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

BARKER AVENUE APARTMENT CORP.

RESALE APPLICATION CHECKLIST

DOWN PAYMENT 20%
80% FINANCING PERMITTED
NO PETS PERMITTED

NOTE TO SELLER: Seller must provide the purchaser with the FOB at closing. If the seller does not transfer the FOB to the buyer, the seller will be charged a fee of $20.00 payable to Barker Avenue Apartment Corp at the closing. Payment must be in the form of a certified and/or attorney escrow check.

ALL OF THE ITEMS LISTED BELOW MUST BO CONTAINED IN THE FINANCIAL PROFILE PACKAGE SUBMITTED TO THE BOARD OF DIRECTORS. IF ANY OF THE DOCUMENTS ARE MISSING YOUR FILE CANNOT AND WILL NOT BE PROCESSED AND SUBMITTED.

WE ASK THAT YOU DO NOT SET A CLOSING DATE UNTIL YOU RECEIVE APPROVAL FROM THE BOARD OF DIRECTORS AFTER YOUR INTERVIEW. **PLEASE SUBMIT ONE (1) ORIGINAL & THREE (3) COPIES COLLATED, WHICH MEANS EACH PACKAGE MUST INCLUDE THE SAME DOCUMENTS AND BE IN ORDER OF THE REQUIRED DOCUMENTS REQUESTED. PLEASE USE ENCLOSED DIVIDERS TO ORGANIZE YOUR APPLICATION.**

THE RESALE PACKAGE MUST CONTAIN:

1. **APPLICATION FEES (NON-REFUNDABLE)**
   a. $150.00 PAYABLE TO BARKER AVENUE APARTMENT CORP.
   b. $350.00 PAYABLE TO STILLMAN MANAGEMENT, INC
   c. Background & Credit Report Fee $200.00 per applicant and any adults over 18 who will be residing in the apartment. Payable to Stillman Management Inc.
2. MOVING DEPOSITS
   a. $500 PAYABLE TO BARKER AVENUE APARTMENT (PURCHASER-MOVE-IN)
   b. $500 PAYABLE TO BARKER AVENUE APARTMENT (SELLER-MOVE-OUT)

NO PERSONAL CHECKS WILL BE ACCEPTED - PAYMENT MUST BE IN THE FORM OF A MONEY ORDER OR CERTIFIED CHECK ONLY.

3. APPLICATION & SIGNATURE PAGES
   a. SIGNED COPY OF HOUSE RULES (MUST BE SIGNED BY BOTH THE SHAREHOLDER AND APPLICANT)
   b. SIGNED CARBON MONOXIDE DETECTOR ACKNOWLEDGEMENT
4. TENANT DATA CREDIT AUTHORIZATION (FORM ENCLOSED)
5. BACKGROUND CHECK FORM (FORM ENCLOSED)
6. VERIFICATION OF EMPLOYMENT (FORM ENCLOSED)

7. VERIFICATION OF DEPOSIT(S) (FORM ENCLOSED)
8. COPIES OF RECENT PAY STUBS
9. COPIES OF W-2 FORMS (LAST TWO YEARS)
10. COPIES OF FEDERAL & STATE TAX RETURNS (LAST TWO YEARS)
11. MORTGAGE COMMITMENT-ONLY 80% FINANCING PERMITTED.
12. LOAN APPLICATION TO BANK
13. APPRAISAL
14. THREE ORIGINAL RECOGNITION AGREEMENTS, SIGNED BY BANK AND BORROWER
    14A. THIS IS CASH TRANSACTION, SUBMISSION OF INFORMATION DETAILING WHERE THE FUNDS ARE COMING FROM (i.e. PROCEEDS FROM SALE OF HOME, LISTING OF PERSONAL ASSETS, ETC.)
15. COPY OF EXECUTED CONTRACT OF SALE
16. SIGNED ACKNOWLEDGEMENT OF LEAD PAINT MEMORANDUM AND BOOKLET (ENCLOSED)

REQUIREMENT AS OF FEBRUARY 1, 2005 - Purchaser(s) may finance (mortgage) no more than eighty (80%) percent of the contract price of the unit. Purchasers must have a down-payment of at least 20% of the purchase price.

CAPITAL CONTRIBUTION: ONE MONTH MAINTENANCE COLLECTED FROM BOTH PURCHASER AND SELLER ON THE SALE OF ANY UNIT COMMENCING 1/1/2007.

NO SUBLETTING ALLOWED

STILLMAN MANAGEMENT, INC.
440 MAMARONECK 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 AUTHRIZATION FORMS WILL BE SHREDDED AND YOU SOCIAL SECURITY NUMBER ON THE DOCUMENTS OBTAINED WILL BE BLACKED OUT.

Please be advised that if you do not comply with the above to protect your identity, we will not be held responsible. It is upto you to black out the relevant information as we will not do it for you.

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

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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.

Please be advised that it is the responsibility of the applicant(s) to protect their identity and we require that the social security numbers and the accountant numbers (please leave the last 4 numbers of bank & brokerage account statements) be blacked out within the application, except for the form that gives management permission to obtain a credit report and/or criminal report. If you do not comply with the above to protect your identity, we will not be held responsible. It is upto you to black out the relevant information as we will not do it for you.

_____
Applicant

_____
Applicant

Stillman
PROPERTY MANAGEMENT

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T: 914.813.1900
F: 914.813.1919
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Please provide the following contact information:

Name:_____

Home Phone (_____)_____

Cell Number (_____)_____

Office/ Work Number (_____) _____

E-mail address_____

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_____
Applicant

_____
Applicant

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

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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 AUTHRIZATION FORMS WILL BE SHREDDED AND YOU SOCIAL SECURITY NUMBER ON THE DOCUMENTS OBTAINED WILL BE BLACKED OUT.

Please be advised that if you do not comply with the above to protect your identity, we will not be held responsible. It is upto you to black out the relevant information as we will not do it for you.

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

COOPERATIVE PURCHASE PROFILE SHEET

Cooperative Name _____

Bldg/Apt.# _____ **Mo. Maintenance** _____ **# of Shares**_____ **# of Bedrooms** _____

Owner	**Co-Owner**
PERSONAL INFORMATION	
Name: _____	**Name:** _____
Current Address	**Current Address:**
_____	_____
_____	_____
_____	_____
How Long_____	**How Long** _____
Phone (h) _____	**Phone (h)** _____
(w) _____	**(w)** _____
(cell) _____	**(cell)** _____
Marital Status _____	**Marital Status** _____
Date of Birth _____	**Date of Birth** _____
Place of Birth _____	**Place of Birth** _____
Social Sec. # _____	**Social Sec. #** _____

List the names of each person who will occupy this apartment, include those persons who will occupy only temporarily, i.e. college students.

Name	**Relationship**	**Sex**	**Age**	**DOB**
_____				
_____				

PERSONAL REFERENCES:

Name	**Occupation**	**Address**	**Phone**
1._____			
2._____			

Position/Occupation_____ Position/Occupation _____

Employer/Address_____ Employer/Address _____

_____ _____

_____ _____

Telephone _____ Telephone _____

Salary $_____ per _____ Salary $_____ per _____

Years There _____ Years There _____

If less than two years please list your previous Employers

Position/Occupation_____ Position/Occupation _____

Employer/Address_____ Employer/Address _____

_____ _____

_____ _____

Telephone _____ Telephone _____

Assets: Please list Name and Address of Bank(s) and any other holdings which reflect cash values, credit unions, money markets, etc. Include property owned.

_____ _____

_____ _____

Real Estate: Location, Description Mortgage & Mortgage Holder

_____ _____

_____ _____

Liabilities: Please list any outstanding loans, i.e. car, school, mortgage, credit cards, other

	Balance	Due Date	Mo. Payment

Business References:

Name	Occupation	Address	Phone
1.			
2.			

If Renting: Landlord's Name _____

Address: _____

_____

Phone: _____

Years at Address _____

If Less than 3 years please give prior landlord

Landlord's Name _____
Address: _____
_____
Phone: _____
Years at Address _____

Are you applying for a mortgage for this purchase Yes _____ No _____

If so, name of Bank _____

Address _____

_____

Phone _____

Source of Downpayment _____ Amount _____

Title to be held in the name of _____

Seller's Attorney

Name _____
Address _____
_____
Telephone No. _____Fax No. _____

Buyer's Attorney

Name _____
Address _____
_____
Telephone No. _____Fax No. _____

Are you a party in a Lawsuit?	Yes/No	Yes/No
Are you obligated to pay alimony, child Support or separate maintenance?	Yes/No	Yes/No
Is any part of the down payment borrowed?	Yes/No	Yes/No

If a "yes" answer is given to a question above, please explain:

_____

_____

PETS OF ANY KIND ARE NOT PERMITTED

PARKING: DO YOU DESIRE A PARKING SPACE? YES_____ NO _____

I/WE HEREBY CERTIFY ALL INFORMATION CONTAINED IN THIS STATEMENT ARE TRUE. IT IS AGREED THAT THIS APPLICATION IS SUBJECT TO ACCEPTANCE OR REJECTION AT ANY TIME BY THE COOPERATIVE AT ITS DISCRETION. I/WE AUTHORIZE THE RELEASE OF EMPLOYMENT AND/OR BANKING INFORMATION.

_____ **Dated**
Signature of Applicant

_____ **Dated**
Signature of Co-Applicant

Credit Report Form

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 _____

Credit Report Form

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 _____

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…

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Print Name: _____ Date Of Birth _____

Signature: _____

Address: _____

City : _____

State : _____Zip Code_____

Social Security #: _____

Stillman
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MANAGEMENT

440 Mamaroneck Avenue, Suite S 512
Harrison, NY 10528
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F: 914.813.1919
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REQUEST FOR VERIFICATION OF DEPOSITS

INSTRUCTIONS:	**PURCHASER**	**- Complete Sec. 1:**	**Send to Bank**
	BANK	**- Complete Sec. 2:**	**Return to Stillman Mgmt.**

SECTION 1: REQUEST

TO: BANK (Name and Address)	**FROM:** **Stillman Management, Inc.** **141 Halstead Avenue** **Mamaroneck, New York 10543**

LIST OF ACCOUNTS TO BE VERIFIED

TYPE OF ACCOUNT	IN THE NAME(S) OF	ACCOUNT#	BALANCE

I HEREBY AUTHORIZE YOU TO VERIFY THIS INFORMATION AND TO FORWARD SAME TO STILLMAN MANAGEMENT, INC.

NAME AND ADDRESS OF CUSTOMER	SIGNATURE OF CUSTOMER

SECTION 2: VERIFICATION OF DEPOSITS (AND LOANS)

TYPE OF ACCOUNT	ACCOUNT#	BALANCE	PAST 2 MO AVG	DATE OPENED

SIGNATURE: **TITLE:** **DATE:**

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by law. Form is to be mailed directly to this office.

REQUEST FOR VERIFICATION OF EMPLOYMENT

INSTRUCTIONS:	**APPLICANT** **EMPLOYER**	**- Complete Sec. 1:** **- Complete Sec. 2:**	**Send to Employer** **Return to Stillman Mgmt.**

SECTION 1: REQUEST

TO: EMPLOYER (Name and Address)	**FROM: Stillman Management, Inc.** **440 Mamaroneck Avenue Harrison NY 10528**

I HEREBY AUTHORIZE MY EMPLOYER TO RELEASE THE REQUESTED INFORMATION AND TO FORWARD SAME TO STILLMAN MANAGEMENT, INC.

NAME AND ADDRESS OF EMPLOYEE	**SIGNATURE OF EMPLOYEE:**

SECTION 2: VERIFICATION OF EMPLOYMENT

Date Hired: **Current Position:**

Probability of continued Employment:

Is Overtime or Bonus Applicable?
Overtime: Yes _____ No ____

Is it likely to continue?
Bonus: Yes ___ No ___

Ccurrent Base Pay per year

EARNINGS	TYPE	YEAR TO DATE		LAST YEAR
	BASE PAY			
	OVERTIME			
	COMMISSION			
	BONUS			

SIGNATURE OF EMPLOYER:	**TITLE:**	**DATE:**

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by law. Form is to be mailed directly to this office.

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INSTRUCTIONS:	**PURCHASER**	**- Complete Sec. 1:**	**Send to Bank**
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NAME AND ADDRESS OF CUSTOMER	SIGNATURE OF CUSTOMER

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TO: EMPLOYER (Name and Address)	**FROM: Stillman Management, Inc.** **440 Mamaroneck Avenue Harrison NY 10528**

I HEREBY AUTHORIZE MY EMPLOYER TO RELEASE THE REQUESTED INFORMATION AND TO FORWARD SAME TO STILLMAN MANAGEMENT, INC.

NAME AND ADDRESS OF EMPLOYEE	**SIGNATURE OF EMPLOYEE:**

SECTION 2: VERIFICATION OF EMPLOYMENT

Date Hired: **Current Position:**

Probability of continued Employment:

Is Overtime or Bonus Applicable? **Is it likely to continue?**

Overtime: Yes _____ No ____ **Bonus: Yes ___ No ___**

Ccurrent Base Pay per year

EARNINGS	TYPE	YEAR TO DATE		LAST YEAR
	BASE PAY			
	OVERTIME			
	COMMISSION			
	BONUS			

SIGNATURE OF EMPLOYER:	**TITLE:**	**DATE:**

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by law. Form is to be mailed directly to this office.

BARKER AVENUE APARTMENT CORP.
33 Barker Avenue
White Plains, New York 10601

WINDOW GUARDS

State Law requires that window guards be made available to all occupants of units where children reside. The Corporation will make the window guards available to all residents of 33 Barker Avenue without cost.

	Yes	No
I will have children residing with me in the building And I request the installation of window guards	_____	_____
I understand that in the event children move into the Building it is my responsibility to notify the Board Of Directors/Managing Agent so that window guards May be installed in my apartment	_____	_____

Prospective Purchaser Acknowledgement

_____
Signature

_____
Signature

_____
Prospective Purchaser - Print Name

_____
Prospective Purchaser - Print Name

BARKER AVENUE APARTMENT CORP.
33 Barker Avenue
White Plains, New York 10601

CARBON MONOXIDE DETECTORS

PURSUANT TO CHAPTER 18 OF THE NEW YORK CONSOLIDATED LAWS EXECUTIVE LAW ARTICLE 18 NEW YORK STATE UNIFORM FIRE PREVENTION AND BUILDING CODE ACT.

Section 378 5-a

> **Standards for the installation of carbon monoxide detectors requiring that every one or two-family dwelling or any dwelling accommodation located in a building owned as a condominium or cooperative in the state constructed or offered for sale after the effective date of this subdivision shall have installed an operative carbon monoxide detector of such manufacturer design and installation standards as are established by the council.**

I/we acknowledge that as owner(s) of the apartment, we must comply with the Laws of the State of New York and provide for the installation of a carbon monoxide detector and that the Cooperative and/or management have no responsibility for said installation.

SHAREHOLDER ACKNOWLEDGEMENT

_____	_____
Shareholder Signature	**Shareholder Signature**
_____	_____
Name (please print)	**Name (please print)**
_____	_____
Date	**Date**

PROSPECTIVE PURCHASER APPLICANT

_____	_____
Purchaser Signature	**Purchaser Signature**
_____	_____
Name (please print)	**Name (please print)**
_____	_____
Date	**Date**

INSURANCE POLICY ACKNOWLEDGEMENT

Purchaser:_____

_____, acknowledges that Barker Avenue Apartment Corporation requires as a condition for granting its consent to purchase, all new purchaser(s) acquire and maintain content and liability insurance for their apartment. At the policy renewal each year, I (we) will be required to mail in proof of the renewal of my (our) insurance policy to Stillman Management, 440 Mamaroneck Avenue, Harrison, NY.

Dated:_____ _____

Purchaser

NO PET POLICY ACKNOWLEDGEMENT

Purchaser: _____

_____ acknowledges that Barker Avenue Apartment
(Name of Purchaser)
Corporation ("Barker Avenue") prohibits pets of any kind on the premises, either to reside or to visit, or for any other reason or purpose, and this rule will be strictly enforced. If I (we) are found in violation, the Board of Directors may seek to terminate our Proprietary Lease and cancel our shares of stock and institute litigation against me (us) and seek to evict me (us) from the premises.

If I (we) violate this rule, I (we) understand that Barker Avenue reserves the right to assess monetary fines for the violation of the House Rules and I (we) agree that I (we) will be responsible for all legal fees and costs associated with curing this default.

Dated:

_____
Signature of Purchaser

BARKER AVENUE APARTMENT CORP.

c/o Stillman Management, Inc
440 Mamaroneck Avenue Suite S-512
Harrison NY 10528
Phone: 914-813-1900 Fax:914-813-1919

ACKNOWLEDGMENT OF ACCEPTANCE OF HOUSE RULES

I/We the undersigned, have read and understand the House Rules for the Barker Avenue Apartment Corporation, located at 33 Barker Avenue in White Plains, New York 10601, dated _____- and agree to abide by these rules, and any Amendments made to these Rules while a resident in Apartment _____ at 33 Barker Avenue.

I/We also understand that I/we may move-in/move-out of the building only during the hours of 9:00 a.m. to 4:00 p.m. Monday through Friday. There will be a $50.00 per hour charge for each hour or part thereof after 4:00 p.m.

A $500.00 security deposit must be submitted to the managing agent ***at the time of application*** for a move in.
A $500.00 move out deposit must be submitted to the managing agent ***at the time of application*** for the party vacating the residence.

I/we also understand that I/we may not sublet the apartment.

SHAREHOLDER ACKNOWLEDGEMENT

_____	_____
Shareholder Signature	**Shareholder Signature**
_____	_____
Name (please print)	**Name (please print)**
_____	_____
Date	**Date**

PURCHASER APPLICANT

_____	_____
Purchaser Signature	**Purchaser Signature**
_____	_____
Name (please print)	**Name (please print)**
_____	_____
Date	**Date**

A security deposit of $500 must be submitted to the managing agent by the purchaser at time of application. This deposit will be refunded after the premises is inspected by the managing agent and/or superintendent for damage and carpeting on 80% of the floor space.
A security deposit of $500 must be submitted to the managing agent by the purchaser at time of application. Such deposit will be retuned after the seller has moved out without causing any damage. The managing agent and/or superintendent will inspect.

White Plains, New York 10601

To: Prospective Shareholder

From: Board of Directors

Re: Lead Based Paint
33 Barker Avenue, White Plains, New York
Unit No. _____

Under the mandate of the Residential Housing Act of 1992, Title X, Barker Avenue Apartment Corp. must provide you with the attached booklet, "Protect Your Family From Lead In Your Home". This booklet is issued by the United States Environmental Protection Agency, EPA 747-K-94-001/May 1995.

To the best of our knowledge, there is no lead paint nor is there lead paint encapsulated at this location.

This document must be signed and returned with a purchase package for Cooperatives. Please keep this booklet for your information.

The duplicate copy of this memorandum is for your records

33 Barker Avenue Apartment Corp.

By:_____

Title:_____

I acknowledge receipt of the booklet noted above

_____
Signature

_____
Prospective Purchaser - Print Name

_____
Prospective Purchaser - Print Name

RESOLUTION

WHEREAS, the Board of Directors of Barker Avenue Owners Corporation, Inc. is aware that various situations have arisen and may arise in the future wherein personal injury and property damage has occurred to the person and property of both residents and non-residents in the premises of the apartment corporation and that such damage and injury has been or may be caused by residents and non-residents alike, and

WHEREAS, the adjudication of fault and responsibility has resulted in and may in the future result in various findings of financial liability against Barker Avenue Owners Corporation, Inc. and/or its residents, and

WHEREAS, the Board of Directors of Barker Avenue Owners Corporation, Inc. is charged with the duty to secure the financial protection of the apartment corporation and the benefits for all residents of the rights and obligations contained in its Proprietary Lease and House Rules,

NOW THERFORE, be it resolved that the House Rules are hereby amended to include the following:

1. All shareholders of Barker Avenue Owners Corporation, Inc. must obtain and maintain comprehensive liability insurance covering their respective apartment units with a recommended coverage of $300,000.

2. A written certificate of insurance evidencing proof of current coverage including the name of the insurance company, dates of coverage, the amounts of coverage, the certificate policy number and name, address and telephone number of the broker, if any, or a copy of the declaration page of the policy, must be delivered to the Managing Agent by June 1, 2015, and at the time of policy renewal each ensuing year.

3. The Resale Policy is hereby amended to require that all purchasers shall, as a

condition of consent to purchase, provide written proof of such coverage as provided above and deliver such proof at closing.

4. Failure to provide the information requested, or to obtain and/or maintain the required insurance, shall be deemed a material breach of the Proprietary Lease and shall subject the defaulting shareholder to such legal action as is provided therein including termination.

Approved and voted on March 11, 2015 and shall become effective immediately.

Approved: _____

President, Board of Directors

Attest: _____

Secretary, Board of Directors

33 BARKER AVE APARTMENT CORPORATION HOUSE RULES

MOVE IN/OUT

- All moves should be scheduled Monday-Friday between the hours of 8:00am and 4:00pm.
- No moves on the weekend or holidays.
- Please notify the Superintendent at least 24 hours in advance so that he may place protective covering in the elevator.
- $500 refundable move-in fee: refunded after move in, if no damage is done to common areas, and apartment has been inspected for 80% carpeting.
- $500 refundable move-out fee: payable at time of application – refunded after move out if no damage done to common areas and the supplied carbon monoxide / smoke detector is in working order and present in the apartment. $75.00 will be charged/deducted for missing detectors.

DELIVERIES

- All deliveries are to be made through the side door, next to the garage. No deliveries are to be made through the front doors at any time.
- If you have a delivery scheduled, please meet your party at the front door and direct them to the side door off the driveway.
- Large deliveries, i.e. furniture, may require that padding be put up in the elevator. If so please notify the Super ahead of the scheduled delivery.
- Deliveries are only to be scheduled between the hours of 8:00am and 4:00 pm Monday - Friday.
- No deliveries are to be scheduled on weekends or holidays.
- Any damage to common areas caused by the delivery of goods or merchandise to your apartment are the responsibility of the shareholder.

FLOORING

- All floors must be 80% covered. If you are moving in and a move-in deposit was charged, a final inspection will be conducted after your move in, and if all is satisfactory, your move deposit will then be returned.

WINDOWS

- Windows are to be kept clear. No window air conditioners, flower boxes.
- No Direct TV satellite dishes.

PETS

- No pets of any kind are allowed on the premise. It is a part of your lease.
- No feeding birds, squirrels, etc. anywhere on the property.

NOISE

Please be considerate of your neighbors and refrain from the following:

- Loud music after 9:00 pm
- Construction after 6:00 pm

SMOKING

- There is no smoking in the public areas inside of the building as well as the front patio under the portico. We kindly ask that you smoke on the public sidewalk to prevent cigarette butts from littering the property and garden. This also respects the residents in the front of the building who are subject to the smoke coming into their apartment windows.

LAUNDRY

- The laundry room is to be kept clean and neat. Please clean up after spills and remove lint from the dryer baskets after each use.
- Be mindful of time and do not leave your laundry to sit in the washer or dryer after it has finished its cycle.

TRASH

- All trash must be taken to the upper level garage and placed in the proper receptacles; signs are posted for the appropriate recycling bins. Trash, glass/plastic/aluminum, newspaper and cardboard must all be separated into their appropriate bins.
- Cardboard boxes must be broken down (flattened) and placed in the appropriate bin.
- The White Plains Sanitation Dept. does inspect our trash and fines are levied if not in compliance.
- Junk mail: There is a rectangular bin on the second shelf of the table in the far corner of the mailbox area that is meant for you to discard your unwanted junk mail. Please do not discard your unwanted mail on the table or the floor.

STORAGE

- Additional storage is available on each floor. Each apartment is allowed one item. Please clearly mark your item with your name and apartment number.
- Periodic inspections are done to insure the building is in compliance with fire codes. Please do not keep any items stored around your car in the garage.

SALES/SUBLETS/REFINANCING

- This is a NO SUBLET building. Subletting is NOT allowed. All apartments must be owner occupied.
- A down payment of not less than 20% is required for all sales.
- No more than 80% of the value of the apartment may be refinanced. All owners must maintain, at the minimum, 20% equity in the building.
- In order to raise additional capital there is a capital contribution of one month maintenance collected from both purchaser and seller on the sale of any unit.

RENOVATIONS/REPAIRS

- Renovations to your apartment require Board approval. You can obtain the appropriate forms and requirements at 33BarkerHouse.com. Contact the management company to submit the form or with questions. All renovations must be performed by licensed and insured contractors and a certificate of insurance naming Barker Avenue Apartment Owners Corp. as an additional insured must be submitted prior to any work commencing.
- All materials must be brought in through the side door by the garage.
- All construction debris must be removed from the site by the contractor.
- Any work that will require a plumbing shut down must be scheduled 48 hours in advance, so residents can be notified accordingly.

PROPERTY DAMAGE

- Shareholders are not permitted to alter any portion of the common areas (inside and out) without the express written permission of the Board.
- The modification, addition or removal of any items in public areas requires prior approval of the Board.
- Any damage to common areas or other Shareholders apartments that result from a specific Shareholder problem (toilet leaks, sink overflows, improper grouting of tile work, etc.), will be the sole responsibility of the individual Shareholder causing the issue. Repairs will be at that Shareholders expense.
- The Board reserves the right to authorize repair work by building selected contractors and charge back the cost to the offending Shareholder.

INSURANCE

As of March 2015 all Shareholders are required to carry homeowners insurance and riders that protect them and the cooperation in the event of damage. Shareholders must obtain and maintain comprehensive liability insurance covering their respective apartment and property with recommended coverage of $300,000. A certificate of insurance or a copy of the policy declaration page must be provided to management at the time of move in, and at the time of policy renewal each year following.

FINES

Fines may be applied at the Boards discretion as deemed necessary to Shareholders who break House Rules impacting the lives of other Shareholders.

- First offense: Warning
- Second offense: $100 fine
- Third offense: $250 fine and possible legal action

EMERGENCIES

- If you have a plumbing emergency, please contact the Superintendent immediately. Be advised that plumbing problems may require outside assistance at your expense.
- Flushometer diaphragms only will be changed by the superintendent at no charge to the shareholder. However if the entire flushometer needs to be changed, the cost will be the shareholders.
- If for any reason, work requires a shut-off of water, please notify the Superintendent immediately, only he can shut off the water.
- The Superintendent have a key to each apartment for emergency purposes only.
- The Superintendent has fuses for emergency purposes and will be provided at no charge.
- Emergency numbers are posted below.

EMERGENCY NUMBERS

- Andrija (Andy) Pepdjonovic, Superintendent 646.542.4747 (Cell)
- Stillman Management: 914.813.1900
- Marion MacKay, Property Manager, Stillman Management: 914.813.1939
- White Plains Police Department: 914.422.6111

The above rules are highlights and additions to the original house rules established in the offering plan. Please refer to the offering plan for a complete list of rules.
Last updated 01.11.17

EMERGENCY FIRE SAFETY AND EVACUATION INSTRUCTIONS IN THE EVENT OF FIRE IN THE BUILDING

GENERAL EMERGENCY FIRE SAFETY INSTRUCTIONS

1. **STAY CALM. DO NOT PANIC.** CALL 911 - Notify the Fire Department as soon as possible. Firefighters will be on the scene of a fire within minutes of receiving an alarm.

2. Close all doors to the room of fire origin or other hazard when leaving

3. Activate the fire alarm at the nearest manual station, if necessary.

4. Help guide all occupants in building to the nearest exit.

5. Close all doors as you exit to confine the fire. **Never use the elevator.** It could stop between floors or take you to where the fire is.

6. Do not overestimate your ability to put out a fire. Most fires cannot be easily or safely extinguished. Do not attempt to put the fire out once it begins to quickly spread. If you attempt to put a fire out, make sure you have a clear path of retreat from the room.

7. Never attempt to travel through smoke-filled or other imminently hazardous area. Heat, smoke and gases emitted by burning materials can quickly choke you. If you are caught in a heavy smoke condition, get down on the floor and crawl. Take short breaths, breathing through your nose.

8. If your clothes catch fire, don't run. Stop where you are, drop to the ground, cover your face with your hands to protect your face and lungs and roll over to smother the flames.

9. After evacuation, move away from the building. Never assemble near exits or fire lanes.

10. No one should reenter the building after evacuation without fire department approval.

COMBUSTIBLE BUILDING

EVACUATION INSTRUCTIONS IF THE FIRE IS IN YOUR APARTMENT

1. Close the door to the room where the fire is and leave the apartment.

2. Make sure **EVERYONE** leaves the apartment with you.

3. Take your keys.

4. Close, but do not lock, the apartment door.

5. Alert people on your floor by knocking on their doors on your way to the exit.

6. Use the nearest stairwell to exit the building.

7. **DO NOT USE THE ELEVATOR.**

8. Call 911 once you reach a safe location. Do not assume the fire has been reported unless firefighters are on the scene.

9. Meet the members of your household at a predetermined location outside the building. Notify responding firefighters if anyone is unaccounted for.

EVACUATION INSTRUCTIONS IF THE FIRE IS NOT IN YOUR APARTMENT

1. Feel your apartment door and doorknob for heat. If they are not hot, open the door slightly and check the hallway for smoke, heat or fire.

2. Exit your apartment and building if you can safely do so, following the instructions for "If the Fire is In your Apartment". Know where your fire exit stairwells are on your floor.

3. If you cannot safely exit your apartment or use the fire stairwells because of smoke, heat or fire, call 911 and tell them your address, floor, apartment number and the number of people in your apartment.

   a. Seal the doors to your apartment with wet towels or sheets, and seal air ducts or other openings where smoke may enter.

   b. Open windows a few inches at top and bottom unless flames and smoke are coming from below. Do not break any windows.

   c. If conditions in the apartment appear life-threatening, open a window and wave a towel or sheet to attract the attention of firefighters.

   d. If smoke conditions worsen before help arrives, get down on the floor and take short breaths through your nose. If possible, retreat to an area away from the source of the smoke, heat or fire.

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.

Sellers Disclosure (initial)

___a) *Presence of lead-based paint and/or lead-based paint hazards (check one below):*

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

_____

☐ *Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.*

___b *Records and reports available to the seller (check one below):*

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

_____

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

Cooperative Corporation's Disclosure (initial)

___c) *Presence of lead-based paint and/or lead-based paint hazards (check one below):*

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

_____

☐ *Co-op has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.*

___d) *Records and reports available to Co-op (check one below):*

☐ *Co-op 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).*

_____

☐ *Co-op has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.*

Purchaser's Acknowledgment (initial)

___e) *Purchaser has received copies of all information listed above or acknowledges that there is none.*

___f) *Purchaser has received the pamphlet Protect Your Family from Lead in Your Home.*

___g) *Purchaser has (check one below):*

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

☐ *Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.*

Agent's Acknowledgment (initial)

___h) *Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852d 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*
Agent	*Date*	*Agent*	*Date*
Purchaser	*Date*	*Purchaser*	*Date*
Cooperative Corporation	*Date*		

APPLICATION

SIGNATURE PAGES

TENANT DATA VERIFICATION FORM

AUTHORIZATION FORM FOR A BACKGROUND CHECK

VERIFICATION OF EMPLOYMENT

COPIES OF MOST RECENT PAY-STUBS

VERIFICATION OF DEPOSIT FORM

MORTGAGE DOCUMENTS COMMITMENT

LOAN APPLICATION TO BANK

APPRAISAL

3 ORIGINAL RECOGNITION AGREEMENTS- ONLY NEED TO BE PROVIDED IN THE ORIGINAL PACKAGE- NO COPIES REQUIRED

IF CASH SALE- PLEASE PROVIDE PROOF OF AVAILABLE FUNDS

FINANCIAL INFORMATION FOR ENTRIES IN THE APPLICATION & OR VERIFICATION OF DEPOSIT FORM, I.E.

BANK & BROKERAGE STATEMENTS – LAST 2 MONTHS

OTHER MORTGAGES

ETC

LAST 2 YEARS TAX TAX RETURNS-
FEDERAL & STATE

LAST 2 YEARS W'2'S, 1099 FORMS ETC.

CONTRACT OF SALE