

440 Mamaroneck Avenue, Suite S 512 Harrison, NY 10528

T: 914.813.1900 F: 914.813.1919

www.stillmanmanagement.com



| Building Name:                          |   |
|---|---|
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| ATTENTION- Per Westchester Count        | y Board of Legislatures rule:                                 |
|   |   |
| The managing agent will have 15 day     | ys 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 |
|   | lication and make a decision whether an applicant is accepted |
| or rejected.                            |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
|   |   |
| Date Submitted to Management:           | Name/Signature of Submitter:                                  |
| Date Juditilited to Mailagetheth;       | name/signature or submitte:                                   |



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### PALMER HOUSE OWNERS CORP.

### 2333/2345 Palmer Avenue

New Rochelle NY 10801

### **Purchase Application**

| Sale of  | Apt | ത  | Palmer    | Avenue  |
|----------|-----|----|-----------|---------|
| 9010 011 | 100 | 6. | I GIIIICI | AVCIIGE |

# Please submit one (1) original & six (6) collated copies of the application

The following items are required to be submitted with the application. All applications submitted incomplete will be mailed back to the purchaser.

- 1. Processing Fee \$400.00 payable to Stillman Management Inc. (Non Refundable)
- 2. Completed Authorization for Credit/Background check for all applicant(s) and person(s) over the age of 18 that will be reside in the unit. Fee \$200.00 per person/per credit background-Please make check payable to Stillman Management Inc. (Non Refundable)
- 3. Copy of Fully Executed Contract of Sale including Lead Paint Disclosure and Carbon Monoxide/Smoke Detector Affidavit.
- 4. Completed Application-Including part 1 and part 2.
- 5. Signed acknowledgement of Move in/Move out Check list along with \$500.00 Move In Deposit, check made payable to Palmer House Owners Corp. From Seller & Buyer
- 6. Signed acknowledgement of House Rules. (Please keep the house rules for your records)
- 7. Signed acknowledgement of Application Fees
- 8. Employment Letter on company letterhead stating position and salary. It must be signed and dated.
- 9. Last 2 Pay-Stubs
- 10. Complete W-2 and Tax Returns for the last 2 years. You must include each and every page of your tax returns. If you have not filed for the current year, please provide the extension paper work and W-2's or 1099 the IRS requires for an extension. You must still submit the last 2 years tax returns.
- 11. Last two (2) Months bank statements for checking, savings, and investment & retirement accounts.
- 12. Two (2) personal references letters
- 13. Two (2) business reference letters
- 14. Landlord reference letter

- 15. Copy of current automobile registration for each car.
- 16. Copy of two (2) government issued id's

### If financing:

- 17. Commitment Letter
- 18. Copy of Loan Application to Bank
- 19. Copy of Appraisal
- 20. Three (3) Original Recognition Agreement.

## If not financing:

19.) Please provide proof of where funds are coming from to purchase.

Please return completed application along with the required collated copies to:

Stillman Management Inc. 440 Mamaroneck Avenue S-512 Harrison NY 10528

20.)Please include all additional income and asset documentation, if you want them to be considered.

The Board reserves the right to require additional evidence of financial responsibility for the prospective purchasers.

# Please return completed application along with the required collated copies to:

Stillman Management Inc. 440 Mamaroneck Avenue S-512 Harrison NY 10528

| Check List   |
|--|
| * Processing Fee \$400.00 payable to Stillman Management Inc. (Non Refundable)   |
| 1Completed Authorization for Credit/Background check for all applicant(s) and person(s) over the age of 18 that will be reside in the unit. Fee \$200.00 per person/per credit background- Please make check payable to Stillman Management Inc. (Non Refundable)  |
| 2Copy of Fully Executed Contract of Sale including Lead Paint Disclosure and Carbon Monoxide/Smoke Detector Affidavit.   |
| 3Completed Application- Including part 1 and part 2.   |
| 4Signed acknowledgement of Move in/Move out Check list along with \$500.00 Move In Deposit, check made payable to Palmer House Owners Corp. From Seller & Buyer  |
| 5Signed acknowledgement of House Rules. (Please keep the house rules for your records)   |
| 6Signed acknowledgement of Application Fees  |
| 7Employment Letter on company letterhead stating position and salary. It must be signed and dated.   |
| 8Last 2 Pay-Stubs  |
| 9Complete W-2 and Tax Returns for the last 2 years. You must include each and every page of your tax returns. If you have not filed for the current year, please provide the extension paper work and W-2's or 1099 the IRS requires for an extension. You must still submit the last 2 years tax returns. |
| 10Last two (2) Months bank statements for checking, savings, and investment & retirement accounts.   |
| 11Two (2) personal references letters  |
| 12Two (2) business reference letters   |
| 13Landlord reference letter  |
| 14Copy of current automobile registration for each car.  |
| 15Copy of two (2) government issued id's   |
| 16Please include all additional income and asset documentation, if you want them to be considered.   |
| 17The Board reserves the right to require additional evidence of financial responsibility for the prospective purchasers.  |
| 18Commitment Letter  |
| 19Loan Application to Bank   |
| 20 Appraisal Report  |
| 20Three (3) Recognition Agreements.  |
| 21Proof of where funds are coming from to purchase (If applicable)   |

# Building Name and Unit Number (Must fill in on each page)

# Palmer House Fee Schedule Checklist Must be submitted with application

|   | \$400.00 Application Processing Fee payable to Stillman Management, Inc., paid by Purchaser   |
|---|---|
|   | \$200 Criminal/Credit Background Check Fee payable to Stillman Management, Inc. Payment may be combined with the processing fee. (Per person over the age of IB moving into the property.), paid by Purchaser |
|   | \$500.00 Application Processing Fee payable to Palmer House Owners Corp., paid by Purchaser   |
|   | \$500.00 Application Processing Fee payable to Palmer House Owners Corp., paid by Seller  |
| 1 |   |
|   | Refundable Deposits  Must be submitted with application (No money orders or certified bank checks)  |
|   |   |
|   | \$500.00 Move-In/Move-Out Deposit payable to Palmer House Owners Corp.  |

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.

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 1<sup>st</sup> 3 weeks after an application has been delivered to our office. When an update is ready, we will contact your point person, which we recommend should your Real Estate broker, or in the absence of a broker your Attorney. Please advise all parties involved and provide them with the brokers and/or attorney's contact information.

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

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

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

| Name   | , Title | Phone |
|--------|---------|-------|
| Email_ |         |       |

# Building Name and Unit Number (Must fill in on each page)

|   | 1 10                         |               |
|---|------------------------------|---------------|
| Building Name!  | Apt. #:                      |               |
| Part 1 – Application Informatio<br><u>Seller(s)</u> Please Fill in from Con   |                              |               |
| Name(s) I.  | 2.                           |               |
| Current Address:  |                              |               |
| Phone:  |                              |               |
| Phone: Soller's Attorney:   | Phone #3                     | Fax 🎠         |
| Anomey is want,   | and the second second second |               |
| Seller's Broker;  |                              |               |
| Seller's Broker:  | BX:                          |               |
| Applicant(s)  | 149 MATRIC DO N. 1           |               |
| Applicant:  | Co Applicant                 | 399           |
| Home #5   | Home #:                      |               |
| Business#y  | Business #:                  | in the second |
| i-Mail:   | R-Mnil:                      |               |
|   | Phone #6                     | . Fax #;      |
| Applicant's Attorney:   | LIMONG II                    |               |
| Applicant's Attorney:Attorney B-Maili)  |                              |               |
| Applicant's Attorney: Attorney E-Maili) Applicant's Broker()  |                              |               |
| Attorney E-Maili) Applicant's Broker() Will this apartment be your primary Other Occupants: List of all persons, other then the ap  | Phone #:No                   | Fax #:        |
| Attorney B-Maili) Applicant's Broker() Will this apartment be your primar   | Phone #:No                   | Fax #:        |
| Attorney E-Maili) Applicant's Broker() Will this apartment be your primary Other Occupants: List of all persons, other then the ap  | Phone #:No                   | Fax #:        |
| Attorney E-Mail: Applicant's Broker() Will this apartment be your primary Other Occupants: List of all persons, other than the apartment of Persons to reside in Apartment      | Phone #:No                   | Fax #:        |
| Attorney E-Mail: Applicant's Broker; Will this apartment be your primary Other Occupants: List of all persons, other then the apartment of Persons to reside in Apartment       | Phone #:                     | Fax #:        |
| Attorney E-Maili) Applicant's Brokert Will this apartment be your primary Other Occupants: List of all persons, other then the apartment of Persons to reside in Apartment Name | Phone #:                     | Fax #:        |
| Attorney E-Maili Applicant's Broker  Will this apartment be your primary Other Occupants:  List of all persons, other than the ap  Name  Name                                   | Phone #:                     | Fax #:        |
| Attorney E-Maili) Applicant's Brokert Will this apartment be your primary Other Occupants: List of all persons, other then the apartment of Persons to reside in Apartment Name | Phone #:                     |               |

# Building Name and Unit Number (Must fill in on each page)

| Housing History Applicant Co-Applicant   |  |
|--|--|
| Complete current address for both  | applicant(s) if applicables  |
| Rent/Own   | At the state of th |
| Current Monthly Rent/Mortgage a  | and Common charge Amounts  |
| Current Landlord Name and Phone  | e;   |
| Date of Residency;to_  | Date of Residency:to   |
| If less than two (2) years, then list  | •  |
|  |  |
| Residency Status (Flease provid  |  |
| Kasuaniana ataus alabase diovid  | e supporting documents)  |
| U.S. Citizenship: Yes No.  | U.S. Citizenship: YesNo  |
| U.S. Citizenship: Yes No_<br>***If you check No please show o  | U.S. Citizenship: Yes No<br>of proof current residency status  |
| U.S. Citizenship: Yes No_<br>***If you check No please show o  | U.S. Citizenship: YesNo<br>of proof current residency status<br>Visa#  |
| U.S. Citizenship: YesNo_<br>***If you check No please show of<br>Type of Visa  | Visu #   |
| I.S. Citizenship: YesNo_<br>***If you check No please show of<br>Type of Visa<br>Employment History (Must submit   | Visu #   |
| I.S. Citizenship: YesNo_<br>***If you check No please show of<br>Type of Visa<br>Employment History (Must submit<br>Please complete this section for each c  | Visu #   |
| U.S. Citizenship: YesNo  ***If you check No please show of the control of | visu #visupporting documentation) company you are currently employed with.   |
| U.S. Citizenship: YesNo_ ***If you check No please show of Type of Visa  Employment History (Must submit Please complete this section for each c Current Employer:  Citie or Positions,  | Visu #visupporting documentation) company you are ourrently employed with.   |
| U.S. Citizenship: YesNo_ ***If you check No please show of Type of Visa  Employment History (Must submit Please complete this section for each c Current Employer:  Citie or Positions, Nature of Business:  | Visu #   |
| U.S. Citizenship: YesNo_ ***If you check No please show of Type of Visa  Employment History (Must submite Please complete this section for each of Current Employer:  Citie or Positions,  Nature of Business:  Employer's Address and Contact N   | umber:   |
| U.S. Citizenship: YesNo_ ***If you check No please show of Type of Visa Employment History (Must submit Please complete this section for each of Current Employer:  Citie or Positions, Vature of Business: Employer's Address and Contact N   | visa # supporting documentation) company you are currently comployed with.  umber:   |
| U.S. Citizenship: YesNo_ ***If you check No please show of Type of Visa  Employment History (Must submite Please complete this section for each of Current Employer:  Citie or Positions,  Nature of Business:  Employer's Address and Contact N   | visa #visa to currently employed with.   |
| U.S. Citizenship: YesNo_ ***If you check No please show of Type of Visa  Employment History (Must submite Please complete this section for each of Current Employer:  Citie or Positions,  Nature of Business:  Employer's Address and Contact N   | visu #   |
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| U.S. Citizenship: YesNo_ ***If you check No please show of Type of Visa  Employment History (Must submite Please complete this section for each of Current Employer:  Citie or Positions,  Nature of Business:  Employer's Address and Contact N   | visu # supporting documentation) company you are currently employed with.  umber:  Full Time Part Time Yes No  |
| U.S. Citizenship: YesNo_ ***If you check No please show of Type of Visa  Employment History (Must submit Please complete this section for each of Current Employer:  Citie or Positions, Nature of Business: Employer's Address and Contact No  ull Time, Part Time, re you self-employed? Yes No  | supporting documentation) company you are currently employed with,  umber:  Full Time Part Time Yes No   |

# Building Name and Unit Number (Must fill in on each page)

|   | ome: (Must submit supporting Amount;     | Туре:  | Amount:  |
|---|--|--|--|
| Types                                   | Amount:                                  |  | Amount;  |
| Type!                                   | Amount:                                  | Type:  | Amount:  |
| Previous Binployer **If employed less   |  | < 1-31-1-1-1-1   | and the same of th |
| Address:                                |  | , .  | - American State S |
| Title or Position                       |  |  |  |
| Date of employmen                       | t toto                                   | Assessment and the second seco | 10 ***   |
| Degree completed in                     | f applicable:  RENGES: (Must submit supp | , <del>, , , , , , , , , , , , , , , , , , </del>  | 2 - 11-4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1   |
| 2 Personal References (No relatives)    | 1  |  |  |
|   | Mamar                                    |  |  |
|   | NamerPhone Number                        |  |  |
|   | Phone Number Name:                       | era era era e era e enere genelemblem de ara pro-p generem geledament  | <u> </u>   |
| : Business References<br>(No relatives) | Phone Number Name: Phone Number          |  | and the same of th |
|   | Phone Number Name: Phone Number          |  | mountain my d  |
|   | Phone Number Name: Phone Number          |  | monaucin nya   |
| 2 Business Ruferences<br>(No relatives) | Phone Number Name: Phone Number          |  | manufacture of the state of the |

# Building Name and Unit Number (Must fill in on each page)

| THE    | 2- Applicant Financial Info<br>SE OUESTIONS APPLY TO AL<br>ES ANSWER IS GIVEN TO A            | L PURCHAS      | ER(S)<br>N THIS AREA              | EXPLAIN OÑ AN ATTACHUD SÚBI  | * |
|--------|---|----------------|-----------------------------------|--|---|
|        | 21  | YI             | applicant<br>S OR NO              | Co-Applicant<br>YES OR NO  |   |
| Have   | you any outstanding judgments?  | 4 1            |                                   | Acres and the second se |   |
| In the | last 7 years, have you been dech<br>up!?  | ured           |                                   | ······································   |   |
|        | you had property foreclosed upo<br>en title or deed in lieu thereof?                          |                | uus de valgem uit gellikelije. Is | termina managar  |   |
| Are y  | ou a co-maker or endorser on a n  | ote?           | <u>, 1</u>                        | 2  |   |
| Are yo | ou a party in a lawsuit?  | A              |                                   | *1-10  |   |
| Is any | of the down-payment borrowed  | or a gift?     | 11                                |  |   |
| Ifappl | ILS OF PURCHASE ***Esti<br>icable, explain "other financing"<br>y of Confract of Sale Agreeme | or "other equi | ty". Provide ar                   | n addendum if more space is needed.  |   |
| a)     | Purchase Price *  | \$             | ments.                            |  |   |
| b)     | Total closing costs (est.)  | \$             | 4.                                |  |   |
| c)     | Prepald escrows (est.)  | \$             |                                   |  |   |
| d)     | Amount financing  | \$             |                                   |  |   |
| e)     | Other financing   | \$             |                                   |  |   |
| f)     | Other equity  | \$             | raria.                            |  |   |
| g)     | Amount of cash deposit  | \$             |                                   |  |   |
| h)     | Closing costs paid by seller  | \$             |                                   |  |   |
| I)     | Cash required for closing (est.)  | \$             | ·····cy                           |  |   |

# Bullding Name and Unit Number (Must fill in on each page)

| DETA | P.TT. | $\Omega$ | FINANCIN | C |
|------|-------|----------|----------|---|
|      |       |          |          |   |

| ***Note if any portion of the down-payment, is a gift or is borrowed, please list amounts, som | rces, |
|--|-------|
| and repayment terms, if applicable***  |       |

| 1. Name of Bank      | all and a second   | Same of ages a 18 sa                    |                         |
|----------------------|--|---|-------------------------|
| Amount Finance       | eino: S  |   |                         |
| Term:                | intere   | st;                                     |                         |
| Monthly Paym         | ein, p   |   |                         |
| Co-signer of th      | e lonnt  | er and the first of the term            |                         |
| 2. Name of Bank:     | Zeotro zonose editore  | 1200                                    |                         |
| Amount Finance       | ring: \$   | tocate were policy of a 19 or           | in the same of the same |
| Termi                | Interes  | st:                                     |                         |
| Monthly Paymo        | ent: \$  | *:::                                    |                         |
| Co-signer of the     | e loan:  | 4 mg - 1 pp - 1 mg                      |                         |
| onsidered)<br>Item   | Applicant  | Co-Applicant                            | Total:                  |
| ase Employee Income: | <b>\$</b>  | \$                                      | \$                      |
| ertimes              | **************************************   |   | 3                       |
| านรอร:               | \$   | \$                                      | s                       |
| nmlsslons:           | A STATE OF THE STA | \$                                      | <u> </u>                |
| yidends/Interest:    | *  | Exa fight reprofession a manches were f | \$                      |
| t Rental Income:     | <u>s</u>   | \$                                      | \$                      |
| er Income:           | \$,  | \$                                      | \$                      |
| ก]:                  | \$   | S                                       | S                       |

# Building Name and Unit Number (Must fill in on each page)

# Monthly Expenses: Co-Applicant Total: Applicant Item Credit Cardsi-Auto Loant: Alimony, Child Support: Other Installment Debt: Other Payables: (ex. telephone, car insurance, commuting expenses, etc.) Proposed Mortgage: Proposed Common charge: \$\_ Estimated Insurance: Include if maintaining after closing: Current Mortgage: Current Common charge: \$ Current Insurance: Current RE Taxes:

Total:

# Building Name and Unit Number (Must fill in on each page)

|  | N1.4   | A n of (data)  |
|--|--|--|
| Checking/Savings/Money Market:   | Value  | As of (date)   |
| Last 4 of Account #  | \$   |  |
| 2.<br>Last 4 of Account #  | *  |  |
|  | 4  | Время в передостивность в предостивность до пред |
| 3,<br>Last 4 of Account #  | *  | None and the second  |
| 4. Last 4 of Account #   | \$.  | gian sintana   |
| Stocks/Bonds/Mutual Funds:   |  |  |
| (Attach itemized list)   |  |  |
| Life Insurance Net Cash Value  | \$   |  |
| Vested Interest in Retirement Fund   | \$   |  |
|  |  |  |
| (ultach financial statement)   |  | -  |
| (attach financial statement)  Real Estate (Owned) Please specify if you vinvestment property that will be needed to please the place of | vill be receiving funds fr<br>purchase this unit. Yes or   | om the sale of your home or<br>No (Must submit supporting  |
| (altach financial statement)  Real Bstate (Owned) Please specify if you v investment property that will be needed to p documentation)  | vill be receiving funds fr<br>purchase this unit. Yes or   | om the sale of your home or<br>No (Must submit supporting  |
| (altach financial statement)  Real Betate (Owned) Please specify if you v investment property that will be needed to p documentation)  Automobiles (Owned)   | vill be receiving funds fronts | om the sale of your home or<br>No (Must submit supporting  |
| (altach financial statement)  Real Bstate (Owned) Please specify if you v investment property that will be needed to p documentation)  Automobiles (Owned)  Other Assets (Must submit supporting document  | vill be receiving funds frourchase this unit. Yes or   | om the sale of your home or No (Must submit supporting   |
| Real Estate (Owned) Please specify if you vinvestment property that will be needed to p documentation)  Automobiles (Owned)  | vill be receiving funds from the fourchase this unit. Yes or the control of the c | om the sale of your home or No (Must submit supporting   |

# Building Name and Unit Number (Must fill in on each page)

| Balance  | Type of Credit Line  | Monthly Paymen  |
|--|--|---|
|  |  | 1,,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,   |
| . \$   |  | \$  |
|  | Bank Drawn On:   |   |
|  |  | \$  |
| 0. 99  | Bank Drawn On:   |   |
| Balance  | Remaining Payments   | Monthly Payment   |
| The state of the s | · Spire Control  | All the second second   |
| Balance  | Remaining Payments   | Monthly Payment   |
|  | de   | 4   |
| 3  |  | 10  |
| ng stock pledges)  |  |   |
| 12   | <del>i jaka jaka jaka jaka jaka jaka jaka jak</del>  | Same and the same |
| \$   |  | 8   |
|  | H-0-H  | A to a suit, inches   |
| rs. If this application  | does not meet the criteria require   | etion at any time by the<br>d to obtain an interview  |
| oraninky.  | Co-Applicants Sign   | nature  |
|  | Co-11hbiania nigi  |   |
|  | Balance  Balance  Balance  Sing stock pledges)  Sing stock pledges  Sing stock pledges  Sing stock pledges  Sing stock pledges  Sing stock pledges | Balance Remaining Payments  Balance Remaining Payments  Balance Remaining Payments  |

We adhere to all Pederal, Sinte and Local Laws with regards to fair housing.

# Building Name and Unit Number (Must fill in on each page)

### ACKNOWLEDGEMENT OF HOUSE RULES KEEP THE HOUSE RULES FOR YOUR RECORDS

| KUBP JPB HOOK  | SE RULES FOR TOUR RECORDS                 |                         |
|--|---|-------------------------|
| Please complete this acknowledgement   |   |                         |
|  | y state that I have read and understood   |                         |
| of the corporation, and hereby agree to abide by said house rules and regulations,   |   |                         |
| Accepted & Agreed:   |   | *                       |
| Applicant Signature  | Co-Applicant Signature                    |                         |
| Date   | Date                                      |                         |
| ACKNOWLEDGEMENT OF   | F MOYE INMOYE OUT CHECKL                  | IST                     |
| KREP THE MOVE INMOVE   | OUT CHECKLIST FOR YOUR RECORDS            |                         |
| Please complete this acknowledgement   |   |                         |
| l, hereby rules of the corporation, and hereby agree to  | state that I have read and understood t   | he moving               |
| rules of the corporation, and hereby agree to  | o abide by said moving rules.             | ١                       |
| Accepted & Agreed:   |   |                         |
|  | Co-Applicant Signature                    |                         |
| Applicant Signature Date   | Co-Applicant Signature                    | Date                    |
|  |   | The House of English Co |
| ACKNOWLEDGEMI  | ENT OF APPLICATION FEES                   |                         |
| (we) hereby acknowledge that all fees paid<br>nless otherwise noted, and hereby authorize<br>elated information and contact any referenc | e you or your agents to obtain a credit i |                         |
|  |   |                         |
| pplicant Signature   | Co-Applicant Signature                    | 4                       |
| alle   | Date                                      |                         |

# DO NOT COPY- APPLICANT MUST FILL THIS OUT COMPLETELY

| Building  |   | Rent/Purchase   |
|---|---|---|
| Address of Building   |   |   |
| Lease begins  | Lease Expires   | Apartment #   |
| Name of Applicant   |   | Tel.#   |
| Present Address   |   | State   |
| How long at above address   | S   | (include zip code) Social Security #  |
| Date of Birth   |   | race  |
| Telephone #   | Auu   | lressse Expires   |
|   | 200   | oo Expiroo  |
| If less than one year pleas   | e list previous address   | <u></u>   |
| Previous Landlord   |   | Tel.#   |
| Address   | 200 DX 202 200 1  | Date Vacated  |
| ¥.  |   |   |
| Applicant employed by   |   | Position  |
| How Long  | Solome Co   | Telephone<br>ntact Person   |
| now Long  | SalaryCo  | mact reison   |
|   |   |   |
| lf present employer is less   | than one year   |   |
|   | Standerstander proceedings to se seems  | Position  |
| Address   |   | Telephone   |
| How Long D  | ate LeftSalary _  | TelephoneContact Person   |
|   |   |   |
| Other sources of Income _   |   |   |
| Contact person  |   | Tel. #  |
|   |   |   |
| Bank Reference:   | <b>T</b> 1  |   |
| Name of Bank  | Iype of   | f Acct Acct #   |
| -   | Iype of   | Acct #  |
| -   | Type of   | Acct #  |
| Accountant  | Addre   | 988   |
| Tel. #  |   |   |
|   |   |   |
| Do you have Credit Cards  |   |   |
| Name of Persons not on th   | e Lease to occupy the Aparti  | ment  |
|   |   |   |
| Name  | Age   | Relationship  |
|   |   |   |
|   |   |   |
| In Case of Emergency Noti   | fy  | Telephone#  |
| Address   |   |   |
| In connection with my application for<br>employers, to release any informatio<br>liability or responsibility from doing<br>may contain information about my k | or this apartment, I authorize all banks,<br>in that they have about me to Tenant Da<br>so. Further I authorize the procurement<br>packground, character and personal rep | corporations, companies, Credit agencies, accountants, persons and ata Verification Co. Inc., or its agency and I release them from any and a nt of an investigative consumer report and understand that such a report putation. I understand this notice will also apply to future update reports be the cause of rejection by the landlord. |
| Applicant's Signature   |   | Date  |
| Agent   |   |   |

# DO NOT COPY- APPLICANT MUST FILL THIS OUT COMPLETELY

| Building  |   | Rent/Purchase   |
|---|---|---|
| Address of Building   |   |   |
| Lease begins  | Lease Expires   | Apartment #   |
| Name of Applicant   |   | Tel.#   |
| Present Address   |   | State   |
| How long at above address   | S   | (include zip code) Social Security #  |
| Date of Birth   |   | race  |
| Telephone #   | Auu   | lressse Expires   |
|   | 200   | oo Expiroo  |
| If less than one year pleas   | e list previous address   | <u></u>   |
| Previous Landlord   |   | Tel.#   |
| Address   | 200 DX 202 200 1  | Date Vacated  |
| ¥.  |   |   |
| Applicant employed by   |   | Position  |
| How Long  | Solome Co   | Telephone<br>ntact Person   |
| now Long  | SalaryCo  | mact reison   |
|   |   |   |
| lf present employer is less   | than one year   |   |
|   | Standerstander proceedings to se seems  | Position  |
| Address   |   | Telephone   |
| How Long D  | ate LeftSalary _  | TelephoneContact Person   |
|   |   |   |
| Other sources of Income _   |   |   |
| Contact person  |   | Tel. #  |
|   |   |   |
| Bank Reference:   | <b>T</b> 1  |   |
| Name of Bank  | Iype of   | f Acct Acct #   |
| -   | Iype of   | Acct #  |
| -   | Type of   | Acct #  |
| Accountant  | Addre   | 988   |
| Tel. #  |   |   |
|   |   |   |
| Do you have Credit Cards  |   |   |
| Name of Persons not on th   | e Lease to occupy the Aparti  | ment  |
|   |   |   |
| Name  | Age   | Relationship  |
|   |   |   |
|   |   |   |
| In Case of Emergency Noti   | fy  | Telephone#  |
| Address   |   |   |
| In connection with my application for<br>employers, to release any informatio<br>liability or responsibility from doing<br>may contain information about my k | or this apartment, I authorize all banks,<br>in that they have about me to Tenant Da<br>so. Further I authorize the procurement<br>packground, character and personal rep | corporations, companies, Credit agencies, accountants, persons and ata Verification Co. Inc., or its agency and I release them from any and a nt of an investigative consumer report and understand that such a report putation. I understand this notice will also apply to future update reports be the cause of rejection by the landlord. |
| Applicant's Signature   |   | Date  |
| Agent   |   |   |

## **APPLICANT**

# AUTHORIZATION TO OBTAIN A CREDIT BACKGROUND

IN ORDER TO COMPLY WITH THE PROVISIONS OF SECTION 6.06

(A) OF THE FEDERAL FAIR CREDIT REPORTING ACT, I

AUTHORIZE YOU TO RETAIN A CREDIT REPORTING AGENCY,
WHICH AGENCY MAY OBTAIN, PREPARE, FURNISH AND USE
INFORMATION ON MY CHARACTER AND GENERAL
REPUTATION, AS WELL AS INFORMATION REGARDING
EMPLOYMENT, INCOME, CREDIT HISTORY, ACCOUNTANTS,
BANKING INFORMATION, FINANCIAL BROKER AND LANDLORD.

| Print Name: | <br> | <br>  |
|-------------|------|-------|
| Signature:  |      |       |
| Date:       | <br> | (#)   |
| Print Name: |      | <br>  |
| Signature:  | <br> | <br>- |
| Date:       |      |       |

# **APPLICANT**

# RELEASE OF INFORMATION AUTHORIZATION

| I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR      |
|---|
| INSTITUTION TO RELEASE TO                           |
| AND/OR ITS REPRESENTATIVE ANY AND ALL INFORMATION   |
| THAT THEY HAVE CONCERNING ANY CRIMINAL ACTIVITY     |
|   |
| I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR        |
| INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH |
| FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER        |
| INCURRED IN FURNISHING SUCH INFORMATION             |
|   |
| Print Name: Date Of Birth                           |
| Signature:  |
|   |
| Address:  |
| City:   |
| State: Zip Code                                     |
| Social Security #:                                  |

# **CO APPLICANT**

# AUTHORIZATION TO OBTAIN A CREDIT BACKGROUND

IN ORDER TO COMPLY WITH THE PROVISIONS OF SECTION 6.06

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

| Print Name: |  |
|-------------|--|
| Signature:  |  |
| Date:       |  |
| Print Name: |  |
| Signature:  |  |
| Date:       |  |

# **CO APPLICANT**

# RELEASE OF INFORMATION AUTHORIZATION

| HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR  |  |
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| ND/OR ITS REPRESENTATIVE ANY AND ALL INFORMATION  |  |
| HAT THEY HAVE CONCERNING ANY CRIMINAL ACTIVITY  |  |
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| Print Name: Date Of Birth   |  |
| Signature:  |  |
| Address:  |  |
| City:   |  |
| State:Zip Code  |  |
| Social Security #:  |  |

# RELEASE OF INFORMATION AUTHORIZATION

| I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR      |
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| AND/OR ITS REPRESENTATIVE ANY AND ALL INFORMATION   |
| THAT THEY HAVE CONCERNING ANY CRIMINAL ACTIVITY     |
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| I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR        |
| INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH |
| FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER        |
| INCURRED IN FURNISHING SUCH INFORMATION             |
|   |
| Print Name: Date Of Birth                           |
| Signature:  |
|   |
| Address:  |
| City:   |
| State: Zip Code                                     |
| Social Security #:                                  |

OCCUPANT #2 (OVER 18)

# RELEASE OF INFORMATION AUTHORIZATION

| I HEREBY AUTHORIZE ANY INDIVIDU | IAL, COMPANY, OR                      |
|---------------------------------|---------------------------------------|
| INSTITUTION TO RELEASE TO       |                                       |
| AND/OR ITS REPRESENTATIVE ANY A | ND ALL INFORMATION                    |
| THAT THEY HAVE CONCERNING ANY   | CRIMINAL ACTIVITY                     |
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| I HEREBY RELEASE THE INDIVIDUAL | , COMPANY, OR                         |
| INSTITUTION AND ALL INDIVIDUALS |                                       |
| FROM ALL LIABILITY FOR ANY DAM. | AGE WHATSOEVER                        |
| INCURRED IN FURNISHING SUCH INF | ORMATION                              |
|                                 |                                       |
| Print Name:                     | Date Of Birth                         |
| 8                               |                                       |
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| City:                           |                                       |
| State: Zip                      | Code                                  |
| Social Security #:              | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |

# OCCUPANT #3 (OVER 18)

# RELEASE OF INFORMATION AUTHORIZATION

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| FROM ALL LIABILITY FOR ANY D  | AMAGE WHATSOEVER   |
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|                               |  |
| Signature:                    |  |
| Address:                      |  |
| City:                         |  |
|                               |  |
| State:                        | _Zip code  |
| Social Security #:            |  |
|                               |  |

### Building Name and Unit Number (Must fill in on each page)

# Move In/Move Out Checklist KEEP THE MOVE IMMOVE OUT CHECKLIST FOR YOUR RECORDS

The following policy is STRICTLY ENFORCED and applies to all residents

- All apartment moves must be scheduled with the management office. You can reach Stillman Management, Inc. at (914)813-1936
- Move-ins and move-outs may only occur:
  - > Monday-Friday (between 9am and 5pm)
  - > Saturday and Sunday (between 9am and 5pm)

# NO FULL MOVE-INS OR MOVE-OUTS ARE PERMITTED ON WEEKENDS

- If a moving company is hired for your move, the management office must receive a certificate of insurance at least five (5) days prior to the scheduled move. The certificate can be to Emailed to: <a href="mailed-allicata@stillmanmanagement.com">alalicata@stillmanmanagement.com</a>
- Fig. Insurance certificates evidencing commercial general liability name as additional insured;

Palmer House c/o Stillman Management, Inc. 141 Halstead Avenue Mamaroneck, New York 10543

- Please make sure this information is written exactly as it appears here, failure to do so will result in a delay of your move.
- Please see attached SAMPLE certificate to provide to your moving company

There are no exceptions to this policy without the prior written consent from the Board of Managers. Please note that any and all correspondence to the board regarding an exception must be sent to the managing agent.

### HOUSE RULES 2333 / 2345 Palmer House Revised January 2015

# 1. Public Areas, Halls, Lobbies and Stainways

The public halls, lobbics and stairways of the building shall not be obstructed or used for any purpose other than ingress to and egress from the apartments in the building, and the fire escapes should not be obstructed in any way.

Without limiting the generality of the foregoing, no Shareholder, Lessee, or member of the family, guest, sub-tenant, agency or employee of a Shareholder or Lessee shall, in any public indoor area of the building, including the public halls, lobbles, fire escapes and stairways:

- Smoke, burn a lighted eigar, elgorette, pipe or any other matter of substance which
  contains tobacco; persons who smoke outside the building must remain at least 20 feet
  away from the building.
- Place, throw, deposit or discharge any bottles, glass, crockery, can, sorap metal, junk, paper, garbage, rubbish, trash or similar refuse commonly known as litter;
- Play in public halls, stairways, laundry rooms, fire escapes, or elevators and shall not be permitted on roof;
- Make or permit any condition to exist which shall result in strong, unusual or noxious odors to emanate from a unit or circulate into the public areas of the buildings.
- Decorate or furnish in any manner whotsoever without the express, prior written consent of the Board of Directors of 2333/2345 Palmer House Owners Corp., which consent shall not be granted unless and until the Board of Directors receives the express, prior written consent of all Shareholders whose apartments such hall serves as a means of ingress;
- Door decorations shall only be hung by using over the door hangers or magnetic hooks,
   No tape, stickers, decals, nails, screws or tacks shall be used on the doors at any time.
- No article shall be placed in the halls or on the staircase landings or fire escapes, including but not limited to doormats, shoes, boots, umbrellas, boxes, shopping oarts, bioyeles and baby carriages; nor shall anything be hung or shaken from the windows and torraces or placed upon the exterior window sills of the building.

No Shareholder shall use their apartment to conduct commercial business with clients or customers or to store materials in violation of the New Rochelle Municipal Zoning Ordinance; nor have any auction be held in any apartment.

Shareholders will be liable for any and all damage to the common elements and property of 2333/2345 Palmer House Owners Corp. that shall be caused by the Shareholder or member of the family, guest, subtenant or employee of a Lease.

### 2, Safety

To the extent required by law, smoke alarms and carbon monoxide alarms are required in all apartments and must be maintained by the Shareholder.

### 3. Insurance

All Shareholders and Lessees are required to have Homeowners Insurance. A Certificate of Homeowners insurance is required to be supplied to the Managing Agent upon purchase of the unit and yearly upon renewal of the policy.

### 4. Nolses

No Shareholder, Lessee or member of the family, guest, sub-tenant or employee of a Lessee shall make or permit any disturbing noises in any portion of the building, including, without limiting the generality of the foregoing, the apartment units, the hallways, the lobby, the vestibule, the laundry area, the parking lot, or yards of the building or on the sidewalls or streets adjacent to the building which will interfere with the rights, comfort or convenience of the other Lessees. Shareholders are asked to have consideration of their downstairs neighbors when walking in their unit.

No Shareholder, Lossee or member of the family, guest, sub-tenant or employee of a Lessee shall play upon or suffer to be played upon any musical instrument; operate or permit to be operated a storeo system, radio or television loud speaking in such Lessee's apartment between the hours of ten o'clock PM and the following eight o'clock AM if the same shall disturb or annoy other occupants of the building.

No construction of repair work or other installation involving noise shall be conducted in any apartment except on weekdays (not including lagal holidays) and only between the hours of eight o'clock AM and five o'clock PM.

## 5. Recyclables, Garbage and Trash Disposal

Shareholders shall comply with all State and local laws relating to Recycling. The Recycling bins are located in the basement of each building and clearly labeled. Clean and dry newspapers, magazines, phone books and glass, metal, plastic and aluminum must be placed in their respective bins for recycling. Recycle bins located in the garbage closets are strictly for newspapers, junk mail and magazines.

Garbage is refuse which comes from the bathroom and kitchen. These solid waste materials from food preparation, cooking, or food consumption should be placed in plastic bags, tied up, and tossed down the closet chuics (or brought to the garbage room). In keeping with controlling pests adherence to this rule is a must. No loose refuse should be placed in the recycle rooms or the recycling bins in the garbage room.

Debris should be completely drip-free before it leaves the apartment and carried to the garbage room or closet chutes in a careful manner and in a drip-proof container. All wet debris is to be securely wrapped or bagged in small package size to fit easily into the clute.

All cartons and boxes should be flattened and left in the designated area in the basement of the buildings. Any vartons or boxes containing food crumbs or residue will not be left in the garbage room; they should be broken down and disposed of down the chute. This includes, but is not limited to pizza boxes.

Under no circumstances should carpet sweepings containing naphthalene, camphor balls or flakes, floor scrapings, plastic wrappings or covers, oil soaked rags, empty paint or acrosol cans or any other inflammable, explosive, highly combustible substances or lighted eigerettes or eiger stubs be thrown down the chutes. These items should be brought to the aftention of the Superintendent who will properly dispose of them for you.

### 6. Water Clusets (Toilets)

Water closels and other water apparatus in the building shall not be used for any purposes other than those for which they were constructed, nor shall any sweepings, rubbish, rags or any other article be thrown into the water closets. The co-op strongly discourages disposing flushable wipes in your water closet due to the concern they may back up your toilet and cause problems to the septic systems and sewers. It is recommended that you place them in sealed plastic bags and dispose with household garbage. The cost of repairing any damage resulting from misuse of any water closets or other apparatus shall be paid for by the Lessee in whose apartment it shall have been caused.

### 7. Pets

No Shareholder, Lessee, or member of the family or guest, sub-tenant, agent or employee of a Shareholder or Lessee shall:

Keep or harbor an animal in the Building unless the same in each instance by expressly permitted in writing by the Lessor; such permission shall be revocable by the Lessor in the sole exercise of its discretion

Have dogs in their apartments or allow snyone to bring a dog into the buildings.

Feed birds or animals from the window sills, terraces, or in the yard and other public portions of the building.

Commercial breeding of any animal is prohibited.

Notwithstanding the foregoing, no resident may keep a pet which constitutes a nulsance. Examples (without limitation) of nuisance are; pots that create noise that can be heard outside of the apartment; pets that create odors; pets that defecate or uringle in the common areas of the Buildings or on the Cooperative's grounds; pets that unight pose a danger to other residents; aggressive or threatening pets; pets which alude the resident's control and exit the resident's apartment more than once; and pets that do damage to the Cooperative's property.

### 8. Washing Machines and Dryers

Washing machines and dryers are not permitted in any apartment,

### 9. Floor Covering

Unless expressly authorized in writing by the Lossor, the floor of each room in an apartment must be covered with carpeting or equally effective noise-reducing materials and adequate padding with a minimum density of 6 pounds must be installed under carpet to the extent of at least eighty (80%) of the floor area of each room excepting only the kitchen, bathroom, closets and foyer.

### 10. Entry into Apariments

All Shareholders are required to provide the Superintendent a duplicate copy of all entry keys to their residence for use by authorized personnel and for the sole purposes of emergency situations such as, without limitations, fires, floods, water leaks, gas leaks and medical crisis. Shareholders who do not comply will incur all costs associated with entry into their unit in an emergency. When emergency access is needed, a notice of entry shall be left for the tenant by the person gaining access. Tenants shall bear any reasonable cost incurred to enter any apartment where keys have not been property provided.

After providing a minimum of 48 hours notice to a Sharcholder or Lessee the agents of the Lessor, and any contactor or workman accompanied by an agent of the Lessor, may enter into any apartment at any reasonable hour of the day for the purpose of inspecting such apartment to ascertain whether measures are necessary or desirable to control or exterminate any vermin, insects or other pests. If the Lessor takes measures to inspect or control these, the cost thereof shall be payable by the Lessee, as additional rent.

### 11. Late Maintenance Payments

A Lessee whose maintenance payment is not received by the 15<sup>TH</sup> day of the month in which it is due shall be charged an administrative fee in accordance with the Schedule of Administrative Fees made part of these House Rules.

### 12. Repairs and Alterations

Each Shareholder must perform promptly all maintenance and repair work to his own unit that, if neglected, would affect other Shareholders. Should a Shareholder not effectuate such repairs after five (5) days, and after written notice by the Managing Agent, the Board can have the repairs made and assess the Shareholder for the cost(s).

Shareholders are responsible for the maintenance, repair and replacement of all lighting and electrical fixtures, appliances, and equipment, and all meters, fine boxes or circuit breakers, and electrical wiring and condults from the junction box at the riser into and through the owners unit.

Shareholders are responsible for the maintenance and repair of kitchen and bath fixtures, and all pipes on the outside of the wall. Problems related to pipes within the walls are the responsibility of the co-op.

Shareholders are responsible for the repair and replacement of windows. The managing agent can recommend a vendor or you can select one on your own as long as they are licensed and insured in Westohester County. The Board must approve any work or renovations, and review the vendor's credentials, prior to work being started.

No Shareholder, Lessee, or member of the family or guest, sub-tenant, agent or employee of a Shareholder or Lessee shall make any alteration or addition to any portion of the building, including, without limiting the generality of the foregoing, any window, door, terrace, parapet or roof of the building without the express, prior, written consent of the Board of Directors of 2333/2345 Palmer House Owners Corp.;

No awning, window air-conditioning unit or ventilator of any sort whatsoever, shall be used in or about the building.

No Item shall be projected out of any window of the building.

No radio or television receiver shall be attached to or hung from the exterior of the building.

No sign, notice, advertising or illumination shall be inscribed or exposed on or at any window or other part of the building.

# 13. Consideration by the Board of Directors of Applications to Transfer Stock and to Sublet Apartments

The Board of Directors of the Lessor shall neither accept nor consider an application made by a Shareholder for the Board's consent to sublet an apartment unless the Shareholder's account with the Cooperative, including without limiting, the generality of the foregoing; rent maintenance, additional rent, service charges, parking fees, legal fees, legal expenses, administrative fees and administrative penalties. Transfer of Stock and the sale of Units in arrears of the above mentioned charges, will only be approved on the express condition that any and all arrears will be paid directly from the sale proceeds and collected by the Cooperative's Transfer Agent, at closing.

### 14. Moving

1

Moving is limited to weekdays between the hours of 8:30 nm and 5:30 pm. Moving will not be permitted on the following holidays: New Year's Day, Memorial Day, July 4th, Labor Day, Christmas and all other legal holidays.

Moving times must be scheduled and approved through the Managing Agent and the Superintendent. This will allow time to properly protect the elevator.

Moves, whether in or out, require a walk-through of the building with the SuperIntendent to avoid any discrepancies. This walk-through should be pre and post move in and out.

A deposit of \$500 in the form of a certified check or money order made payable to 2333/2345 Palmer House Owners Corp. Is required prior to moving. The check must be submitted to the Managing Agent.

All Shareholders and or sub-tenants must provide a duplicate set of keys to the Superintendent upon moving in. The move in security deposit will be refunded only after the keys are provided to the Superintendent.

Building employees are not available to assist in the move.

Moving trucks must be positioned at the back of the buildings so they do not interfere with the movement of vehicles. Moving is NOT allowed through the front entrances of the buildings.

Operators of moving trucks must report to the Co-op Super's office upon arrival and completion of the moving operation. The Superintendent should be notified, at the latest, one day prior to any moves.

Movers may not monopolize the elevator by propping the door open during the moving operations. They must allow residents full use of the elevator.

Movers must be advised to exercise care in not overloading the elevator. Overloading the elevator will cause the elevator to break down and will require emergency service by an elevator maintenance contractor.

Incoming and outgoing residents will be held responsible for any damage to the elevators or other Co-op property and for any other costs resulting from violation of these rules.

### 15. Subletting

No Shareholder shall sublet the whole or any part of an apartment, or renew or extend any previously authorized sublease without first having complied with each and every provision of Section 13 of the governing subletting and the provisions of these House Rules. All fees must be paid to the co-op in accordance with the subletting fee schedule at the time.

Owners must be in occupancy for a period of two (2) years before the Board of Directors will consider allowing a sublet. All requests by residents will be reviewed on a case by case basis.

No sublease for a term in excess of one year shall be approved by the Lessor.

A request for a Sublet Renewal must be approved by the Board of Directors, if approved a Sublet Renewal Fee will be required in the amount of \$1.25 per share on an annual basis. Subletting will only be permitted for 3 years. A copy of the executed renewed lease along with the Sublet Renewal Fee must be submitted prior to the start of the term of the renewed lease.

In addition to the provisions of the Proprietary Lease, a Shareholder intending to sublet an apartment shall submit to the Lessor a written sublease application containing:

A fully executed written sublease agreement in form satisfactory to the Lessor, between the Shareholder and the proposed sub-tenant, which sublease agreement must be submitted together with the completed sublease application form; and

In addition to the provisions of the Proprietary Lease, upon the approval of the sublease application, a Shareholder intending to sublet an apartment shall pay a sublet fee to the Lessor, which shall be in an amount to be determined, from time to time, by the Lessor's Board of Directors. Payment of the sublet fee shall be a prerequisite to the sub-tenant taking possession and occupancy of the apartment. In the event that a sublease terminates prior to the termination date set forth therein, regardless of the reason therefore, no portion of the application fee or sublet fees shall be refunded to the Shareholder.

### 16. Construction, Alterations, Renovations

No Shareholder, Lessee, or member of the family or guest, sub-tenant, agent or employee of a Shareholder or Lessee (heroinafter, collectively referred to as the "Occupant") shall permit any work or services of any sort whatsoever including, without limiting the generality of the foregoing, construction, reconstruction, renovation, painting, carpentry, plumbing, electric or maintenance (heroinafter, collectively referred to as "Work"), to be performed within an apartment by a person or entity which is not the Occupant thereof (hereinafter referred to as the "Contractor"), unless and until the Occupant receives written authorization from the Board of Directors of 2333/2345 Palmer House Owners Corp. (hereinafter, the "Cooperative") expressly approving the performance of such work.

Written authorization for such Work shall not be granted by the Board of Directors unless and until written agreement titled Defense and Indemnification Agreement is executed by the Contractor and the Occupant, and delivered to the Managing Agent. Each of the clauses is for the exclusive benefit and protection of the Cooperativo. The Occupant may, in the exercise of its discretion, add such additional terms as the Occupant deems appropriate for its own protection.

Only Licensed and appropriately insured Tradesmen may be used as required by the City of New Rochelle and licenses must be delivered to the Lessor upon request.

A Damage Security Deposit in the form of a certified check or money order of \$500 made payable to 2333/2345 Palmer House Owners Corp. must be submitted with application to the Managing Agent. The Board, in its discretion from time to time, may require a greater Damage Security Deposit than \$500.

When plumbing work of any kind is scheduled, the Superintendent must be notified at least 48 hours in advance. The Superintendent must be present when a valve is closed or lines drained. All plumbing work, except for emergencies, must be done Monday to Friday from 9AM to 5PM and Saturday from 10AM to 5PM. No non-emergency water main or apartment line shut offs are to be done on Saturdays and Sundays.

The Cooperative has the right to periodically inspect apartment and may deem that Improper work or unauthorized modifications be corrected at the Shareholders expense.

### 17. Maintenance of Terraces

If the apartment includes a terrace (hereinafter, the "Appurtenant Terrace"), the Lessee shall keep such terrace of balcony (including the floor, the interior of the parapet wall, the cap of the parapet wall, and the ceiling formed by the balcony above) clean, sanitary and free from snow, ice, leaves, animal wastes, and all other debris of any sort whatsoever.

No pigeons or other birds or animals shall be fed from such Appurtenant Terrace,

No Terrace should be used for storage. Barbequing and grilling of food is prohibited.

No plantings should be installed without the permission of the Lessor. Plantings must be in leak proof containers and should be raised at least an inch above the floor of the terrace.

The Lessee shall be solely responsible for the cleanliness and sanitary condition of the Appurtenant

In the event of a fine, civil penalty or any other penalty is imposed upon the Lessor by any governmental entity having jurisdiction over the building arising from the Lessee's failure to maintain the cleanliness and sankary condition of the Appurtenant Terrace, then the Lessee shall be solely responsible for the payment thereof. In the event that Lessee does not pay the full amount of the penalty upon demand, then the Lessor shall be entitled to recover from the Lessee the full amount of the penalty together with all expenses incurred by the Lessor as additional rent.

### 18. Parking

All residents must comply with all aspects of the co-op's Parking Policy which may include all listed below or be in addition to all below;

No vehicle belonging to a Shareholder, Lessee, or to a member of the family or guest, sub-tenant, agent of employee of a Shareholder or Lessee shall be parked in such manner as to impede or prevent ready access to any entrance of the building by another vehicle.

There will be a limit of one (1) additional parking space per apartment.

Visitors and guests may use the designated parking spaces. The hours for use are from 8:00 am until midnight, with a maximum of 4 hours per visit. Shareholders are not permitted to park in the guest spaces.

All Shareholders are asked to turn off their car lights when fully parked. Leaving your lights on are a nuisance to other Shareholders.

No vehicle belonging to a Shareholder, Lessee, or to a member of the family or guest, sub-tenant, agent of employee of a Shareholder or Lessee shall be parked in another spot other than the designated spot.

No Shareholder or Lessee should park an unregistered or unlicensed vehicle on the property.

In the event that a vehicle is parked in violation of subparagraphs of this paragraph "19", the Lessor, in the exercise of its discretion, shall have the option to have the vehicle towed.

### 19. Prohibition of Vehicle Repairs

No vehicle belonging to or used by a Lessee or a member of the family, guest, sub-tenant or employee of a Lessee shall be repaired, lubricated, fueled, washed or otherwise serviced or maintained on any public portion of the building, including, the parking lot. Repairs not involving the draining or addition of any lubricant, and emergency repairs of less than ten (10) minutes duration may be performed only when necessary for removal of a vehicle from the public portion of the building.

### 20. Illegal Activity

No Shareholder, Lessee, or member of the family or guest, sub-tenant, agent or employee of a Shareholder or Lessee occupying an apartment at 2333/2345 Palmer Avenue, New Rochelle, New York shall either make or permit to be made any use of the Premises or any part thereof which would violate, directly or indirectly, any public law, ordinance or governmental regulation (whether criminal or civil in nature); or which may be dangerous to life, limb or property; or for any illegal trade, manufacture, business, or other activity whatsoever; or which will suffer or permit the Premises or any part thereof to be used in any manner which, in the judgment of the Lessor, may in any way impair or tend to impair the character, reputation or appearance of the Premises as a highest quality multi-family residential building (hereinafter collectively referred to as "Illegal Activity").

### 21. General Conditions

No Lessee shall send any employee(s) out of the building on any private business of a Lessee.

No group tour or exhibition of any apartment or its contents shall be conducted, nor shall any auction sale be held in any apartment without the written consent of the Lessor.

The Lessee shall keep the windows of the apartment clean. In case of refusal or neglect of the Lessee during ten days after notice in writing from the Lessor to clean the windows, such cleaning may be done by the Lessor, which shall have the right, by is officers or authorized agents, to enter the apartment for the purpose and to charge the cost of such cleaning to the Lessee.

Shareholders are responsible for family members, guests and contractors. Respective tenants and any other persons associated with Shareholder are to ablde by House Rules while on premises.

These House Rules may be added to, amended or repealed, in whole or in part, at any time by resolution of the Board of Directors of the Lesson.

Any consent or approval given under these House Rules by the Lessor shall be revocable at will by the Lessor, in the exercise of its direction, without notice to the Lessee.

Failure to abide by the Proprietary Lease of these House Rules will result, in addition to any other remedies the Board may have, including eviction, in the imposition of any administrative fee in accordance with the Schedule of Administrative Fees made part of these House Rules.

### 22. Schedule of Administrative Fees

Violation of these House Rules shall be punishable by the imposition of an administrative fee by the Board of Directors, the amount of which fee shall be payable in full by the Lessee as additional rent within thirty (30) days after notice as set forth in section "1(a)" of the Proprietory Lesse.

### SCHEDULE OF ADMINISTRATIVE FEES

| Alterations, Unauthorized                         | \$50,00               |
|---|-----------------------|
| Contractor, Without Indomnification               | \$750,00              |
| Dumping, Illegal                                  | \$100,00              |
| Ploor Covering, Improper                          | \$50,00               |
| Cooking Orlifs (excluding electric), Unauthorized | \$150.00              |
| House Rule Violation not Otherwise Specified      | \$100.00              |
| Muintenance Payment, Late                         | \$50,00               |
| Moving Rules, Violation                           | Porfeiture of Deposit |
| Noise, Excess                                     | \$100.00              |
| Parking, Improper                                 | \$100.00              |
| Pets, Unauthorized                                | \$150.00              |
| Subletting, Unanthorized                          | \$300.00              |
| Frash Disposal                                    | \$50.00               |
| Appliances Disposal                               | \$150.00              |
| Washing Machines, Illogal                         | \$500.00              |
| Pailure to provide required Items                 | \$150.00 per month    |

INSERT APPLICATION, CREDIT & CRIMINAL AUTHORIZATION FORMS.

INSERT CONTRACT OF SALE

# Mortgage Documents Commitment Loan Application Appraisal

**Recognition Agreements** 

If a cash sale: Please provide a letter explaining where funds are coming from to purchase along with a copy of the statement showing funds are available to purchase

If receiving a monetary gift, please provide a notarized gift letter.

INSERT LAST TWO (2) YEARS OF FEDERAL TAX RETURNS WITH W'2'S. ALL PAGES OF THE TAX RETURNS MUST BE INCLUDED.

INSERT THE FOLLOWING LETTERS

PERSONAL REFERENCE LETTER

BUSINESS REFERENCE LETTER

LANDLORD REFERENCE LETTER

EMPLOYMENT REFERENCE LETTER & LAST 2 PAYSTUBS

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

R

Any additional financial information you would like to be considered.

# SIGNATURE PAGES

THAVE READ THE HOUSE RULES

Other documents:
Copy of government Identification
Copy of Automobile registration for each car