N.Y.
Recommended Balcony Rules & Regulations

Dear Ms. Lucido,

As per your request, we prepared the following information concerning balcony usage. Please note that the Board should review these proposed regulations to insure that they meet with their current established guidelines:

REGULATIONS REGARDING USE OF THE BALCONIES

The following regulations and guidelines shall be adhered to by all Residents/Shareholders (hereinafter referred to as "Tenants") of apartment with adjoining balcony areas.

- (1) No surfaces of the balcony floors, walls, railings, soffits, windows and/or doors may be painted, coated and/or decorated in any fashion, unless approval has been requested in writing, and granted, in writing, by the Board. No deck coverings shall be permitted, (i.e. outdoor carpeting, wood decking, bituminous surfacing, paint, cementitious materials, tiles, etc.).
- (2) All planters placed onto the balcony decks, shall conform with all of the requirements as set forth by the New York City Department of Buildings, and the New York City Building Code, as well as all Memorandums issued by the Housing Preservation and Development Agency, Department of Code Enforcement.
 - (a) Loads imposed by planters, furniture, etc., on balcony/terrace concrete decks, shall not exceed 40 pounds per square foot, when the soil within the planter is saturated with water. No planter shall exceed 150 lbs. in weight.
 - (b) Placement of planters and furniture must not block the legal means of egress or access onto the balcony.
 - (c) No planter or furniture shall be erected as a permanent fixture onto the deck.
 - (d) "Dunage" or "sleepers", shall be placed under all planters, to prevent plant roots from growing from the bottoms of the planters down into the deck, and penetrating the waterproofing coatings and/or roof deck finishes. "Dunage" or "sleepers" shall be approximately 3"x 3" x the width or length of the planter, and made of pressure treated sections of wood, or masonry units such as hard burned brick or quarry tile. It shall be the responsibility of the tenant, at their own cost, to

-
- maintain the dunage or sleepers. Dunage should be arranged in a manner, to allow free flow of surface runoff water draining from all areas of the deck, to the deck drains.
- (e) Planters shall be constructed and maintained to be sturdy, with weep holes at the bottom, to allow for drainage, and to prevent heavy saturated soil conditions from developing. Each planter shall be constructed so as to securely contain the soil and plantings. Any planters that break apart, or become open at the seams, shall be removed from the balcony deck area, or repaired immediately. It shall be the responsibility of the tenants, at their own cost, to maintain the planter containers.
 - (f) It shall be the responsibility of the tenants, at their own cost, to move or remove the planters when requested to do so, when such planters would interfere with repairs to the building.
 - (g) No plant or shrub shall be placed on the deck, or be allowed to grow past the maximum size as set forth by the Board, which is 72 inches above the deck surface. All plants and shrubs must be pruned as often as necessary to stay within the maximum allowable size. No plantings shall be allowed to grow beyond the perimeter of the balcony parapets. No trees, whatsoever, are permitted to be grown on the balcony decks.
 - (h) The planters shall not cover more than 10% of the deck balcony surface area.
 - (i) All planters shall be moveable to accommodate maintenance of the deck surface, as well as the perimeter walls and/or railings. All planters shall be constructed and maintained so as to be moveable by no more than two workmen.
 - (j) All planters shall be placed no closer than 10" from the perimeter walls in order to facilitate cleaning and maintenance of the deck area.
 - (k) Box type planters and/or flower pots shall not be hung on the inside or outside face of balcony rails.
 - (l) No objects, or planters, may rest on top of balcony railings, or be attached to them in any way.
 - (m) Planters must be self-contained units constructed of non-flammable light weight materials. Fireproofed Redwood or Pine, lined with copper or lead, or fiberglass reinforced plastic which is preferable.
 - (n) Planting medium shall consist of "light weight soil":
 - 1/3 Garden Soil
 - 1/3 Peat moss
 - 1/3 Perlite or Vermiculite
 - (o) Maximum depth of soil shall no be more that 12". This is to limit the concentrated load placed on the balcony.
 - (p) The maximum size of the planters shall not exceed 18" wide by 36" long.
- (3) If it becomes necessary for the Board to gain access to any part of the balcony area which is blocked by a plant container, the Board retains its right to move or relocate any such

planter, and that such work will be performed at the sole expense of the tenant. It shall be the responsibility of the respective tenant to assume the full cost of the repair of any leak damage which may have been caused directly, or indirectly, by the presence of such planters.

- (4) The Board reserves the right to withdraw permission to have any planters on the balcony areas by written notice to the respective Apartment Owner. It shall be the responsibility of the Apartment Owner to remove any such planters at their own expense.
- (5) The superintendent and/or the managing agent are required to regularly monitor all such planters for their compliance to these guidelines. The Board may also enlist the services of a Professional Engineer to determine the appropriateness of any particular planter, and their determination will be final. Any costs related to such an evaluation shall be the responsibility of the respective tenant.
- (6) It shall be the responsibility of the tenant to keep the balcony decks clean and free from leaf and dirt debris, as well as maintain the deck drains clear of debris, which may cause a blockage, which would obstruct the free flow of runoff from the deck surfaces to the deck drains. The tenants must also keep the deck area clean of all stains and rust spots from their belongings as well any defecation from their pets. No pets shall be allowed to defecate on the deck or wall areas.
- (7) Wind driven soil and/or debris shall not be allowed to accumulate on the deck surface, and act as a medium for the germination of wind driven seeds.
- (8) Balcony areas are not to be used for storage of bicycles, carts, snow tires, furniture, refrigerators, etc.
- (9) All planters and furniture placed on the balcony deck surface shall be rust free to prevent staining of the exterior envelope of the building.
- (10) All furniture and planters shall be of sufficient weight to prevent them from being blown over the surface and possibly over the side of the balcony.
- (11) Sun umbrellas shall not be placed onto the balcony areas.
- (12) The balcony areas shall not be utilized for the drying of laundry.
- (13) Wood fencing and sheds shall not be erected on the balcony areas.
- (14) Neither gas grilles or charcoal grills are permitted on balcony areas.
- (15) No awnings, trellises, gazebos or any other type of structure can be installed with out written permission from the Board.
- (16) All electrical fixtures and wiring on the balcony must conform with the Local Building Codes and must be approved for outdoor use. All electrical installations must be performed by a licensed electrician. Permission must be obtained by the apartment owner for any of this type of work.
- (17) Only those cleaning procedures and materials recommended by the coating manufacturer shall be utilized. A separate letter will be sent with the cleaning materials recommended.
- (18) Tenants will be held responsible for the cost of repairs resulting from damage caused by their actions, or for their failure to properly maintain their balcony/terrace areas.

**Resolution of the Board of Directors
1523 Central Park Avenue Owners, Inc.**

RESOLVED, that the House Rules are amended to add the following:

No carpeting or other similar floor covering may be installed on the deck surface of any terrace. A fee of \$50.00 per day for each day that carpeting or other floor covering is located on the deck surface of an apartment terrace shall be charged against the owner of said apartment and such fee shall be deemed additional rent. A breach of this resolution shall also be deemed a material breach of the Proprietary Lease and shall further subject the offender to termination of his/her Proprietary Lease.

This resolution is pursuant to vote taken at the Board meeting on January 18, 2001, and shall become effective immediately.

Approved:

President, Board of Directors

Attest:

Board of Directors
(Corporate Seal)

-
- (19) The Board retains its right to modify these guidelines as circumstances warrant.
 - (20) No planter and/or furniture shall be placed on a balcony/terrace deck with thin and/or pointed legs which will exert a "point load" exceeding the maximum 40 pounds per square foot load limit required by the Building Code.
 - (21) Any damage caused to the building, coatings, parapet walls, railings, deck drains, flashings and/or deck surfaces, as a result of the tenants negligence, including the installation of planters not in compliance with the above regulations, shall be repaired at the sole cost and expense of the tenant.

If you should have any questions regarding the above, please feel free to contact our office.

Respectfully submitted,

Thomas A. Mercato, A.I.A. President

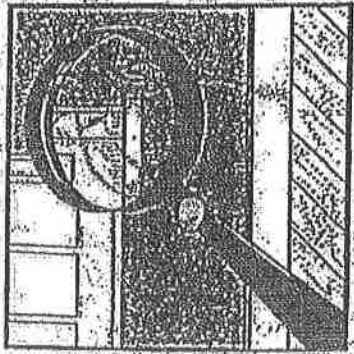
I have read and understand the House Rules for Tower One and agree to be bound by its terms and conditions. I also acknowledge the Board's authority to interpret, implement and amend the rules as its deems fit.

Subtenant's Name _____ Address/Unit Number _____

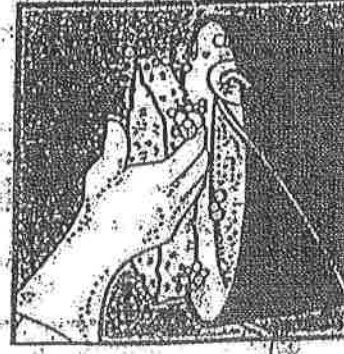
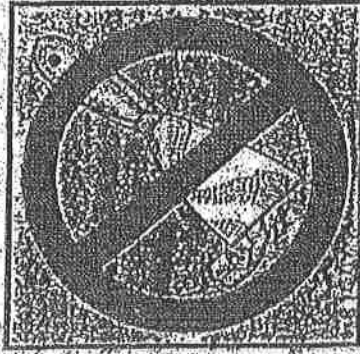
Signature _____ Date _____

PLEASE RETURN THIS COMPLETED PAGE TO THE SUPERINTENDENT OR SEND IT TO:

Stillman Management



Protect Your Family From Lead In Your Home



United States Consumer Product Safety Commission

U.S. EPA Washington DC 20460
U.S. CPSC Washington DC 20207

EPA747-K-94-001
May 1995

Are You Planning To Buy, Rent, or Renovate a Home Built Before 1978?

Many houses and apartments built before 1978 have paint that contains lead (called lead-based paint). Lead from paint, chips, and dust can pose serious health hazards if not taken care of properly.

By 1996, federal law will require that individuals receive certain information before renting, buying, or renovating pre-1978 housing:



LANDLORDS will have to disclose known information on lead-based paint hazards before leases take effect. Leases will include a federal form about lead-based paint.

SELLERS will have to disclose known information on lead-based paint hazards before selling a house. Sales contracts will include a federal form about lead-based paint in the building. Buyers will have up to 10 days to check for lead hazards.

RENOVATORS will have to give you this pamphlet before starting work.

IF YOU WANT MORE INFORMATION on these requirements, call the National Lead Information Clearinghouse at 1-800-424-LEAD.

This document is in the public domain. It may be reproduced by an individual or organization without permission. Information provided in this booklet is based upon current scientific and technical understanding of the issues presented and is reflective of the jurisdictional boundaries established by the statutes governing the co-authoring agencies. Following the advice given will not necessarily provide complete protection in all situations or against all health hazards that can be caused by lead exposure.

IMPORTANT!

Lead From Paint, Dust, and Soil Can Be Dangerous If Not Managed Properly

- FACT: Lead exposure can harm young children and babies even before they are born.
- FACT: Even children that seem healthy can have high levels of lead in their bodies.
- FACT: People can get lead in their bodies by breathing or swallowing lead dust, or by eating soil or paint chips with lead in them.
- FACT: People have many options for reducing lead hazards. In most cases, lead-based paint that is in good condition is not a hazard.
- FACT: Removing lead-based paint improperly can increase the danger to your family.

If you think your home might have lead hazards, read this pamphlet to learn some simple steps to protect your family.



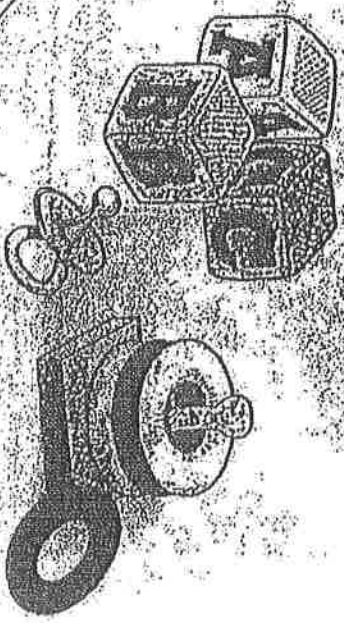
Lead Gets in the Body in Many Ways

1 out of every 11 children in the United States has dangerous levels of lead in the bloodstream.

Even children who appear healthy can have dangerous levels of lead.

- People can get lead in their body if they:
 - Put their hands or other objects covered with lead dust in their mouths.
 - Eat paint chips or soil that contain lead.
 - Breathe in lead dust (especially during renovations that disturb painted surfaces).

- Lead is even more dangerous to children than adults because:
 - Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.
 - Children's growing bodies absorb more lead.
 - Children's brains and nervous systems are more sensitive to the damaging effects of lead.



Checking Your Family for Lead

A simple blood test can detect high levels of lead. Blood tests are important for:

- ◆ Children who are 6 months to 1 year old (6 months if you live in an older building or home that might have lead in the paint).
- ◆ Family members that you think might have high levels of lead.

If your child is older than 1 year, talk to your doctor about whether your child needs testing.

Your doctor or health center can do blood tests. They are inexpensive and sometimes free. Your doctor will explain what the test results mean. Treatment can range from changes in your diet to medication or a hospital stay.

Get your children tested if you think your home has high levels of lead.

Where Lead-Based Paint Is Found

Many homes built before 1978 have lead-based paint. In 1978, the federal government banned lead-based paint from housing.

Lead can be found:

- ◆ in homes in the city, country, or suburbs
- ◆ in apartments, single-family homes, and both private and public housing.
- ◆ inside and outside of the house.
- ◆ in soil around a home (soil can pick up lead from exterior paint, or other sources such as past use of leaded gas in cars).

In general, the older your home, the more likely it has lead-based paint.

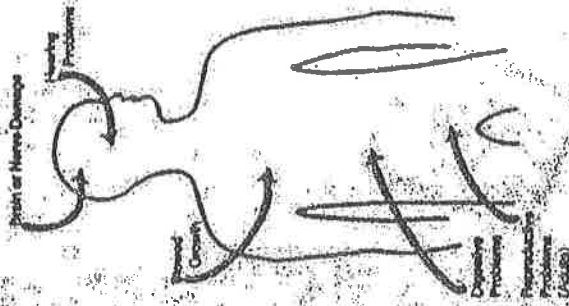
Lead's Effects

If not detected early, children with lead in their bodies can suffer from:

- ◆ Damage to the brain and nervous system
- ◆ Behavior and learning problems (such as hyperactivity)
- ◆ Slowed growth
- ◆ Hearing problems
- ◆ Headaches

Lead is also harmful to adults. Adults can suffer from:

- ◆ Difficulties during pregnancy
- ◆ Other reproductive problems (in both men and women)
- ◆ High blood pressure
- ◆ Digestive problems
- ◆ Nerve disorders
- ◆ Memory and concentration problems
- ◆ Muscle and joint pain



Lead affects the body in many ways.

Where Lead Is Likely To Be a Hazard

Lead-based paint that is in good condition is usually not a hazard.

Peeling, chipping, cracking, or cracking lead-based paint is a hazard and needs immediate attention.

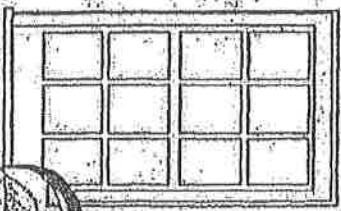
Lead-based paint may also be a hazard when found on surfaces that children can chew or that get a lot of wear-and-tear. These areas include:

- ◆ Windows and window sills.
- ◆ Doors and door frames.
- ◆ Stairs, railings, and banisters.
- ◆ Porches and fences.

Lead dust can form when lead-based paint is dry scraped, dry sanded, or heated. Dust also forms when painted surfaces bump or rub together. Lead chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when people vacuum, sweep, or walk through it.

Lead in soil can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. Call your state agency (see page 12) to find out about soil testing for lead.

Lead from paint chips, which you can see, and lead dust, which you can't always see, can both be serious hazards



5

Checking Your Home for Lead

Just knowing that a home has lead-based paint may not tell you if there is a hazard.

You can get your home checked for lead hazards in one of two ways, or both:

- ◆ A paint inspection tells you the lead content of every painted surface in your home. It won't tell you whether the paint is a hazard or how you should deal with it.
- ◆ A risk assessment tells you if there are any sources of serious lead exposure (such as peeling paint and lead dust). It also tells you what actions to take to address these hazards.

Have qualified professionals do the work. The federal government is writing standards for inspectors and risk assessors. Some states might already have standards in place. Call your state agency for help with locating qualified professionals in your area (see page 12).

Trained professionals use a range of methods when checking your home, including:

- ◆ Visual inspection of paint condition and location.
- ◆ Lab tests of paint samples.
- ◆ Surface dust tests.

- ◆ A portable x-ray fluorescence machine. Home test kits for lead are available, but the federal government is still testing their reliability. These tests should not be the only method used before doing renovations or to assure safety.

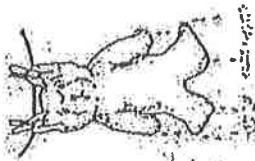
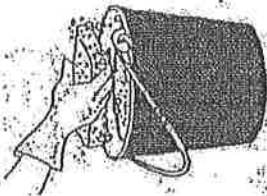


5

What You Can Do Now To Protect Your Family

If you suspect that your house has lead hazards, you can take some immediate steps to reduce your family's risk:

- ◆ If you rent, notify your landlord of peeling or chipping paint.
- ◆ Clean up paint chips immediately.
- ◆ Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner or a cleaner made specifically for lead. **REMEMBER: NEVER MIX AMMONIA AND BLEACH PRODUCTS TOGETHER SINCE THEY CAN FORM A DANGEROUS GAS.**
- ◆ Thoroughly rinse sponges and mop heads after cleaning dirty or dusty areas.
- ◆ Wash children's hands often, especially before they eat and before nap time and bed time.
- ◆ Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- ◆ Keep children from chewing window sills or other painted surfaces.
- ◆ Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- ◆ Make sure children eat nutritious, low-fat meals high in iron and calcium, such as spinach and low-fat dairy products. Children with good diets absorb less lead.



How To Significantly Reduce Lead Hazards

In addition to day-to-day cleaning and good nutrition:

- ◆ You can temporarily reduce lead hazards by taking actions like repairing damaged painted surfaces and planting grass to cover soil with high lead levels. These actions (called "interim controls") are not permanent solutions and will not eliminate all risks of exposure.
- ◆ To permanently remove lead hazards, you must hire a lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not enough.

Removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.

Always use a professional who is trained to remove lead hazards safely.



Always hire a person with special training for correcting lead problems—someone who knows how to do this work safely and has the proper equipment to clean up thoroughly. If possible, hire a certified lead abatement contractor. Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

Call your state agency (see page 12) for help with locating qualified contractors in your area and to see if financial assistance is available.

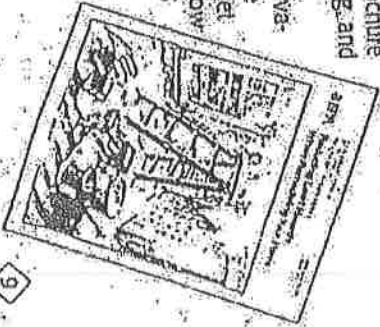
Remodeling or Renovating a Home With Lead-Based Paint

Take precautions before you begin remodeling or renovations that disturb painted surfaces (such as scraping off paint or lead-painting walls):

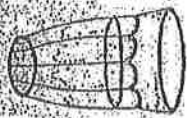
- ◆ Have the area tested for lead-based paint.
 - ◆ Do not use a dry scraper, belt-sander, propane torch, or heat gun to remove lead-based paint. These actions create large amounts of lead dust and fumes. Lead dust can remain in your home long after the work is done.
 - ◆ Temporarily move your family (especially children and pregnant women) out of the apartment or house until the work is done and the area is properly cleaned. If you can't move your family, at least completely seal off the work area.
 - ◆ Follow other safety measures to reduce lead hazards. You can find out about other safety measures by calling 1-800-424-LEAD. Ask for the brochure "Reducing Lead Hazards When Remodeling Your Home." This brochure explains what to do before, during, and after renovations.
- If you have already completed renovations or remodeling that could have released lead-based paint or dust, get your young children tested and follow the steps outlined on page 7 of this brochure.



If not conducted properly, certain types of renovation can release lead from paint and dust into the air.

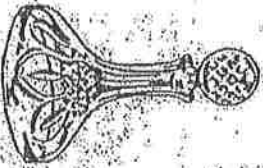


Other Sources of Lead



While paint, dust, and soil are the most common lead hazards, other lead sources also exist.

- ◆ Drinking water. Your home might have plumbing with lead or lead solder. Call your local health department or water supplier to find out about testing your water. You cannot see, smell, or taste lead, and boiling your water will not get rid of lead. If you think your plumbing might have lead in it:
 - Use only cold water for drinking and cooking.
 - Run water for 15 to 30 seconds before drinking it, especially if you have not used your water for a few hours.
- ◆ The job. If you work with lead, you could bring it home on your hands or clothes. Shower and change clothes before coming home. Launder your clothes separately from the rest of your family's.
- ◆ Old painted toys and furniture.
- ◆ Food and liquids stored in lead crystal or lead-glazed pottery or porcelain.
- ◆ Lead smelters or other industries that release lead into the air.
- ◆ Hobbies that use lead, such as making pottery or stained glass, or refinishing furniture.
- ◆ Folk remedies that contain lead, such as "greta" and "azarcon" used to treat an upset stomach.



For More Information

The National Lead Information Center

Call 1-800-LEAD-5791 to learn how to protect children from lead poisoning. For other information on lead hazards, call the center's clearinghouse at 1-800-424-LEAD. For the hearing impaired, call TDD 1-800-526-5456. (FAX: 202-659-1192. Internet: EHC@CAIS.COM).

EPA's Safe Drinking Water Hotline

Call 1-800-426-4791 for information about lead in drinking water.

Consumer Product Safety Commission Hotline

To request information on lead in consumer products, or to report an unsafe consumer product or a product-related injury, call 1-800-638-2772. (Internet: info@cpsc.gov). For the hearing impaired, call 1-800-638-8270.

Local Sources of Information



17

State Health and Environmental Agencies

Some cities and states have their own rules for lead-based paint activities. Check with your state agency (listed below) to see if state or local laws apply to you. Most state agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards.

State/Region	Phone Number	Missouri
Alabama	(205) 242-5661	(314) 526-4911
Alaska	(907) 465-5152	(406) 444-3671
Arkansas	(501) 661-2534	(402) 471-2451
Arizona	(602) 542-7307	(702) 667-6615
California	(916) 450-2424	(603) 271-4507
Colorado	(303) 692-3012	(609) 633-2643
Connecticut	(203) 565-5808	(505) 841-8024
Washington, DC	(202) 727-9050	(800) 458-1158
Delaware	(302) 739-4735	(919) 715-3293
Florida	(904) 488-3385	(701) 328-5188
Georgia	(404) 657-6514	(614) 466-1450
Hawaii	(808) 832-5860	(405) 271-5220
Idaho	(208) 332-5544	(503) 248-5240
Illinois	(800) 545-2200	(717) 782-2804
Indiana	(317) 382-6662	(401) 277-3024
Iowa	(800) 972-2026	(803) 935-7945
Kansas	(913) 296-0109	(605) 773-3153
Kentucky	(502) 564-2154	(615) 741-5683
Louisiana	(504) 765-0219	(512) 834-6600
Massachusetts	(800) 532-9571	(801) 526-4000
Maryland	(410) 634-3859	(802) 863-7231
Maine	(207) 287-4311	(800) 523-1019
Michigan	(517) 335-8885	(206) 753-2556
Minnesota	(612) 627-5490	(804) 550-2901
Mississippi	(601) 960-7463	(608) 260-5005
		(307) 777-7391

12

EPA Regional Offices

Your Regional EPA office can provide further information regarding regulations and lead protection programs.

EPA Regional Offices

Region 1 (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

John F. Kennedy Federal Building
One Congress Street
Boston, MA 02203
(617) 555-3420

Region 2 (New Jersey, New York, Puerto Rico, Virgin Islands)

Building 5
2890 Woodbridge Avenue
Edison, NJ 08837-3679
(908) 321-5671

Region 3 (Delaware, Washington, DC, Maryland, Pennsylvania, Virginia, West Virginia)

847 Chestnut Building
Philadelphia, PA 19107
(215) 597-9800

Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

345 Courland Street, NE
Atlanta, GA 30265
(404) 347-4727

CPSC Regional Offices

Eastern Regional Center

6 World Trade Center
Vesey Street, Room 350
New York, NY 10048
(212) 466-6121

Central Regional Center

230 South Dearborn Street,
Room 2944
Chicago, IL 60604-1601
(312) 353-9260

Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

77 West Jackson Boulevard
Chicago, IL 60604-5590
(312) 596-6005

Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)

First Interstate Bank Tower
1445 Ross Avenue, 12th Floor, Suite 1200
Dallas, TX 75202-2733
(214) 655-7244

Region 7 (Iowa, Kansas, Missouri, Nebraska)

726 Minnesota Avenue
Kansas City, KS 66101
(913) 551-7020

Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

999 18th Street, Suite 500
Denver, CO 80202-2405
(303) 593-1603

Region 9 (Arizona, California, Hawaii, Nevada)

75 Hawthorne Street
San Francisco, CA 94105
(415) 744-1124

Region 10 (Idaho, Oregon, Washington, Alaska)

1200 Sixth Avenue
Seattle, WA 98101
(206) 553-1200

Western Regional Center

600 Harrison Street, Room 245
San Francisco, CA 94107
(415) 744-2965

Simple Steps To Protect Your Family From Lead Hazards

If you think your home has high levels of lead:

- ◆ Get your young children tested for lead, even if they seem healthy.
- ◆ Wash children's hands, bottles, pacifiers, and toys often.
- ◆ Make sure children eat healthy, low-fat foods.
- ◆ Get your home checked for lead hazards.
- ◆ Regularly clean floors, window sills, and other surfaces.
- ◆ Wipe soil off shoes before entering house.
- ◆ Talk to your landlord about fixing surfaces with peeling or chipping paint.
- ◆ Take precautions to avoid exposure to lead dust when remodeling or renovating (call 1-800-424-LEAD for guidelines).
- ◆ Don't use a belt-sander, propane torch, dry scraper, or dry sandpaper on painted surfaces that may contain lead.
- ◆ Don't try to remove lead-based paint yourself.