

The Colony at Hartsdale. Unit \_\_\_\_\_  
(Must fill in on each page)

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**Purchase Application**  
**The Colony at Hartsdale**

440 Mamaroneck Ave Suite 512, Harrison NY 10528  
Tel. 914.698.4100 Fax 914.381.6795 or  
[Applications@benchmarkmgmt.com](mailto:Applications@benchmarkmgmt.com)

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**Please submit (1) hard copy of the following information with all requested items**

**Please read the complete application first before attempting to fill out the package.**

1. Copy of the contract.
2. Completed Sales Package Including Part 1 and Part 2.
3. Signed Acknowledgement of Moving Rules
4. Signed Acknowledgement of House Rules. (*Keep House Rules for your Records*)
5. Signed Acknowledgement of Sales Package Fees
6. Mortgage Commitment Letter or, for cash offers, proof of funds
7. Copy of current automobile registration for each (if applicable).
8. Sales Package Fees

\*\*The Board reserves the right to require additional information for all applicants.

\*\* If approved; once closing has finished we will need a copy of the closing documents to update you as the new owner \*\*

The Colony at Hartsdale. Unit \_\_\_\_\_

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Benchmark LM Management Services LLC  
440 Mamaroneck Ave Suite 512,  
Harrison NY 10528  
Tel. 914-698-4100  
Contact person: [Applications@benchmarkmgt.com](mailto:Applications@benchmarkmgt.com)

Dear Prospective Owner:

Thank you for your interest in our community.

Enclosed is your application. Please complete and forward the application, along with any required documents, to Benchmark LM Management Services LLC for processing.

The completed application along with all required documentation must be submitted to Benchmark LM Management Services LLC at least **4-6 weeks** prior to lease start date. Please do not send **ORIGINAL DOCUMENTS! We will NOT make copies and return.**

\*\*\* In order to expedite the application process, Benchmark LM Management Services will only communicate with **two** individuals regarding this application. (**Unit Owner/Landlord** and **(1) other person on the applicant's side**) Please provide names and numbers for the two contacts designated for this application\*\*\*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Relationship)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Relationship)

Sincerely,  
Benchmark LM Management Services, LLC

Date: \_\_\_\_\_

The Colony at Hartsdale. Unit \_\_\_\_\_

**Building Name:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_

## **Part 1**

### **Application Information**

#### **Owner(s) Please Fill in from Contract**

Name(s) 1: \_\_\_\_\_ 2: \_\_\_\_\_

Current Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner's Broker (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Broker Email: \_\_\_\_\_

#### **Applicant(s)**

Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Business #: \_\_\_\_\_ Business #: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Applicant's Broker (if applicable): \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Broker Email: \_\_\_\_\_

Will this apartment be your primary residence? Yes \_\_\_\_\_ No \_\_\_\_\_

The Colony at Hartsdale. Unit \_\_\_\_\_

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**Other Occupants**

List of all persons, other than the applicants, who will reside in the Condominium

	Name	Age
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

**Pets if Applicable**

No. of Pets \_\_\_\_\_

Breed/Type \_\_\_\_\_ Weight \_\_\_\_\_

Breed/Type \_\_\_\_\_ Weight \_\_\_\_\_

**Cars: (Please supply registration)**

Applicant: \_\_\_\_\_ Co-Applicant: \_\_\_\_\_

**Part 2**

It is agreed that this application is subject to acceptance or rejection at its discretion at any time by the Condo Board of Managers. If this application does not meet the Board's criteria your application may be immediately rejected.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Co-Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE KEEP MOVING RULES**

**Moving Rules**

The following policy is STRICTLY ENFORCED and applies to all residents

- All moves must be scheduled with the Property Manager. You can reach Benchmark LM Management at (914) 698-4100.
- Move-ins and move-outs may only occur:  
Monday-Friday (please confirm hours with your property manager)
- Saturday and Sunday only SMALL DELIVERIES AND PICKUPS ARE ALLOWED (please confirm hours with your property manager)
- Move-ins MUST HAVE APPROVAL from both Property Manager and Superintendent

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

If a moving company is used, the management office must receive a certificate of insurance at least five (5) days prior to the scheduled move. Please request the Sample Insurance for your condominium which can be given to your moving company. You can email this request to [Applications@benchmarkmgt.com](mailto:Applications@benchmarkmgt.com)

Insurance certificates evidencing commercial general liability name as additional insured:

**(Building Name)**

c/o Benchmark LM Management Services, LLC  
440 Mamaroneck Ave Suite 512  
Harrison NY 10528

- Please make sure this information is written exactly as it appears here, failure to do so will result in a delay of your move.

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 Benchmark Property Management/ Property Manager

**ACORD CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY)  
00/00/0000

PRODUCER * NAME AND ADDRESS OF INSURANCE CARRIER	THIS CERTIFICATE ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.  <b>INSURERS AFFORDING COVERAGE</b> INSURER A: XXXXXXXXXXXX INSURER B: XXXXXXXXXXXX INSURER C: INSURER D: INSURER E:
INSURED * NAME AND ADDRESS OF INSURED	

**COVERAGES**  
 THE POLICES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXP DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	XXXXXXXXXX	00/00/00	00/00/00	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES \$ 1,000,000 MED EXP (any 1 person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	SAMPLE				
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> RENTED AUTOS <input type="checkbox"/> NON OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____	XXXXXXXXXX	00/00/00	00/00/00	COMBINED SINGLE LIMIT (Ea Accident) \$ BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC \$ AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED?	XXXXXXXXXX	00/00/00	00/00/00	<input type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other E.L. EACH ACCIDENT \$ E.L. DISEASE -EA EMPLOYEE \$ E.L. DISEASE -POLICY LIMIT \$
OTHER					

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, EXCLUSIONS ADDED BY ENDORSEMENT, SPECIAL PROVISIONS:  
 a) The Colony at Hartsdale  
 b) Benchmark LM Management Svcs, LLC, 440 Mamaroneck Ave, Suite 512, Harrison NY 10528  
 c) Resident Name, Apt # (Colony Dr, Fox Glen Drive, Tallwood Drive, Hartsdale NY 10530)

CERTIFICATE HOLDER / Additional Insured The Colony at Hartsdale c/o Benchmark LM Management Svcs, LLC Attn: Eric Schmidt E-mail: <a href="mailto:Eschmidt@benchmarkmgt.com">Eschmidt@benchmarkmgt.com</a>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE
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**\*IF WORKERS COMP IS NOT ON THIS CERTIFICATE - YOU MUST PROVIDE (3) CERTIFICATES FROM STATE INSURANCE FUND (ONE FOR EACH ADDITIONAL INSURED)**

The Colony at Hartsdale. Unit \_\_\_\_\_

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**Acknowledgments**

**ACKNOWLEDGEMENTS OF HOUSE RULES**

I, \_\_\_\_\_ hereby state that I have read and understood the house rules of the condominium, and hereby agree to abide by said house rules and regulations.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT OF APPLICATION FEES**

I (we) hereby acknowledge that all fees paid pursuant to this application are non-refundable, unless otherwise noted, and hereby authorize you or your agents to obtain a credit report and related information and contact any references or employees listed herein (if applicable).

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**ACKNOWLEDGEMENT OF MOVING RULES**

I, \_\_\_\_\_ hereby state that I have read and understood the moving rules of the corporation, and hereby agree to abide by said moving rules.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **FEE CHECKLIST**

Please note that these fees will need to be submitted along with a completed Purchase Application. If fees are not included the application will not be processed.

### **NON- REFUNDABLE**

- **\$350.00** Application Processing Fee payable to Benchmark Management  
**(Purchaser)**
- **\$150.00** Criminal/Credit Background Check Fee payable to Benchmark Management. (Per person over the age of 18 occupying the property)  
**(Purchaser)**
- **\$250.00** Application Review Fee payable to The Colony at Hartsdale  
**(Purchaser)**

### **REFUNDABLE**

- **\$500.00** Move-in Deposit payable to The Colony at Hartsdale  
**(Purchaser)**
- **\$500.00** Move out Deposit payable to the Colony at Hartsdale  
**(Seller)**

The Colony at Hartsdale. Unit \_\_\_\_\_

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“I HEREBY AUTHORIZE BENCHMARK LM MGT. SERVICES LLC TO OBTAIN A CONSUMER REPORT, AND ANY OTHER INFORMATION IT DEEMS NECESSARY, FOR THE PURPOSE OF EVALUATING MY APPLICATION. I UNDERSTAND THAT SUCH INFORMATION MAY INCLUDE, BUT IS NOT LIMITED TO, CREDIT HISTORY, CIVIL AND CRIMINAL INFORMATION, RECORDS OF ARREST, RENTAL HISTORY, EMPLOYMENT/SALARY DETAILS, VEHICLE RECORDS, LICENSING RECORDS AND/OR ANY OTHER NECESSARY INFORMATION. I HEREBY EXPRESSLY RELEASE BENCHMARK LM MGT. SERVICES LLC AND ANY OTHER PROCURER OR FURNISHER OF INFORMATION, FROM ANY LIABILITY WHAT-SO-EVER IN THE USE, PROCUREMENT, OR FURNISHING OF SUCH INFORMATION, AND UNDERSTAND THAT MY APPLICATION INFORMATION MAY BE PROVIDED TO VARIOUS LOCAL, STATE AND/OR FEDERAL GOVERNMENT AGENCIES, INCLUDING WITHOUT LIMITATION, VARIOUS LAW ENFORCEMENT AGENCIES.”

Please include a fee in the amount of **\$150.00** per applicant for a criminal/credit report to be submitted with application in addition to other required fees. Fees must be paid by **Check or Money Order** and made payable to BENCHMARK LM MGT. SERVICES LLC.

**Applicant Signature:**

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

**Co- Applicant Signature:**

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Annual Salary: \_\_\_\_\_