

**Whitewood Gardens, Inc.**  
**C/O STILLMAN MANAGEMENT, INC.**  
**440 MAMARONECK AVENUE, SUITE S-512**  
**HARRISON NY 10528**

**RESALE APPLICATION & PROCEDURES**

Please be advised that the Board of Directors has adopted the following conditions and procedures with respect to the resale of the cooperative apartment. These procedures should be followed in every instance in order to avoid delay in the process of your application to purchase.

The processing of an application can take upwards of 30-45 days, therefore it is strongly recommended that the closing date indicated in the contract be estimated to incorporate this time line.

General Guidelines:

The following guidelines will be applied with respect to the application to purchase:

- 1) The income of any prospective purchaser(s) must be sufficient to cover the projected financing and carrying costs.

Only 1 (one) pet is allowed in the cooperative.

These guidelines are not intended to limit the right of the Board to consider all information and factors deemed relevant by the Board.

In the event that the Board consents to a transfer of shares and it is subsequently ascertain that there has been a material misrepresentation made by either the prospective purchaser(s) or the shareholder in connection with the application, the Board has the right to withdraw its consent to the transfer of the shares.

Any further questions or inquiries should be directed to the Managing Agent at the address and telephone number listed on the 1<sup>st</sup> page of this application.

All statements made herein and on supplementary information or documents are to be true and correct. Applicant(s) understands and agrees that any misstatement of facts will be grounds for denial of the application.:

Signature Applicant:\_\_\_\_\_Date:\_\_\_\_\_

Signature Co-Applicant:\_\_\_\_\_Date:\_\_\_\_\_

TO: PROSPECTIVE PURCHASER(S) OF APARTMENT\_\_\_\_\_ Whitewood Gardens, Inc.

- 1) Complete all items in the attached application. The Board of Directors reserves the right to require additional evidence of financial responsibility.
- 2) Financial Statement- Must include supporting documentation for all entries on this form.
- 3) Emergency Contact Form(Attached)

In addition to the above items, we require the following documents for each applicant:

- 1) Tenant Data Verification Form (Enclosed)
- 2) Two Personal reference letters
- 3) Two Business reference letters
- 4) Current landlord reference letter
- 5) Employment letter to include salary, length of employment and prospect of continuation of employment.
- 6) Copies of two month of pay-stubs
- 7) Copies of all current bank and brokerage statements for the last 2 consecutive months.
- 8) Copies of most recent two (2) years w'2's with copies of last 2 years tax returns (must include each and every page of tax return.) If self- employed, need business tax returns.
- 9) Copy of Contract of Sale
- 10) If this is a cash sale- need letter explaining where funds are coming from to purchase.

If financing: Please note: **90% MAXIMUM FINANCING IS PERMITTED.**

**If financing please submit a copy of the following:**

- 11) Commitment Letter
- 12) Copy of Loan Application to Bank
- 13) Copy of Appraisal
- 14) Recognition Agreements- PLEASE SUBMIT TO TRANSFER AGENT  
TO BE SENT TO TRANSFER AGENT- Geist Schwarz & Jellinek, PLLC Helena Korn- 914-644-8300

**Fees:** The fees below are to be submitted with the application. If fees are not received with the application, the application will be mailed back to the purchaser.

Please return the application with a check for \$275.00 payable to Stillman Management, Inc. This fee is non-refundable.

Please include a check of \$100 per applicant in order to run criminal and credit reports. If the applicant will have additional occupants over 18 living in the unit, a \$50 fee will be collected in order to run a background check per additional occupant. Fees are payable to Stillman Management and can be combined in one separate check

Move out Deposit \$2500.00 payable to Whitewood Gardens, Inc. refundable upon completion of the move out and no damage to common areas of the building. From seller.

Move in Deposit \$2500.00 payable to Whitewood Gardens, Inc. refundable upon completion of the move in and no damage to common areas of the building. From buyer.

Please submit (1) original and (4) collated copies of each and every page of the application. Please note you do not need to make copies of the recognition agreements, authorization form for credit and checks. PLEASE USE THE ATTACHED SEPARATORS PER APPLICANT TO ORGANIZE YOUR APPLICATION

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

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

**Please note that an incomplete package will be mailed back to the purchaser.**

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

All Statements made herein are supplementary information or documents are to be true and correct. Applicant(s) understands and agrees that any misstatement of fact will be grounds for denial of the application.

The Board reserves the right to require additional evidence of financial responsibility as to each prospective purchaser(s).

No transfer of shares shall be deemed consented to unless its authorized by a resolution of the board and thereafter a written consent is signed by the President or other officer of the Corporation. The Managing Agent will inform all parties involved in the transaction of the Board's decision. No closing should or will be scheduled until approval has been given. No one will be allowed to move into an apartment without board approval.

**Closing Procedures:**

Please note when approval of the Board to a proposed sale has been granted a closing should be arranged through the offices of Stillman Management, Inc. ("the Transfer Agent"). At least 10 Business days are required in order for the transfer agent to be ready to close the sale.

Closing fees will be released after the closing date has been determined.

Signature of Applicant:\_\_\_\_\_Date:\_\_\_\_\_

Signature of Co-Applicant:\_\_\_\_\_Date:\_\_\_\_\_

**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 AUTHORIZATION FORMS WILL BE SHREDDED AND YOUR SOCIAL SECURITY NUMBER ON THE DOCUMENTS OBTAINED WILL BE BLACKED OUT.**

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

**IMPORTANT NOTE**

**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 be your Real Estate broker, or in the absence of a broker your Attorney. Please advise all parties involved and provide them with the brokers and/or attorney's contact information.**

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

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

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

**Name\_\_\_\_\_ , Title\_\_\_\_\_ Phone\_\_\_\_\_**

**Email\_\_\_\_\_**

## **Purchase Application**

### **Table of Contents:**

#### **Cooperative Application**

#### **Financial Statement( Net Worth)**

#### **Supporting Documentation to Financial Statement**

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

#### **Contract of Sale**

#### **Financing Information**

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

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

#### **Federal Tax Returns**

#### **Letter from Previous Landlord and/or Management Company**

#### **Reference letters**

- a) **Personal**
- b) **Business**
- c) **Landlord**
- d) **Employment**

PLEASE DONT MAKE COPIES OF THE FOLLOWING ITEMS:

SELLER'S FORWARDING INFORMATION SHEET

EMERGENCY CONTACT FORM

IMPORTANT NOTES

APPLICANT'S RELEASE

EMERGENCY CONTACT SHEET

ALL CHECKS FOR SELLER AND BUYER MUST BE RECEIVED AT THE TIME THAT THE APPLICATION IS SUBMITTED.

PLEASE SUBMIT THE ORIGINAL APPLICATION AND THE SUBSEQUENT COPIES WITH THE USE OF THE DIVIDERS

PROVIDED BELOW.

## Emergency Contact Form

Apt Number \_\_\_\_\_ Address \_\_\_\_\_

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

Work Number: \_\_\_\_\_/Home Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Work Number: \_\_\_\_\_/Home Number \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

1.

Name \_\_\_\_\_

Work Number: \_\_\_\_\_/Home Number: \_\_\_\_\_

Additional Information:

Pets \_\_\_\_\_

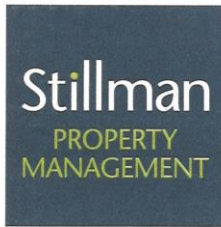
Emergency Information we should know:

If

applicable: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_



440 Mamaroneck Avenue, Suite S 512  
Harrison, NY 10528

T: 914.813.1900  
F: 914.813.1919

[www.stillmanmanagement.com](http://www.stillmanmanagement.com)



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

**Seller's Attorney**

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

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

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

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

**Buyer's Attorney**

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

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

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

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



## APPLICANTS RELEASE

Re: Building Address: \_\_\_\_\_

Apartment Number: \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

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



# Whitewood Gardens



Please be advised that a check in the sum of \$2,500 must be submitted by both buyer and seller \*\*\*at the time the application is submitted\*\*\* *This check must be certified and payable to Whitewood Gardens Inc.*

This Is a refundable move in/move out fee which will ensure the adherence to all house rules & regulations. This amount will be held by management until the common areas are inspected for damages.

New York \_\_\_\_\_ 20 \_\_\_\_\_

The undersigned hereby offers to purchase \_\_\_\_\_ shares of the capital stock of \_\_\_\_\_

and the Proprietary Lease for Apt. No. \_\_\_\_\_ in the building located at \_\_\_\_\_  
\_\_\_\_\_, New York, on the following terms and conditions:

Purchase Price of Stock \$ \_\_\_\_\_

Present Estimated Proprietary Rental Per Annum \$ \_\_\_\_\_

Deposit \$ \_\_\_\_\_

Special conditions, if any \_\_\_\_\_

Proposed financing: Yes \_\_\_\_ No \_\_\_\_ Amount \$ \_\_\_\_\_

Bank \_\_\_\_\_

(Note: this proposal shall result in no legal obligation until a formal contract of purchase and sale is executed by the parties concerned).

The undersigned has filled out the information sheet below and understands that this information is essential in considering this application. It is further understood that this application, when signed by the undersigned, is to be subject to approval by the Seller or authorized representative and to the Terms and Conditions on the reverse sides thereof.

Broker \_\_\_\_\_

Applicant Print Name \_\_\_\_\_

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

Sellers Name \_\_\_\_\_

Anticipated Closing Date \_\_\_\_\_ Date of Possession \_\_\_\_\_

Name of Applicant's Attorney \_\_\_\_\_

Firm Name and Address \_\_\_\_\_

Telephone number \_\_\_\_\_

INFORMATION REGARDING APPLICANT (S)

Name of Applicant (s): \_\_\_\_\_ SS #: \_\_\_\_\_ DOB: \_\_\_\_\_  
\_\_\_\_\_ SS #: \_\_\_\_\_ DOB: \_\_\_\_\_

Maiden name of wife: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

Business and Position: \_\_\_\_\_

Nature of business: \_\_\_\_\_ Income: \_\_\_\_\_

Business address: \_\_\_\_\_

Business telephone: \_\_\_\_\_

Additional Income (please be specific): \_\_\_\_\_

\_\_\_\_\_

Name of all persons who will reside in the apartment and if children, state number and the approximate ages: \_\_\_\_\_

\_\_\_\_\_

School and/or Colleges attended by applicant: \_\_\_\_\_

\_\_\_\_\_

Name of all residents in the building known by the applicant: \_\_\_\_\_

\_\_\_\_\_

Does applicant wish to maintain any pets, if so please specify with full information

\_\_\_\_\_

Do you own or rent another residence, and if so where?: \_\_\_\_\_

\_\_\_\_\_

Current Rent/Mortgage and Maintenance:

REFERENCES

Landlord:

Present landlord or agent: \_\_\_\_\_

Address: \_\_\_\_\_ Tele. No.: \_\_\_\_\_

Approx. length of occupancy: \_\_\_\_\_

Previous landlord or agent: \_\_\_\_\_

Address of previous residence: \_\_\_\_\_ Tele. No.: \_\_\_\_\_

Approx. length of occupancy: \_\_\_\_\_

Financial:

A. Bank - Personal Account \_\_\_\_\_ Acct #: \_\_\_\_\_

Address \_\_\_\_\_

B. Bank - \_\_\_\_\_ Acct #: \_\_\_\_\_

Address \_\_\_\_\_

C. Average Balance (last two (2) statements): \_\_\_\_\_

D. At interview, please have copies of the last two bank statements (savings & checking)

E. Stock Broker, CPA, Executor (if any): \_\_\_\_\_

Address: \_\_\_\_\_ Tele. No.: \_\_\_\_\_

F. Business: \_\_\_\_\_

G. Wife's Business or Co-Applicant's Business if applicable: \_\_\_\_\_

Personal references:

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

Tele. No.: \_\_\_\_\_

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

Tele. No.: \_\_\_\_\_

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

Tele. No.: \_\_\_\_\_

Special Remarks:

Please give any additional information which may be pertinent or helpful: \_\_\_\_\_

## TERMS AND CONDITIONS ON SALES OF COOPERATIVE APARTMENTS

1. \_\_\_\_\_ is acting as Agent for the Seller and makes no representations with respect to value of building or apartment and is to have no liability to the Purchaser concerning any act or failure to act on the part of the Seller in connection with this application or in connection with any sale contemplated herein.
2. No written or oral representation or agreements by salesmen, brokers or others are to be binding on the Seller or on Agent unless included in the Purchase Agreement.
3. Cooperative apartments are sold "as is" and unless specifically set forth, the Seller is not obligated to make any repairs or decoration, or adjustments.
4. The obligation to obtain possession of the apartment is on the Purchaser unless otherwise set forth herein and in the Contract of Sale.
5. the purchaser of a Cooperative apartment takes title subject to the provisions of the Proprietary Lease and assumes the sellers obligations thereunder and is obligated to sign such documents.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

SELLER: PLEASE SUBMIT THIS FORM WITH THE APPLICATION FOR OUR RECORDS.

BUILDING NAME/ADDRESS AND UNIT NUMBER:

**CONFIDENTIAL**  
**INFORMATION SHEET**

**Stillman Management, Inc.**

440 Mamaroneck Avenue S-512

Harrison, New York 10528

Telephone 914-813-1900 • Fax 914-813-1960

**Forwarding Address and Contact Information of Seller(s):**

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

**Telephone #:** home: \_\_\_\_\_

Name: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Name: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

All the above information is complete and accurate.

\_\_\_\_\_  
Seller Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Seller Signature

\_\_\_\_\_  
Date

*Please fill out and return it to Sales and Leasing Department, Stillman Management, Inc. at the above address or by fax at 914-813-1960*

attention: Rita Pita

# 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 \_\_\_\_\_

**APPLICANT**

**RELEASE OF INFORMATION AUTHORIZATION**

**AUTHORIZATION TO OBTAIN A CRIMINAL REPORT**

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

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

Print Name: \_\_\_\_\_ Date Of Birth \_\_\_\_\_  
Signature: \_\_\_\_\_  
Address: \_\_\_\_\_  
City : \_\_\_\_\_  
State : \_\_\_\_\_ Zip Code \_\_\_\_\_  
Social Security #: \_\_\_\_\_



# 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 \_\_\_\_\_

OCCUPANT #1 (OVER 18)

RELEASE OF INFORMATION AUTHORIZATION

AUTHORIZATION TO OBTAIN A CRIMINAL REPORT

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

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

Print Name: \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Signature: \_\_\_\_\_

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

City : \_\_\_\_\_

State : \_\_\_\_\_ Zip Code \_\_\_\_\_

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

OCCUPANT #2 (OVER 18)

RELEASE OF INFORMATION AUTHORIZATION

AUTHORIZATION TO OBTAIN A CRIMINAL REPORT

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

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

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

Date Of Birth \_\_\_\_\_

Signature: \_\_\_\_\_

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

City : \_\_\_\_\_

State : \_\_\_\_\_ Zip Code \_\_\_\_\_

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

OCCUPANT #3 (OVER 18)

RELEASE OF INFORMATION AUTHORIZATION

AUTHORIZATION TO OBTAIN A CRIMINAL REPORT

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

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

Print Name: \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Signature: \_\_\_\_\_

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

City : \_\_\_\_\_

State : \_\_\_\_\_ Zip Code \_\_\_\_\_

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

To: Stillman Management, Inc.  
440 Mamaroneck Avenue Suite s-512  
Harrison, NY 10528

Re: Building \_\_\_\_\_  
Unit # \_\_\_\_\_

I (we) hereby authorize Stillman Management, Inc.. to obtain the necessary Credit Reports from Tenant Data Verification, Co., Inc. relative to my (our) purchase of the above identified unit.

Dated: \_\_\_\_\_  
Purchaser

Dated: \_\_\_\_\_  
Co-Purchaser

**WHITEWOOD GARDENS, INC.**  
**643 PELHAM ROAD**  
**NEW ROCHELLE, NEW YORK 10805**

**HOUSE RULES**

Revised 05/01/08

1. The public halls and stairways of the buildings comprising the complex (hereinafter collectively the "buildings" or individually a "building") shall not be obstructed or used for any purpose other than ingress to and egress from the apartments in such building.
2. Children shall not play in the public halls or stairways of the buildings or the courtyards or the parking areas of the complex (the "Parking Areas").
3. No public hall of any building shall be decorated or furnished by any Lessee in any manner without the prior consent of all of the Lessees whose apartments such hall serves as a means of ingress and egress. In the event of disagreement among such Lessees, the Board of Directors shall decide such matter.
4. No Lessee shall make or permit any disturbing noises in the buildings or do or permit to be done therein which will interfere with the rights, comforts or conveniences of other Lessees. No Lessee shall play upon or suffer to be played upon any musical instrument or permit to be operated an audio device such as: a C.D., stereo, radio, television or any other audio device in such Lessee's apartment in a loud manner, if the same shall disturb or annoy other occupants of the buildings.
5. No construction, repair work, or other installation involving noise shall be conducted in any apartment except on weekdays (not including legal holidays) and only between the hours of 8:30 am and 5:00 pm
6. No article shall be placed in the halls or on the staircase landings, nor shall anything be hung or shaken from the doors, windows, terraces or balconies or placed upon the window sills of the buildings.
7. No awnings, window air-conditioning units or ventilators shall be used in or about the buildings except such as shall have been expressly approved by the Lessor or the managing agent, nor shall anything be projected out of any window of the buildings without similar approval.
8. No sign, notice, advertisement or illumination shall be inscribed or exposed on or at any window or other part of the buildings except such as shall have been approved in writing by the Lessor or the managing agent.

9. No bicycles, baby carriages, shopping carts, scooters or similar vehicles shall be allowed to stand in the public halls, passageways, areas or courts of the buildings.
10. Messengers and trades people shall use such means of ingress and egress as shall be designated by the Lessor.
11. Garbage and refuse from the apartment shall be disposed of only at such times and in such manner as the superintendent or the managing agent of the buildings may direct.
12. Water closets and other water apparatus in the buildings 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 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.
13. No Lessee shall send any employee of the Lessor out of the buildings on any private business of a Lessee.
14. No more than one bird or animal shall be kept or harbored in the apartment unless more than one bird or animal in each instance be expressly permitted in writing by the Lessor; such permission if granted shall be revocable by the Lessor. In no event shall dogs be in any of the public portions of the buildings or the property unless carried or on a leash. No pigeons or other birds or animals shall be fed from the window sills, terraces, balconies or in the yard, court spaces or other public portions of the buildings, or on the sidewalk or street adjacent to the buildings.
15. No radio or television aerial shall be attached to or hung from the exterior of the buildings without the prior written approval of the Lessor or the managing agent.
16. Laundry facilities shall be used by the Lessee only upon such days and during such hours as may be designated by the Lessor or the managing agent.
17. The Lessor shall have the right from time to time to curtail or relocate any space devoted to storage or laundry purposes.
18. Unless expressly authorized by the Board of Directors in each case, the floors of each apartment must be covered with rugs or carpeting or equally effective noise-reducing material, to the extent of at least 80% of the floor area of each room excepting only kitchens, pantries, bathrooms, closets and foyer. If noise complaints are reported, the Board of Directors and the managing agent may inspect the apartment for compliance.

19. 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 consent of the Lessor or its managing agent.

20. The Lessee shall keep the windows of the apartment clean. In case of refusal or neglect of the Lessee during ten (10) days after notice in writing from the Lessor or the managing agent to clean the windows, such cleaning may be done by the Lessor, which shall have the right by its officers or authorized agents, to enter the apartment for the purpose and to charge the cost of such cleaning to the Lessee.

21. Complaints regarding the service of the buildings shall be made in writing to the managing agent of the Lessor.

22. Any consent or approval given under these House Rules by the Lessor shall be revocable at any time.

23. The agents of the Lessor, and any contractor or workman authorized by the Lessor, may enter any apartment at any reasonable hour of the day for the purpose of inspecting such apartment to ascertain whether measures are necessary to desirable to control or exterminate any vermin, insects or other pests and for the purpose of taking such measures as may be necessary to control or exterminate any such vermin, insects or other pests.

24. A. The Lessee shall abide by the rules and regulations of the Lessor now in effect or hereinafter enacted for use of the Parking Area and, without limiting the generality of the foregoing, the Lessee shall not:

1. Park or permit any other person to park any motor vehicle anywhere in the Parking Area, as only those motor vehicles (e.g., car, van or motorcycle) which have been duly registered with the Lessor are permitted (a "Registered Motor Vehicle") to be parked in designated spaces in the Parking Area (the "Designated Spaces");

2. Sublet or assign the right to use his or her Designated Space in the Parking Area, without prior written consent of the Lessor, as provided in the Proprietary Lease;

3. Repair the Registered Motor Vehicle or any other motor vehicle in Parking Area;

4. Use the Parking Area for storage of property, other than the Registered Motor Vehicle or;

5. Park the Registered Motor Vehicle in such a manner as to block access to any parking space or to any driveway or passage to the Parking Area.



The Lessee acknowledges that the Parking Area is not attended by any watchman or other attendant and is operated on a "self park" basis.

B. The Lessee shall use the Parking Area at Lessee's own risk. The Lessor shall not be held responsible for any damages resulting from:

1. The negligence, unskillful driving, or improper conduct on the part of any other person using the Parking Area; or

2. The theft, loss, damage or destruction of any motor vehicle in the Parking Area, or the contents thereof.

C. Every apartment has one Designated Space. A Designated Space with a number will be assigned to Lessor within thirty (30) days of move-in, as there may be a request from a current resident to change his/her Designated Space which will have priority. In the interim, the Lessee may use the Designated Space that was used by the former Lessee of the apartment. Assignment will be made by the Board of Directors or the managing agent. Lessee may request to be placed on a waiting list for a second space for a fee, or request to change the Designated Space assigned as one becomes available.

25. The policy of the Lessor is to keep the exterior doors to the buildings closed at all times. This prevents debris and animals/vermin from entering the hallways of the buildings.

26. All renovations within apartments require Board approval BEFORE WORK BEGINS.

#### PROCEDURES

Submit to the Board of Directors of the Lessor:

1. Detailed plans for the proposed renovation with a description of the proposed work;

2. Names, addresses and contact information for contractor, plumber, electrician and other licensed trade;

3. Copies of licenses for all licensed trades;

4. Proof of insurance for all parties performing work;

5. Proposed dates for the beginning and end of renovation;

6. Copies of all permits from the New Rochelle Buildings Department required by code;

7. Copies of all Certificate of Occupancy or Certificate(s) of Compliance which are required after the work is completed and inspected; and

8. Request for a date if gas is to be turned off or any other access is needed which would affect the buildings. The Lessor needs, at least, two (2) weeks notice to accommodate such a request.

If requested by the Lessor, the Lessee shall enter into an alteration agreement, in forms provided by Lessor or its counsel and provide all requested documentation and fees and security deposits.

FAILURE TO COMPLY will result in consequences including, but not limited to, restoring the apartment to the original condition, payment of costs incurred by the Lessor to enforce this policy and procedures and fines of, at least, \$500.00.

The House Rules set forth in this document will be strictly enforced by the Board of Directors, managing agent and superintendent. Fines will be imposed in amounts determined by the Board of Directors.

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

\* \* \*

Whitewood Gardens  
Important facts and Procedures

Please see the following bullet points which are important for all new Owners/Renters to know. These are a sampling of the House Rules you will find in the "Cooperative Offering Plan" you received when the sale/lease was completed.

- No barbequing or picnicking in the courtyard
- Dogs must be taken well off the property before allowing them to eliminate (remember to clean up after your animal)
- If someone lives under your unit 80% of your floors must be fully carpeted excluding the kitchen and bathroom
- No contracting work shall be done by uninsured contractors. The certificate of insurance (COI) must be presented to the superintendent before any work begins to confirm it is current. If not, any repairs to the property will be charged to the resident.
- Contract work is permitted between 9:00am and 5:00pm weekdays only
- No storage of any kind is permitted under the stairwells (this is a fire violation)
- No washing machines for clothing are permitted. We have several machines in the laundry room. The discharge lines will not take the load.
- Shareholders relish and are entitled to peace and quiet. No loud musical instruments, radios, TV or shouting shall disturb the harmony of the residence
- VIOLATORS OF ANY OF THE ABOVE CAN BE SUBJECT TO FINES

**WHITEWOOD GARDENS, INC.**  
c/o Stillman Management, Inc.  
440 Mamaroneck Avenue Suite S-512  
Harrison, NY 10528

I/WE HAVE READ THE HOUSE RULES AND AGREE TO ABIDE BY THEM.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## NOTICE TO TENANT OR OCCUPANT

You are required, by Law, to have window guards installed in all windows if a child 10 years of age or younger lives in your apartment. Your landlord is required by Law to install window guards in your apartment:

If a child 10 years or younger lives in your apartment;

If you ask him to install window guards at any time, (you need not give a reason).

It is a violation of Law to refuse, interfere with installation, or remove window guards where required, or to fail to complete and return this form to your landlord, If this form is not returned promptly, and inspection by the landlord will follow.

### CHECK WHICHEVER APPLY:

\_\_\_\_\_ Children 10 years of age  
or younger live in my apartment

\_\_\_\_\_ Window guards are installed  
in all windows

\_\_\_\_\_ No children 10 years of  
age or younger live in my apartment

\_\_\_\_\_ Window guards are not installed  
in all windows\*

\_\_\_\_\_ I want window guards even though  
I have no children 10 years of age  
or younger

\_\_\_\_\_ Window guards do not need  
maintenance or repair

\_\_\_\_\_ Window guards need repair

Tenant's Name: \_\_\_\_\_  
(Print)

Address & Apt. #: \_\_\_\_\_  
(Print)

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

### **RETURN THIS FORM TO:**

**WHITEWOOD GARDENS TENANT CORP.**  
c/o Stillman Management, Inc.  
440 Mamaroneck Avenue Suite s-512  
Harrison, NY 10528

\* Except windows giving access to fire escapes or windows on the first floor that are required means of egress from the dwelling unit.

## WHITEWOOD GARDENS, INC.

### \*\*\* IMPORTANT NOTICE \*\*\*

To: All Shareholders  
From: Board of Directors  
RE: **Disclosure of Information on Lead-Based Paint  
and Lead-Based Paint Hazards**

Dear Shareholder:

In connection with the Residential Lead-Based Paint Hazard Redistribution Act passed by Congress in 1992, the United States Department of Housing and Urban Development (HUD) has recently published rules which require both owners of individual apartments and landlords (including Cooperative Corporations) to disclose their knowledge as to the existence of lead-based paint and lead-based paint hazards for all buildings constructed prior to 1978. These rules became effective for Co-ops on September 6th, 1996, and will become effective for individual owners on December 6th, 1996.

The statute requires that you give to your proposed purchaser/subtenant, a copy of the enclosed pamphlet entitled "*Protect Your Family From Lead in Your Home*", the "*EPA HUD Fact Sheet*" and the enclosed disclosure form "*Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards*" for sales/rentals.

You must complete and sign your portion of the disclosure form; the Co-op has completed its portion and the purchaser(s)/tenant(s) **must complete their portion** and return the fully executed disclosure form to our office. The Board of Directors will not consider approval of any purchase, sublet or renewal without receiving this fully executed form.

Thanking you in advance for your cooperation in this matter.

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

### Lead Warning Statement

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

### Seller's Disclosure

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

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

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

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

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

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

### Purchaser's Acknowledgment (initial)

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

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

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

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

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

### Agent's Acknowledgment (initial)

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

### Certification of Accuracy

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

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

# Simple Steps To Protect Your Family From Lead Hazards

## **If you think your home has high levels of lead:**

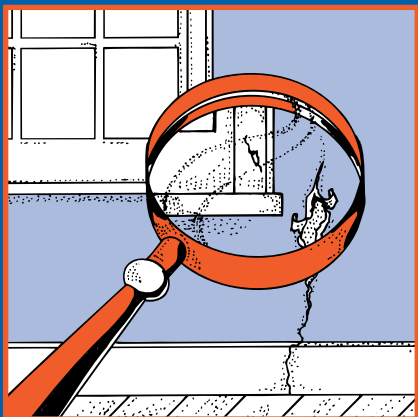
- ◆ Get your young children tested for lead, even if they seem healthy.
- ◆ Wash children's hands, bottles, pacifiers, and toys often.
- ◆ Make sure children eat healthy, low-fat foods.
- ◆ Get your home checked for lead hazards.
- ◆ Regularly clean floors, window sills, and other surfaces.
- ◆ Wipe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



**Recycled/Recyclable**

Printed with vegetable oil based inks on recycled paper  
(minimum 50% postconsumer) process chlorine free.





# Protect Your Family From Lead In Your Home



 **EPA** United States  
Environmental  
Protection Agency



United States  
Consumer Product  
Safety Commission



United States  
Department of Housing  
and Urban Development

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

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



**OWNERS, BUYERS, and RENTERS** are encouraged to check for lead (see page 6) before renting, buying or renovating pre-1978 housing.

**F**ederal law requires that individuals receive certain information before renting, buying, or renovating pre-1978 housing:



**LANDLORDS** have to disclose known information on lead-based paint and lead-based paint hazards before leases take effect. Leases must include a disclosure about lead-based paint.



**SELLERS** have to disclose known information on lead-based paint and lead-based paint hazards before selling a house. Sales contracts must include a disclosure about lead-based paint. Buyers have up to 10 days to check for lead.



**RENOVATORS** disturbing more than 2 square feet of painted surfaces have to give you this pamphlet before starting work.

# IMPORTANT!

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

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

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

# Lead Gets in the Body in Many Ways

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**Childhood lead poisoning remains a major environmental health problem in the U.S.**

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**Even children who appear healthy can have dangerous levels of lead in their bodies.**

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**People can get lead in their body if they:**

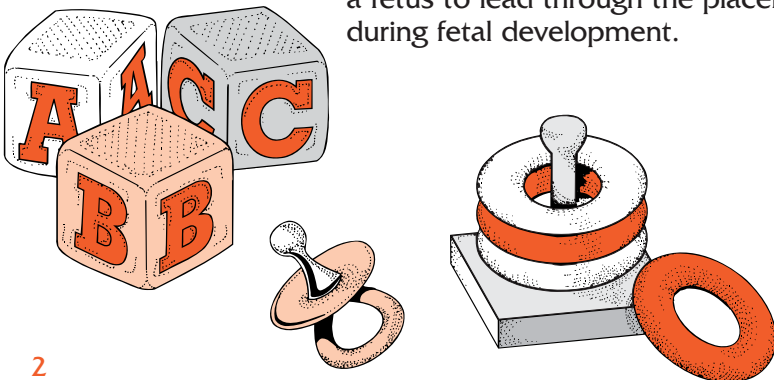
- ◆ Breathe in lead dust (especially during renovations that disturb painted surfaces).
- ◆ Put their hands or other objects covered with lead dust in their mouths.
- ◆ Eat paint chips or soil that contains lead.

**Lead is even more dangerous to children under the age of 6:**

- ◆ At this age children's brains and nervous systems are more sensitive to the damaging effects of lead.
- ◆ Children's growing bodies absorb more lead.
- ◆ Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.

**Lead is also dangerous to women of childbearing age:**

- ◆ Women with a high lead level in their system prior to pregnancy would expose a fetus to lead through the placenta during fetal development.



## Lead's Effects

It is important to know that even exposure to low levels of lead can severely harm children.

### In children, lead can cause:

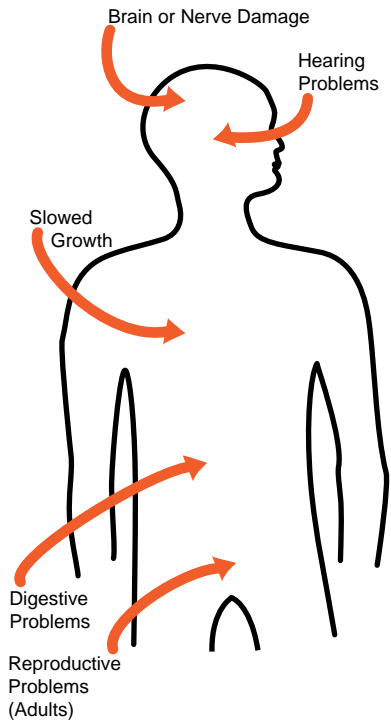
- ◆ Nervous system and kidney damage.
- ◆ Learning disabilities, attention deficit disorder, and decreased intelligence.
- ◆ Speech, language, and behavior problems.
- ◆ Poor muscle coordination.
- ◆ Decreased muscle and bone growth.
- ◆ Hearing damage.

While low-lead exposure is most common, exposure to high levels of lead can have devastating effects on children, including seizures, unconsciousness, and, in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults too.

### In adults, lead can cause:

- ◆ Increased chance of illness during pregnancy.
- ◆ Harm to a fetus, including brain damage or death.
- ◆ Fertility problems (in men and women).
- ◆ High blood pressure.
- ◆ Digestive problems.
- ◆ Nerve disorders.
- ◆ Memory and concentration problems.
- ◆ Muscle and joint pain.



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**Lead affects  
the body in  
many ways.**

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## Where Lead-Based Paint Is Found

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

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**Many homes built before 1978 have lead-based paint.** The federal government banned lead-based paint from housing in 1978. Some states stopped its use even earlier. Lead can be found:

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

## Checking Your Family for Lead

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

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**To reduce your child's exposure to lead, get your child checked, have your home tested (especially if your home has paint in poor condition and was built before 1978), and fix any hazards you may have.** Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect high levels of lead. Blood tests are usually recommended for:

- ◆ Children at ages 1 and 2.
- ◆ Children or other family members who have been exposed to high levels of lead.
- ◆ Children who should be tested under your state or local health screening plan.

Your doctor can explain what the test results mean and if more testing will be needed.

## Identifying Lead Hazards

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**Lead-based paint** is usually not a hazard if it is in good condition, and it is not on an impact or friction surface, like a window. It is defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter, or more than 0.5% by weight.

**Deteriorating lead-based paint (peeling, chipping, chalking, cracking or damaged)** is a hazard and needs immediate attention. It may also be a hazard when found on surfaces that children can chew or that get a lot of wear-and-tear, such as:

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

**Lead dust** can form when lead-based paint is scraped, sanded, or heated. Dust also forms when painted surfaces bump or rub together. Lead chips and dust can get on surfaces and objects that people touch. Settled lead dust can re-enter the air when people vacuum, sweep, or walk through it. The following two federal standards have been set for lead hazards in dust:

- ◆ 40 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) and higher for floors, including carpeted floors.
- ◆ 250  $\mu\text{g}/\text{ft}^2$  and higher for interior window sills.

**Lead in soil** can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. The following two federal standards have been set for lead hazards in residential soil:

- ◆ 400 parts per million (ppm) and higher in play areas of bare soil.
- ◆ 1,200 ppm (average) and higher in bare soil in the remainder of the yard.

The only way to find out if paint, dust and soil lead hazards exist is to test for them. The next page describes the most common methods used.

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

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# Checking Your Home for Lead

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

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You can get your home tested for lead in several different ways:

- ◆ A paint **inspection** tells you whether your home has lead-based paint and where it is located. It won't tell you whether or not your home currently has lead hazards.
- ◆ A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards.
- ◆ A combination risk assessment and inspection tells you if your home has any lead hazards and if your home has any lead-based paint, and where the lead-based paint is located.

Hire a trained and certified testing professional who will use a range of reliable methods when testing your home.

- ◆ Visual inspection of paint condition and location.
- ◆ A portable x-ray fluorescence (XRF) machine.
- ◆ Lab tests of paint, dust, and soil samples.

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency (see bottom of page 11) for more information, or call **1-800-424-LEAD (5323)** for a list of contacts in your area.

**Home test kits for lead are available, but may not always be accurate.** Consumers should not rely on these kits before doing renovations or to assure safety.

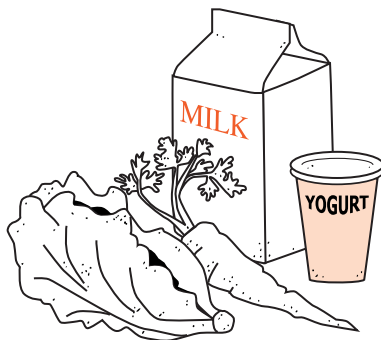


# What You Can Do Now To Protect Your Family

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

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



## Reducing Lead Hazards In The Home

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

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



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

- ◆ You can **temporarily** reduce lead hazards by taking actions such as repairing damaged painted surfaces and planting grass to cover soil with high lead levels. These actions (called “interim controls”) are not permanent solutions and will need ongoing attention.
- ◆ To **permanently** remove lead hazards, you should hire a certified lead “abatement” contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent removal.

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

Once the work is completed, dust cleanup activities must be repeated until testing indicates that lead dust levels are below the following:

- ◆ 40 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) for floors, including carpeted floors;
- ◆ 250  $\mu\text{g}/\text{ft}^2$  for interior windows sills; and
- ◆ 400  $\mu\text{g}/\text{ft}^2$  for window troughs.

Call your state or local agency (see bottom of page 11) for help in locating certified professionals in your area and to see if financial assistance is available.

# Remodeling or Renovating a Home With Lead-Based Paint

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Take precautions before your contractor or you begin remodeling or renovating anything that disturbs painted surfaces (such as scraping off paint or tearing out walls):

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

If you have already completed renovations or remodeling that could have released lead-based paint or dust, get your young children tested and follow the steps outlined on page 7 of this brochure.



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

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## Other Sources of Lead

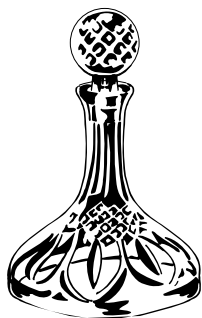
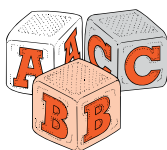
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**While paint, dust, and soil are the most common sources of lead, other lead sources also exist.**

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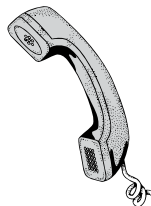
- ◆ **Drinking water.** Your home might have plumbing with lead or lead solder. Call your local health department or water supplier to find out about testing your water. You cannot see, smell, or taste lead, and boiling your water will not get rid of lead. If you think your plumbing might have lead in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

## For More Information

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### The National Lead Information Center

Call **1-800-424-LEAD (424-5323)** to learn how to protect children from lead poisoning and for other information on lead hazards. To access lead information via the web, visit **[www.epa.gov/lead](http://www.epa.gov/lead)** and **[www.hud.gov/offices/lead/](http://www.hud.gov/offices/lead/)**.



### EPA's Safe Drinking Water Hotline

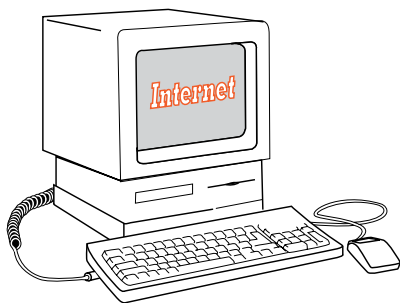
Call **1-800-426-4791** for information about lead in drinking water.

### Consumer Product Safety Commission (CPSC) Hotline

To request information on lead in consumer products, or to report an unsafe consumer product or a product-related injury call **1-800-638-2772**, or visit CPSC's Web site at: **[www.cpsc.gov](http://www.cpsc.gov)**.

### Health and Environmental Agencies

Some cities, states, and tribes have their own rules for lead-based paint activities. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your local contacts on the Internet at **[www.epa.gov/lead](http://www.epa.gov/lead)** or contact the National Lead Information Center at **1-800-424-LEAD**.



For the hearing impaired, call the Federal Information Relay Service at **1-800-877-8339** to access any of the phone numbers in this brochure.

# EPA Regional Offices

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

## EPA Regional Offices

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

Regional Lead Contact  
U.S. EPA Region 1  
Suite 1100 (CPT)  
One Congress Street  
Boston, MA 02114-2023  
(888) 372-7341

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

Regional Lead Contact  
U.S. EPA Region 2  
2890 Woodbridge Avenue  
Building 209, Mail Stop 225  
Edison, NJ 08837-3679  
(732) 321-6671

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

Regional Lead Contact  
U.S. EPA Region 3 (3WC33)  
1650 Arch Street  
Philadelphia, PA 19103  
(215) 814-5000

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

Regional Lead Contact  
U.S. EPA Region 4  
61 Forsyth Street, SW  
Atlanta, GA 30303  
(404) 562-8998

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

Regional Lead Contact  
U.S. EPA Region 5 (DT-8J)  
77 West Jackson Boulevard  
Chicago, IL 60604-3666  
(312) 886-6003

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

Regional Lead Contact  
U.S. EPA Region 6  
1445 Ross Avenue, 12th Floor  
Dallas, TX 75202-2733  
(214) 665-7577

**Region 7** (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact  
U.S. EPA Region 7  
(ARTD-RALI)  
901 N. 5th Street  
Kansas City, KS 66101  
(913) 551-7020

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

Regional Lead Contact  
U.S. EPA Region 8  
999 18th Street, Suite 500  
Denver, CO 80202-2466  
(303) 312-6021

**Region 9** (Arizona, California, Hawaii, Nevada)

Regional Lead Contact  
U.S. Region 9  
75 Hawthorne Street  
San Francisco, CA 94105  
(415) 947-4164

**Region 10** (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact  
U.S. EPA Region 10  
Toxics Section WCM-128  
1200 Sixth Avenue  
Seattle, WA 98101-1128  
(206) 553-1985

# **COMPLETE APPLICATION**

# **EMERGENCY CONTACT FORM**



**FINANCIAL  
STATEMENTS  
FOR LAST 3  
MONTHS**

**CREDIT  
REPORT  
AUTHORIZATION**

# **2 PERSONAL REFERENCE LETTERS**

# **2 BUSINESS REFERENCE LETTERS**

**CURRENT  
LANDLORD  
REFERENCE  
LETTER**

# **EMPLOYMENT LETTER**

**2 MONTHS OF  
PAYSTUBS**

**LAST 2  
YEARS OF  
W2'S AND  
TAX RETURNS**



**FULLY  
EXECUTED  
CONTRACT  
OF SALE**

# **COMMITMENT LETTER**

# **LOAN APPLICATION**

**HOUSE**

**RULES**

**ACKNOWLEDGEMENT**

# **COPY OF APPRAISAL**

# **RECOGNITION AGREEMENTS**

**LEAD PAINT &  
WINDOW  
GUARD  
NOTICE**