



440 Mamaroneck Avenue, Suite S 512
Harrison, NY 10528

T: 914.813.1900
F: 914.813.1919

www.stillmanmanagement.com



Building Name: _____
Address: _____
Unit #: _____

ATTENTION- Per Westchester County Board of Legislatures rule:

The managing agent will have 15 days to determine whether an application from a prospective buyer is complete. If an application is not complete, a buyer will be notified of the deficiencies.

After re-submission, the 15 days start again. After a complete application is received, a co-op will then have 60 days to process the application and make a decision whether an applicant is accepted or rejected.

Date Submitted to Management: _____ Name/Signature of Submitter: _____



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21 N. Chatsworth

Sales Requirements for Board Approval

Apt _____

No Pets

Please note that you will need to provide two (2) collated copies of each and every document being submitted to Stillman Management, Inc. Please use the enclosed dividers to organize your application.

Incomplete packages will be returned to the purchaser's via regular mail.

Please note that 80% financing is permitted.

Fees & Instructions:

1. _____ Application Processing Fee \$350.00 payable to Stillman Management Inc. (Non- refundable)
2. _____ Credit Report Fee & Background Check for each applicant -\$200.00 payable to Stillman Management Inc. (Non -refundable)
3. _____ Application Processing Fee \$250.00 payable to 21 N. Chatsworth Owners Corp. (Non-refundable)
4. _____ Move In Deposit \$500.00 payable to 21 N. Chatsworth Owners Corp.- (refundable)(Buyer)
5. _____ Move Out Deposit \$500.00 payable to 21 N. Chatsworth Owners Corp.- (refundable)(Seller)
6. _____ Purchase Application (Enclosed)
7. _____ Financial Statement (Enclosed) must include supporting documentation for all entries on this Form. Please include the summary page of all bank and brokerage accounts for the last 3 months.
8. _____ Each Applicant must complete the Tenant Data Form-which is used to obtain the credit check
9. _____ Each Applicant must complete the authorization form for a criminal report.
10. _____ A Letter from the present employer stating length of employment and annual salary. Must be signed in ink.
11. _____ A Letter from your present landlord or the owner of a co-op or condo, a letter from the managing agent stating timeliness of maintenance payments. If you own a home and a mortgage on the property, you must include the last monthly statement for the mortgage, most recent tax bill and insurance statement.
12. _____ Copy of one month's most recent consecutive pay-stubs from each applicant for all employers.
13. _____ If self-employed, provide current P&L statement and a copy of the last three (3) bank statements for the company- summary page only.



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14. _____ Each applicant must submit copies of the last two (2) years Federal tax returns, must include all pages of the return, with W'2's.
15. _____ If financing, please submit the following documents:
 - a) Loan Application to the bank
 - b) Commitment Letter
 - c) Three (3) original Recognition Agreements- which must be signed by the bank and the borrowers.
16. _____ If not financing, please submit a letter stating where the funds are coming from to purchase and please submit documentation to support the statement in the letter.
17. _____ Fully Executed Contract of Sale with all Addendums
18. _____ Signed House Rule Acknowledgement (Enclosed)
19. _____ Lead Paint & Window Guard Notice to be signed. (Enclosed)

Please note the following fees will be collected at closing: (All payable to the corporation)

- 1) Carpet Deposit \$500.00
- 2) Flip Tax \$4.00 per share
- 3) Maintenance must be current through the month the sale closes.

The completed application, all supporting documents and fees are to be forwarded to the Sales and Leasing Department @
Stillman Management Inc.,
440 Mamaroneck Avenue Suite S-512
Harrison NY 10528

Please allow 6-8 weeks for complete processing. The Board requires three (3) to four (4) weeks to review your application before determining how they would like to proceed.

STILLMAN MANAGEMENT, INC.
440 MAMANONECK AVENUE, SUITE S-512
HARRISON NY 10528

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 be 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 to act as the point person (main contact) to be contacted when there is an update to be provided about this application.

Name _____, Title _____, Phone _____

Email _____



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 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: _____

Today's Date _____

Purchase Application For the Sale of a Cooperative Apartment

BASIC INFORMATION

Cooperative Name _____

Apartment Address _____

Purchase Price _____

Proposed Closing Date _____

Requested Move In Date: _____

Managing Agent _____

Address _____

Number of Shares _____

Apartment # _____

Is Source of Down Payment a Gift? or Loan?

Monthly Maintenance _____

Telephone _____

Email _____

SELLER'S INFORMATION

Seller(s) _____

Present Address _____

Home Telephone _____

Office Telephone _____

Cell Telephone _____

Seller's Attorney _____

Firm _____

Firm Address _____

Email _____

Office Telephone _____

Cell Telephone _____

Facsimile _____

SELLER'S BROKER

Seller's Broker _____

Email _____

Office Telephone _____

Cell Telephone _____

Facsimile _____

PURCHASER'S INFORMATION

Purchaser(s) _____

Present Address _____

Home Telephone _____

Office Telephone _____

Cell Telephone _____

Email _____

Facsimile _____

Amount of Financing _____

If purchaser is a corporate entity:

Deposit on Contract _____

Name of Corporation _____

Address of Corporation _____

Telephone _____



REAL ESTATE BOARD OF NEW YORK

PURCHASER'S INFORMATION *Continued*

Purchaser's Attorney	Firm	
Firm Address	Email	
Office Telephone	Cell Telephone	Facsimile
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		
Attorney for Lender	Email	
Office Telephone	Cell Telephone	Facsimile

PURCHASER'S BROKER

Purchaser's Broker	Email	
Office Telephone	Cell Telephone	Facsimile

PERSONAL INFORMATION REGARDING APPLICANT(S)

	<u>Applicant</u>	<u>Co-Applicant</u>
Name:	_____	_____
Residence Address:	_____	_____
Dates of Residence:	From: ___/___/___ To: ___/___/___	From: ___/___/___ To: ___/___/___
Prior Address: <i>(If less than 5 years at present address)</i>	_____	_____
Dates of Residence:	From: ___/___/___ To: ___/___/___	From: ___/___/___ To: ___/___/___
Employment Status:	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/>	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/>
Are you self-employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Employer:	_____	_____
Employer Address:	_____	_____
Period of Employment:	From: ___/___/___ To: ___/___/___	From: ___/___/___ To: ___/___/___
Years in Line of Work:	_____	_____
Supervisor's Name:	_____	_____
Business Telephone:	_____	_____
Prior Employer: <i>(If less than 3 years in current job)</i>	_____	_____
Prior Employer Address:	_____	_____
Period of Employment:	_____	_____
Prior Supervisor's Name:	_____	_____
Business Telephone:	_____	_____
Income Estimate this year:	_____	_____
Actual Income last year:	_____	_____
Educational Background (Optional):	_____	_____



REAL ESTATE BOARD OF NEW YORK

ADDITIONAL INFORMATION REGARDING APPLICANT(S)

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

(NOTE: If applicant is a corporate entity, a new lease package must be completed and sent to the Board each time occupancy changes.)

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

Names of anyone in the building known to applicants

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

Names of organizations to which applicants belong (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 or 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 residences 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:

Office Telephone

Cell Telephone

E-mail

APPLICANT'S HOUSING HISTORY

Current Landlord

Landlord's Address

Landlord 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

1. Name:

Applicant

Co-Applicant

Address:

2. Name:

Address:

REBNY®

REAL ESTATE BOARD OF NEW YORK

PERSONAL REFERENCES

	Applicant	Co-Applicant
1. Name:	_____	_____
Address:	_____	_____
2. Name:	_____	_____
Address:	_____	_____
3. Name:	_____	_____
Address:	_____	_____
4. Name:	_____	_____
Address:	_____	_____

BANK AND CREDIT REFERENCES

	Applicant	Co-Applicant
1. Bank Name:	_____	_____
Address:	_____	_____
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:	_____	_____
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:	_____	_____
Fax:	_____	_____
Email:	_____	_____
Account #:	_____	_____

DECLARATIONS

	Applicant	Co-Applicant
1. Are there any court judgments 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 tax lien or unpaid taxes or other lien of a deed 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 or judgment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Are you presently delinquent or in default on any federal debt or 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 eligible to get military 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 credit reporting agency ever listed you as 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: _____



REAL ESTATE BOARD OF NEW YORK

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

Applicant: Date: _____

Date: _____

Co-Applicant: _____

Date: _____

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REAL ESTATE BOARD OF NEW YORK



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.

FINANCIAL STATEMENT

Name (s) _____

Address _____

The following is submitted as being a true and accurate statement of the financial condition of the undersigned on the _____ day of _____ 19____.

ASSETS			LIABILITIES		
	Applicant	Co-Applicant		Applicant	Co-Applicant
Cash in banks			Notes Payable:		
Money markets Funds			To Banks		
Contract Deposit			To Relative		
Investments: Bonds & Stocks -see schedule			To Others		
Investment in Own Business			Installment Accounts Payable:		
Accounts and Notes Receivable			Automobile		
Real Estate Owned - see schedule			Other		
Year Make			Other Accounts Payable		
Automobiles:			Mortgages Payable on Real		
Personal Property & Furniture			Estate - see schedule		
Life Insurance			Unpaid Real Estate Taxes		
Cash Surrender Value			Unpaid Income Taxes		
Retirement Funds/IRA			Chattel Mortgages		
401K			Loans on Life Insurance Policies		
KEOGH			(Include Premium Advances)		
Profit Sharing/Pension Plan			Outstanding Credit Card Loans		
Other Assets			Other Debts - itemize		
TOTAL ASSETS			TOTAL LIABILITIES		
COMBINED ASSETS			NET WORTH		
SOURCE OF INCOME			COMBINED		
	Applicant	Co-Applicant	CONTINGENT LIABILITIES		
Base Salary			As Endorser or Co-maker on Notes	\$	
Overtime Wages			Alimony Payments (Annual)	\$	
Bonus & Commissions			Child Support	\$	
Dividends and Interest Income			Are you defendant in any legal action?		
Real Estate Income (Net)			Are there any unsatisfied judgments?		
Other Income - itemize			Have you ever taken bankruptcy? Explain:		
TOTAL			PROJECTED EXPENSES / MONTHLY		
GENERAL INFORMATION			Maintenance		
	Applicant	Co-Applicant	Apartment Financing		
Personal Bank Accounts at			Other Mortgages		
Savings & Loans Accounts at			Bank Loans		
Purpose of Loan			Auto Loan		
			TOTAL		

SCHEDULE OF BONDS AND STOCKS

Amount of Shares	Description (Extended Valuation in Column)	Marketable Value	Non-Marketable Value

SCHEDULE OF REAL ESTATE

Description and Location	Cost	Actual Value	Mortgage Amount	Maturity Date

SCHEDULE OF NOTES PAYABLE

Specify any assets pledged as collateral, including the liabilities they secure:

To Whom Payable	Date	Amount	Due	Interest	Pledged as Security

The foregoing application (pages 1 through 2) has been carefully prepared, and the undersigned hereby solemnly declare(s) and certify(s) that all the information contained herein is true and correct.

Date _____ 19__

Signature _____

Date _____ 19__

Signature _____

TENANT DATA VERIFICATION

Building _____ Rent/Purchase _____
 Address of Building _____
 Lease begins _____ Lease Expires _____ Apartment # _____
 Name of Applicant _____ Tel.# _____
 Present Address _____ State _____

How long at above address _____ Social Security # _____ (include zip code)
 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 _____

TENANT DATA VERIFICATION

Building _____ Rent/Purchase _____
 Address of Building _____
 Lease begins _____ Lease Expires _____ Apartment # _____
 Name of Applicant _____ Tel.# _____
 Present Address _____ State _____

How long at above address _____ Social Security # _____ (Include zip code)
 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 _____

RELEASE OF INFORMATION AUTHORIZATION

AUTHORIZATION TO OBTAIN A CRIMINAL REPORT AND SEX
OFFENDER 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 AND
SEX OFFENDER HISTORY...

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 #: _____

RELEASE OF INFORMATION AUTHORIZATION

AUTHORIZATION TO OBTAIN A CRIMINAL REPORT AND SEX
OFFENDER 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 AND
SEX OFFENDER HISTORY...

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 #: _____

21 N Chatsworth Owners Corp.
C/O STILLMAN MANAGEMENT, INC.
440 MAMARONECK AVENUE, SUITE S-512
HARRISON NY 10528

I/We, the undersigned, have read and understand the House Rules for 21 N Chatsworth Owners Corp., located at 21 N Chatsworth Ave, and agree to abide by these house rules and any amendments made to the rules, while a resident in Apartment: _____ @ 21 N Chatsworth Avenue.

Shareholder Acknowledgement:

Please Print:

Name: _____

Shareholders Signature _____ Date: _____

Please Print:

Name: _____

Shareholders Signature _____ Date: _____

21 North Chatsworth Owners Corporation
HOUSE RULES
Amended April 2017

1. The hallways and stairs should not be obstructed in any way.
2. Doors to the outside including garage doors must be closed and locked at all times.
3. All visitors must be announced. Never admit anyone to the building that is unknown to you.
4. Keys to apartment doors must be giving to the Managing Agent along with the names, addresses and phone numbers or all parties who have keys.
5. Children shall not play in the hallways, lobby, stairways, laundry room or elevators.
6. No one is permitted on the roof.
7. Hallways shall not be decorated or furnished in any manner.
8. No one shall make or permit any disturbing noises, which will interfere with the rights, comfort or convenience of others. The volume of musical instruments, stereos, televisions and radios between the hours of 11pm and 8am must be moderated.
9. Residents are responsible for compliance with the policies set forth by the Board concerning renovations.
10. Prior to the commencement of any renovations (other than those limited to painting or replacement of an appliance that would not involve electrical, plumbing or structural work), residents must submit plans to the Managing Agent. Depending on the nature of the proposed renovations, such plans may be subject to approvals by the Board of Directors.
11. The submission and/or approval of plans will not relieve residents of full responsibility for any and all damages resulting from the work.
12. Before renovations begin, residents must confirm with the Managing Agent that their contractor has the appropriate license and insurance and that they maintain homeowners, apartment dwellers or an equivalent insurance policy covering the contents of their apartments, damages to the building or other apartments and any personal injuries occurring on the premises. The policies must name 21 North Chatsworth Owners Corporation as an additional insured.
13. Residents will be responsible for assuring that workers register with the Superintendent or other staff members before beginning work.
14. Residents will be responsible for compliance with all municipal laws, regulations, ordinances, permits and inspections regarding renovations.
15. Construction or repair work or installations involving noise may be conducted only on weekdays, excluding Holidays, between the hours of 8:30am and 5:00pm. The Superintendent must be informed prior to any construction or repair work and may need to install pads in the elevators.

16. Construction equipment, appliances, furniture and other large packages must be delivered and removed through the service entrance only on weekdays, excluding Holidays, between 8:30am and 5:00pm. The Superintendent or Managing Agent must be informed, in writing, at least two business days prior to any deliveries or removals and may need to install pads in the elevators. Without proper notification, delivery will not be permitted.
17. Nothing shall be hung or shaken from the doors, windows, and terraces or placed upon windowsills.
18. No awnings or projections may be placed outside apartments.
19. No sign, notice, advertisement or illumination shall be exposed at any window.
20. No bicycles, scooters or similar vehicles are allowed in the elevators. They may be stored with nametags in the bicycle room in the basement. Baby carriages, shopping carts and the above mentioned vehicles should not stand in hallways, stairways, garages or other public areas of the building.
21. Delivery people and trades people shall use the service entrance at the parking area. Deliveries may be made only on weekdays, excluding Holidays, between the hours of 8:30am and 5:00pm. All deliveries must be scheduled with the Superintendent who will pad the elevator in advance of the move/delivery. No delivery will be permitted without Management having first received a certificate of insurance naming 21 North Chatsworth Owners Corporation and Archer Property Management as additionally insured. Beginning September 2015, deliveries will be permitted until 7:00pm on the 1st and 3rd Tuesday of each month. (Note that this excludes move-in of apartment furniture) If "large item" is to be delivered, please notify the Superintendent as the elevator must be padded.
22. Garbage and recycling materials shall be disposed of in the manner directed by the Superintendent and Managing Agent. There are suitable containers on each floor for recycling newspapers, plastic, glass and metal. Garbage goes down the chute. Diapers and cat litter should be disposed of in a sealed bag or similar product and disposed of down the chute.
23. Sinks and toilets shall not be used for any purposes other than those for which they were constructed. The apartment owner causing a problem shall pay the costs of any repairs resulting from their misuse.
24. No one shall send any staff member out of the building on private business.
25. Professional offices are not permitted.
26. No birds or animals may be kept without written permission of the Board. Such permission shall be revocable at any time. Dogs are never permitted.
27. No birds, pets or other animals shall be fed from windowsills, terraces, the yard, sidewalks, street or other public portions of the building.
28. No antenna, aerial, or satellite dish may be attached or hung from the exterior of the building.
29. No vehicles shall be parked in any area designated as No Parking, nor in any manner which impedes access to entrances of the building or fire lanes. Improperly parked vehicles shall be towed at owner's expense.

30. The laundry facilities may be used only on the days and hours designated. No clothing should be left in the laundry room for longer than 48 hours. Laundry carts must remain in the room at all times.
31. Washing machines and dryers are not permitted in any apartments.
32. All grocery carts must be returned to their assigned area in the basement immediately after use.
33. The Board and Managing Agent have the right to curtail or relocate any space devoted to storage or laundry purposes.
34. At least 80% of the floors of each apartment must be covered with carpeting or other equally effective noise-reducing material except for a kitchen, pantry, bathroom or closet. A deposit in the amount of \$500.00 payable to 21 North Chatsworth Owners Corporation shall be required before moving in and is refundable following verification of compliance by the Managing Agent or Superintendent.
35. Open houses for the purpose of apartment sale must be approved by the Managing Agent. They may be scheduled for Saturday and Sunday afternoons. The doorman must be on duty. The real estate agent must be present in the apartment and provide an escort to and from the lobby and the apartment.
36. Real estate agency lock boxes may only be placed on apartment doors, never at the entrance to the building.
37. No group tour or exhibition of any apartment or its contents, auctions or tag sales shall be conducted.
38. The windows of the apartment must be kept clean. In case of refusal or neglect the Managing Agent will send written notice to correct this. After 10 days management has the right to enter the apartment to clean the windows and charge the cost to the owner.
39. All complaints and requests regarding the services of the building shall be made in writing to the Managing Agent.
40. Holders of off street and garage parking spaces must abide by all rules.
41. All plantings on terraces shall be contained in wooden boxes lined with metal or other materials impervious to dampness. Containers shall be supported at least 2 inches from the terrace surface and at least 3 inches from a wall. The containers shall be maintained in good condition.
42. The Managing Agent, Superintendent or anyone authorized by him may enter any apartment at a reasonable hour, with 24-hour notice, to inspect whether measures are necessary to control vermin, insects or other pests and to take such measures to control or exterminate them. Residents may request extermination at any time without charge with the exception of carpet beetles which shall be payable by the resident.
43. The Managing Agent, Superintendent or anyone authorized by him may enter any apartment at a reasonable hour, with 24-hour notice, to correct any problems that are within the purview of the co-op. In the event of an emergency, an apartment may be entered at any time. The responsibility for charges for such services is defined in the Proprietary Lease.
44. All owners must provide proof of homeowners insurance to the Managing Agent, on an annual basis, naming 21 North Chatsworth Owners Corporation as an insured party. In

- the event of failure to provide proof of insurance coverage the Corporation will purchase insurance for the apartment and the cost will be added to the monthly maintenance bill. Default shall be handled the same as default on maintenance fees.
45. A damage deposit is required for moving in and moving out. The \$500.00 security deposit is refundable after an inspection by the Superintendent confirms there is no damage to the common areas. The Managing Agent will refund this, or a portion thereof, after inspecting for damage. Permission to move in or out must be made 48 hours in advance and scheduled with the Superintendent who will pad the elevator. Moves (in or out) must be on weekdays between the hours of 8:30am and 5:00pm and are not permitted on Holidays or weekends.
 46. The Managing Agent, Superintendent or his delegate may enter any apartment at a reasonable hour, upon 24-notice, to verify compliance with the House Rules.
 47. Shareholders may not sublet their apartments unless there is proof of hardship with intent to return within one year. Any request for such consideration must be in writing to the management and Board of Directors. If permission is granted, a fee will be imposed.
 48. Any consent or approval given under these House Rules is revocable at any time, for cause.
 49. These House Rules may be added to, amended or repealed at any time by the resolution of the Board of Directors.
 50. Fines will be charged for violations of the House Rules as set by the Board of Directors.
 51. No smoking is permitted in common areas of the building. Persons who smoke outside must remain at least 10 feet from the building.
 52. Dumpsters for construction debris are permitted with Managing Agent approval. Dumpsters shall not be greater than 10 yards in size and shall not remain on the property for more than five consecutive weekdays. Dumpsters are not permitted on the property on weekends.
 53. Parking spaces are assigned only to shareholders who reside in the building. Not more than one space shall be allocated per apartment.
 54. The privilege of parking may be revoked for the failure to remit maintenance charges, assessments, surcharges, late fees and/or any other sum due the corporation after a period of thirty (30) days. After ten (10) days from the receipt of notice from the managing agent, the space must be vacated or the resident shareholder will face legal consequences and the car may be towed at the expense of the shareholder. The corporation shall have all the remedies provided by statute and common law of the State of New York.

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

Lead Warning Statement

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

Seller's Disclosure

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

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

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

(b) Records and reports available to the seller (check (i) or (ii) below):

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

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

Purchaser's Acknowledgment (Initial)

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

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

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

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

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

Agent's Acknowledgment (Initial)

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

Certification of Accuracy

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

Seller	Date	Seller	Date
Purchaser	Date	Purchaser	Date
Agent	Date	Agent	Date

APPENDIX A

Re: Apartment:
Building:

WINDOW GUARDS REQUIRED
LEASE NOTICE TO TENANT or OCCUPANT

You are required by law to have window guards installed if 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 put in window guards at any time (you need not 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.

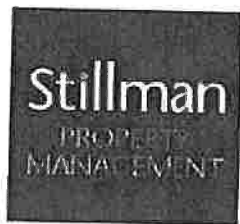
CHECK ONE:

- 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 IN MY APARTMENT EVEN THOUGH I HAVE NO CHILDREN 10 YEARS OR YOUNGER IN MY APARTMENT.

TENANT (PRINT AND SIGN)

TENANT (PRINT AND SIGN)

FOR FURTHER INFORMATION CALL:
Window Falls Prevention Program
New York City Department of Health
125 Worth Street, Room 222 A
New York, New York 10013
(212) 566 - 8082



440 Mamaroneck Avenue, Suite S 512
Harrison, NY 10528

T: 914.813.1900
F: 914.813.1919

www.stillmanmanagement.com



May 13, 2019

To: All Residents/Shareholders
21 N. Chatsworth Owners Corp.

From: Board of Directors &
Stillman Management, Inc.

Re: **Proper Recycling**

Thank you to all that are in the habit of recycling your trash by sorting it properly. This is greatly appreciated by many. Our recycling service however has refused to take our recyclables on several occasions because not all of us are sorting our trash as needed.

On the reverse side, there is a guide which outlines what can be recycled and how. Also included is a number to call with questions. It really takes just a little bit of effort and everyone benefits.

Here are the most common causes of the recycling service not picking up our recyclables:

- **Plastic bags** – they must be taken back to point of purchase such as CVS or Stop-n-Shop where there are bins specific for them
- **Your plastic recyclables cannot** be in a plastic bag other than the liner in the bin
- **Plastic that prepared food comes in** – plastics 1-7 are all recyclable provided they are rinsed and free of food
- **Hangers** – please return to the cleaners for recycling or put them in the regular trash

Additional information can be found here; <https://lmsanitation.org/residential-services>

Can we count on your support?



A Guide to Curbside Recycling in Westchester

Curbside Recycling Guidelines

Paper & Cardboard

Recycle: Newspapers, glossy inserts, phone books, magazines, junk mail, brown paper bags, and corrugated and gray cardboard boxes.

How: Remove plastic linings, windows and excessive tape. Place mixed paper in a brown bag or loose in the recycling bin. Flatten and place boxes inside each other.

Don't Include: Plastic or Styrofoam packing materials, cardboard with any trace of food, paperbacks or hardcover books. Consider donating books to a library.

Plastics 1 - 7



Recycle: All plastics coded with any number between 1 through 7, commonly used for food, beverages, detergents, household cleaners and shampoo. Include coded pails and buckets, as well as

coded flower pots and trays rinsed free of soil or other products.

How: All plastics must be rinsed clean and free of food waste and other products. Plastic caps on jars and bottles are acceptable. Place plastics loose in the bin with glass, metal containers and cartons.

Don't Include: Plastic bags, plastic film, vinyl, Styrofoam, polystyrene, any unmarked or non-coded plastics (toys, pools, furniture, clothing hangers, or utensils), building materials (piping, sinks, or other fixtures), and containers which held potentially hazardous materials (motor oil, pesticides, or solvents).

Remember: Recyclables (glass, metal, plastics, and cartons) can be mixed in the same recycling bin

Glass Containers



Recycle: Glass jars or bottles of any size or color.

How: Rinse all containers. Place jars, bottles and loose caps in the recycling bin with plastics, metal, and cartons.

Don't Include: Glass that is not used for packaging food or beverages (light bulbs, drinking glasses, crystal, windows, mirrors, ceramic ware, or kitchen cookware). Empty glass containers which held potentially hazardous materials (pesticides or solvents) should be discarded as garbage.

Metal Containers

Recycle: Food and beverage cans, clean aluminum foil and trays, and empty aerosol cans.

How: Rinse all containers and place them loose in the recycling bin with glass, plastics, and cartons.

Don't Include: Empty paint cans or metal containers that held potentially hazardous materials (pesticides, glues, or solvents). Bulk metals such as aluminum siding, scrap metal, wire, pipes, tubing, motors, sheet metal, appliances and auto parts are recycled under separate municipal programs. Call your municipality for details.

Cartons



Recycle: Gable-top refrigerated food and beverage cartons (milk cartons), aseptic cartons (non-dairy beverages and soup), juice boxes, and ice cream containers.

How: Rinse cartons and place them loose in the recycling bin with glass, metal, and plastic containers.

Don't Include: Paper cups/dishware or juice/yogurt pouches.

For more information, call the Westchester County Recycling HelpLine at (914) 813-5425 or visit environment.westchestergov.com/recycling



Recycle plastic bags separately by returning them to any large grocery store that dispenses plastic bags to customers.



NO Sharps!

For information on proper disposal of needles, syringes, and lancets, visit our website and view the "Sharp Smarts" brochure, or call the Recycling HelpLine at (914) 813-5425.

Westchester **George Latimer**
gov.com Westchester County Executive

 Partial funding provided by the NYS DEC



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www.salimco.com



APPLICATION
EMERGENCY CONTACT FORM
TENANT DATA VERIFICATION FORM
FORM FOR BACKGROUND REPORT



440 Montross Avenue, Suite 512
Harrison, NY 10520
T: 914.813.1900
F: 914.813.1919
www.stillmanmanagement.com



FINANCIAL STATEMENT WITH SUPPORTING
DOCUMENTATION FOR EACH AND EVERY
ENTRY.



140 Mamaroneck Avenue, Suite 512
Harrison, NY 10520

T: 914.813.1900
F: 914.813.1919

www.stillmanmanagement.com



INSERT LAST THREE (3) MONTH'S OF BANK
& BROKERAGE ACCOUNT STATEMENTS-
SUMMARY PAGE ONLY

Employment Letter (S)

One (1) Month of Pay-stubs

If Retired:

Social Security Award letter

Pension Statement (if applicable)

Other retirement income-

Landlord Reference Letter to include amount of rent and length of stay

If you rent- need letter from current landlord

If you own a co-op, condo or HOA type home- will need letter from Management Company stating all fees due are paid in full.

If you own your current home, please include:

- a) Proof of current mortgage
- b) Proof of Taxes
- c) Proof of Insurance
- d) Explanation of your intentions with this property
- e) If selling, please provide proof, such as the contract of sale or listing agreement.
- f) If not selling, please provide operating cost for this property and income (if applicable)



410 Mamaroneck Avenue, Suite S 512
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INSERT LAST 2 YEARS TAX RETURNS WITH W'2'S
ALL PAGES OF TAX RETURNS MUST BE SUBMITTED

Mortgage Documents
Commitment
Loan Application
Recognition Agreement

If paying cash and/or receiving a monetary gift to assist with the purchase: please include the following:

- 1) Letter stating where funds are coming from to purchase.
- 2) Notarized Gift Letter, with proof funds have been



440 Mamaroneck Avenue, Suite 512
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www.sillimanmanagement.com



CONTRACT OF SALE
BUILDING REQUIRES 20% DOWN PAYMENT



440 Manhattan Avenue, Suite 3 512
Harbor, NY 10520
T: 914.813.1900
F: 914.813.1919
www.stillmanmanagement.com



SIGNATURE PAGES

I HAVE READ THE HOUSE RULES FORM
WINDOW GUARD FORM
LEAD PAINT FORM