

61 EASTERN PARKWAY HOUSING CORPORATION

APPLICATION FOR THE PURCHASE OF COOPERATIVE APARTMENT

ADDITIONAL INFORMATION

The Board of Directors will interview the prospective purchaser(s) and reserves the right to request additional documents or information at any time during the review and interview process.

Once the Board of Directors reaches their final decision they will notify the managing agent, who will notify you. If the application is approved, you will be asked to schedule a closing date directly with the Corporation's attorney.

ALL CLOSINGS UNLESS OTHERWISE SPECIFIED ARE HELD AT THE OFFICES OF:

**GOLDIN MANAGEMENT
25 EIGHTH AVENUE
BROOKLYN, NY 11217**

The seller must pay all past due maintenance and all other fees and charges. **All checks from the seller must be either certified, attorney escrow or bank checks.**

If a power of attorney is being used, you must use the current Blumberg form. A copy of the signed power of attorney must be faxed prior to the closing date to the Managing Agent. The original power of attorney will be delivered at closing along with an affidavit as to the power of attorney being in full force and effect.

If the seller has lost the stock certificate and/or proprietary lease, please notify us prior to the closing so that we may prepare an affidavit of lost stock and lease for the seller to sign.

If this is an estate transfer please be sure to fax us in advance the estate paperwork requested. Please note that all executors must sign the required transfer documents.

If this is a foreclosure sale, please ask the foreclosing lender to submit the foreclosure paperwork prior to the closing.

APPLICATION FOR THE PURCHASE OF COOPERATIVE APARTMENT

Dear Applicant:

Attached is the information the Board of Directors of the 61 Eastern Parkway Housing Corporation requires in order to process your purchase application.

The processing commences within three days from receipt of your completed application. **Please keep in mind that if your application is incomplete there will be a delay in processing your application and obtaining a Board decision.**

If you are a purchaser and you have been approved please do not expect an immediate closing date. You will be directed to the Corporation's attorney to schedule a closing.

Thank you for your fullest cooperation.

61 EASTERN PARKWAY HOUSING CORPORATION

APPLICATION FOR THE PURCHASE OF COOPERATIVE APARTMENT

CHECK LIST

<input type="checkbox"/>	1. Contract of Sale, fully executed
<input type="checkbox"/>	2. 61 Eastern Parkway Housing Corporation Purchase Application
<input type="checkbox"/>	3. Reference letter from current landlord, if renting; or, managing agent, if a homeowner.
<input type="checkbox"/>	4. Notarized Net Worth Statement and supporting documentation such as bank statements, investment statements, credit card statements, etc.
<input type="checkbox"/>	5. Letter from current employer stating position, annual salary, bonus and a name and telephone number to call to address any questions
<input type="checkbox"/>	6. Two (2) recent pay stubs
<input type="checkbox"/>	7. Two (2) letters of personal references
<input type="checkbox"/>	8. Two (2) letters of business references
<input type="checkbox"/>	9. Last 2 years complete U.S. and New York State and City income tax returns, including all W2 forms. The guarantor must provide the same information as the applicant if purchase is to be financed.
<input type="checkbox"/>	10. A copy of the commitment letter.
<input type="checkbox"/>	11. Three original copies of the Recognition Agreement.
<input type="checkbox"/>	12. Credit Check Release Authorization Form.
FEEES TO BE SUBMITTED WITH APPLICATION	
<input type="checkbox"/>	13. Application Processing Fee: \$250 payable to : <u>Goldin Management Inc.</u>
<input type="checkbox"/>	14. Credit Report Fee: \$35 per person payable to : <u>Goldin Management Inc.</u>

61 EASTERN PARKWAY HOUSING CORPORATION

APPLICATION FOR THE PURCHASE OF COOPERATIVE APARTMENT

Please complete and sign:

Applicant's Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Social Security No: _____ Date of Birth: _____

Co-Applicant's Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Social Security No: _____ Date of Birth: _____

By signing below, I/we authorize Advanced Management Services to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate the references listed in this application, or statements or other data obtained from me or from any other person regarding my employment history, credit history, criminal history (if any), prior tenancies, character, general reputation, and mode of living, to obtain a consumer report and such other credit information, and a criminal record report which may result thereby, and to disclose and furnish such information to the owner/agent listed above in support of this application. I have been advised that I have the right, under Section 606B of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation. The purpose of this search is to verify information on me/us for the purchase of an apartment.

Applicant's Signature

Date Signed

Applicant's Signature

Date Signed

61 EASTERN PARKWAY HOUSING CORPORATION

APPLICATION FOR THE PURCHASE OF COOPERATIVE APARTMENT

Date: _____

The undersigned offers to purchase the shares of the capital stock of the below named cooperative corporation with the assignment of the accompanying proprietary lease for the apartment stated under the following terms:

PROPERTY DETAILS:

Apartment Number: _____

Number of Shares Assigned: _____

Annual Maintenance: _____

Purchase Price: _____

Financing: YES NO

20 % down payment: \$ _____

Financing Amount: \$ _____

Bank: _____

Proposed Closing Date: _____

Proposed Occupancy Date: _____

Special Conditions, if any: _____

LENDING INSTITUTION'S ATTORNEY:

Firm: _____

Telephone: _____

Fax _____

E-Mail _____

Address: _____

City: _____ State: _____

Zip: _____

SELLER'S NAME: _____

Social Security No.: _____

Telephone: Home _____

Business _____

Fax _____

E-Mail _____

Present Address: _____

City: _____ State: _____

Zip: _____

SELLER'S ATTORNEY:

Firm: _____

Telephone: _____

Fax _____

E-Mail _____

Address: _____

City: _____ State: _____

Zip: _____

61 EASTERN PARKWAY HOUSING CORPORATION

APPLICATION FOR THE PURCHASE OF COOPERATIVE APARTMENT

APPLICANT'S NAME:

Social Security No.: _____

Date of Birth: _____

Telephone: Home _____

Business _____

Fax _____

E-Mail _____

Present Address: _____

City: _____ State: _____

Zip: _____

CO-APPLICANT'S NAME:

Social Security No.: _____

Date of Birth: _____

Telephone: Home _____

Business _____

Fax _____

E-Mail _____

Present Address: _____

City: _____ State: _____

Zip: _____

Stock Certificate and Proprietary Lease are to be held in the name(s) of:

APPLICANTS' ATTORNEY:

Firm: _____

Telephone: _____

Fax: _____

E-Mail _____

Address: _____

City: _____ State: _____

Zip: _____

BROKER'S NAME:

Firm: _____

Telephone: _____

Fax: _____

E-Mail _____

Address: _____

City: _____ State: _____

Zip: _____

61 EASTERN PARKWAY HOUSING CORPORATION

APPLICATION FOR THE PURCHASE OF COOPERATIVE APARTMENT

APPLICANTS' INFORMATION

APPLICANT

Name: _____

Present Home Address: _____

Dates of Occupancy: _____

Annual Rent or Maintenance:

\$ _____

Annual Mortgage Payments:

\$ _____

Current Landlord or Managing Agent:

Telephone Number: _____

Previous Home Address: _____

Dates of Occupancy: _____

Annual Rent or Maintenance:

\$ _____

Annual Mortgage Payments

\$ _____

Previous Landlord or Managing Agent

Telephone Number: _____

CO-APPLICANT

Name: _____

Present Home Address: _____

Dates of Occupancy: _____

Annual Rent or Maintenance:

\$ _____

Annual Mortgage Payments:

\$ _____

Current Landlord or Managing Agent:

Telephone Number: _____

Previous Home Address: _____

Dates of Occupancy: _____

Annual Rent or Maintenance:

\$ _____

Annual Mortgage Payments

\$ _____

Previous Landlord or Managing Agent

Telephone Number: _____

61 EASTERN PARKWAY HOUSING CORPORATION

APPLICATION FOR THE PURCHASE OF COOPERATIVE APARTMENT

EMPLOYMENT HISTORY

(Provide the most recent 5 years of history. Attach additional pages to the application if there is not enough space for the required information.)

APPLICANT:

Occupation: _____

Nature of Business: _____

Present Employer: _____

Address: _____

Telephone No.: _____

Position Held: _____

Annual Salary: \$ _____

Total Compensation: \$ _____

Employment Dates: _____

Previous Employer: _____

Address: _____

Telephone No.: _____

Position Held: _____

Annual Salary: \$ _____

Total Compensation: \$ _____

Employment Dates: _____

CO-APPLICANT

Occupation: _____

Nature of Business: _____

Present Employer: _____

Address: _____

Telephone No.: _____

Position Held: _____

Annual Salary: \$ _____

Total Compensation: \$ _____

Employment Dates: _____

Previous Employer: _____

Address: _____

Telephone No.: _____

Position Held: _____

Annual Salary: \$ _____

Total Compensation: \$ _____

Employment Dates: _____

61 EASTERN PARKWAY HOUSING CORPORATION

APPLICATION FOR THE PURCHASE OF COOPERATIVE APARTMENT

APPLICANT:

Previous Employer: _____

Occupation: _____

Nature of Business: _____

Address: _____

Telephone No.: _____

Position Held: _____

Annual Salary: \$ _____

Total Compensation: \$ _____

Employment Dates: _____

Previous Employer: _____

Address: _____

Telephone No.: _____

Position Held: _____

Annual Salary: \$ _____

Total Compensation: \$ _____

Employment Dates: _____

CO-APPLICANT

Previous Employer: _____

Occupation: _____

Nature of Business: _____

Address: _____

Telephone No.: _____

Position Held: _____

Annual Salary: \$ _____

Total Compensation: \$ _____

Employment Dates: _____

Previous Employer: _____

Address: _____

Telephone No.: _____

Position Held: _____

Annual Salary: \$ _____

Total Compensation: \$ _____

Employment Dates: _____

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APPLICATION FOR THE PURCHASE OF COOPERATIVE APARTMENT

FAMILY MEMBERS

Please list the names and relationship of proposed occupants of the apartment. If there are any children, please give ages.

(1) Name: _____

Age: _____

Relationship: _____

(4) Name: _____

Date of Birth: _____

Relationship: _____

Age: _____

Date of Birth: _____

(2) Name: _____

Age: _____

Relationship: _____

Date of Birth: _____

Age: _____

(3) Name: _____

Relationship: _____

Date of Birth: _____

61 EASTERN PARKWAY HOUSING CORPORATION

APPLICATION FOR THE PURCHASE OF COOPERATIVE APARTMENT

Please list the names of residents in the building known to the applicant(s):

Does the applicant wish to maintain pets in the apartment? If so, specify number and type of pet:

(The Board of Directors must approve all pets in writing before they are allowed in the building.)

Do you intend to do any alteration to the apartment? If so, please briefly describe:

(The Board of Directors must approve all alterations to the apartment in writing before they are commenced.)

Please list addresses of additional residences owned by applicant(s)

Please indicate special remarks (any additional information that may be pertinent or helpful in support of the application)

61 EASTERN PARKWAY HOUSING CORPORATION

APPLICATION FOR THE PURCHASE OF COOPERATIVE APARTMENT

PERSONAL HISTORY

Please answer yes or no to the following questions. IF any of the answers are "YES", please attach an explanation to this application.

APPLICANT	<u>YES</u>	<u>NO</u>
Have you ever been convicted of a misdemeanor or felony?		
Do you have any outstanding judgments?		
Have you been declared bankrupt in the last seven years?		
Has any business you have controlled been the subject of a bankruptcy?		
Have you lost property due to foreclosure?		
Have you received property title or deed to a foreclosure?		
Are you a party to a lawsuit?		
Are you obligated to pay alimony, child support or separate maintenance?		
Will any part of your cash payment be borrowed from family members or other sources than a bank or a financial institution?		
Do you or any member of your family have diplomatic status?		
CO-APPLICANT	<u>YES</u>	<u>NO</u>
Have you ever been convicted of a misdemeanor or felony?		
Do you have any outstanding judgments?		
Have you been declared bankrupt in the last seven years?		
Has any business you have controlled been the subject of a bankruptcy?		
Have you lost property due to foreclosure?		
Have you received property title or deed to a foreclosure?		
Are you a party to a lawsuit?		
Are you obligated to pay alimony, child support or separate maintenance?		
Will any part of your cash payment be borrowed from family members or other sources than a bank or a financial institution?		

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APPLICATION FOR THE PURCHASE OF COOPERATIVE APARTMENT

REFERENCES:

FINANCIAL REFERENCES:

APPLICANT:

1.- Bank Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Type of Account: _____

2.- Bank Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Type of Account: _____

BUSINESS REFERENCES:

1.- Name: _____

Position: _____

Firm: _____

Telephone: _____

Address: _____

City: _____

State: _____ Zip: _____

CO-APPLICANT:

1.- Bank Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Type of Account: _____

2.- Bank Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Type of Account: _____

BUSINESS REFERENCES:

1.- Name: _____

Position: _____

Firm: _____

Telephone: _____

Address: _____

City: _____

State: _____ Zip: _____

61 EASTERN PARKWAY HOUSING CORPORATION

APPLICATION FOR THE PURCHASE OF COOPERATIVE APARTMENT

**BUSINESS REFERENCES:
(Continued)**

2- Name: _____

Position: _____

Firm: _____

Telephone: _____

Address: _____

City: _____

State: _____ **Zip:** _____

**BUSINESS REFERENCES:
(Continued)**

2- Name: _____

Position: _____

Firm: _____

Telephone: _____

Address: _____

City: _____

State: _____ **Zip:** _____

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APPLICATION FOR THE PURCHASE OF COOPERATIVE APARTMENT

PERSONAL REFERENCES

APPLICANT:

1. Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Telephone No.: _____

How Long Known (Yrs.): _____

Relationship: _____

2. Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Telephone No.: _____

How Long Known (Yrs.): _____

Relationship: _____

3. Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Telephone No.: _____

How Long Known (Yrs.): _____

Relationship: _____

CO-APPLICANT:

1. Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Telephone No.: _____

How Long Known (Yrs.): _____

Relationship: _____

2. Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Telephone No.: _____

How Long Known (Yrs.): _____

Relationship: _____

3. Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

Telephone No.: _____

How Long Known (Yrs.): _____

Relationship: _____

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STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

as of _____ day of _____, _____

Note: Supporting documentation for all assets and liabilities **MUST** accompany **AND AGREE TO** this statement. Please indicate "NONE" where no amount is to be entered.

ASSETS	APPLICANT	CO-APPLICANT	COMBINED
Cash in banks (attach bank statements)	\$	\$	\$
Money market funds (attach bank statements)			
Contract deposit			
Cash surrender value of life insurance, less loans			
Investment Securities			
Subtotal			
Accounts and notes receivable			
Investment in own business			
Real estate			
Automobile (Blue Book Value)			
Personal property and furniture			
Retirement funds			
Other assets (itemize)			
Total assets	\$	\$	\$

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LIABILITIES	APPLICANT	CO-APPLICANT	COMBINED
Notes payable balance	\$	\$	\$
Mortgages payable			
Second mortgage balance			
Unpaid real estate taxes balance			
Unpaid income taxes balance			
Loans payable			
Credit card debt balance			
Auto loans balance			
Loans on life insurance policies			
Other liabilities (itemize)			
Total liabilities			
Net worth (Total assets less total liabilities)	\$	\$	\$

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INVESTMENT SECURITIES (attach statements)

Description	Name	Market Value
Individual common stock		\$
Subtotal		
Other		
Subtotal		
Total investment securities		

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RETIREMENT FUNDS (attach statements)

Description	Acct Number	Amount Vested	Total Market Value
401(K) assets		\$	\$
Subtotal			
Keogh assets			
Subtotal			
Deferred compensation plan			
Subtotal			
Profit sharing/pension plan			
Subtotal			
Total retirement funds			

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LOANS PAYABLE

Due to	Amount	In name of	Maturity Date	Monthly Payment
	\$			\$
	\$			\$
	\$			\$
	\$			\$

CREDIT CARD DEBT

Creditor	Amount	In name of	Monthly Payment
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

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ANNUALIZED INCOME AND EXPENSE STATEMENT

Instructions: If the income tax statement you submit with this application is for the prior calendar year, then complete this form for the current year only. If you have not submitted a filed income tax return for the prior year then complete two forms: one for the prior year and one for the current calendar year.

ANNUALIZED ONE ANNUAL INCOME	APPLICANT	CO-APPLICANT	COMBINED
Salary	\$	\$	\$
Bonus and commissions			
Real estate income (net)			
Share of partnership income (loss)			
Business Income (net)			
Dividends			
Interests			
Capital gains (losses)			
Pension income (401(k), IRA, Keogh, etc.)			
Social security			
Other income (itemize)			
Total income	\$	\$	\$

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ANNUALIZED ANUAL EXPENSES	APPLICANT	CO-APPLICANT	COMBINED
Mortgage payments (principal and interest)			
Co-op/Condo maintenance/Rent			
Real estate taxes			
Co-op/Condo/Apartment insurance			
Total real estate-related expenses (1)			
Loan/Note payments (principle & interest)			
Auto loan/lease payments			
Credit card payments			
Total debt-related expenses (Including (1) above)			
Insurance premiums (other)			
Income taxes			
Medical (non-reimbursed)			
Alimony, child support, spousal maintenance.			
Living Expenses (Food, clothing, utilities, etc.)			
Investment expenses (Including new savings)			
Pension contributions (401(k), IRA, Keogh)			
Other expenses (itemize)			
Total Expenses			
Excess income over (under) expenses			

61 EASTERN PARKWAY HOUSING CORPORATION

APPLICATION FOR THE PURCHASE OF COOPERATIVE APARTMENT

APPLICANT (S) CERTIFICATION

The undersigned applicant(s) certifies that all of the information provided is complete and accurate. It is understood that the Board of Directors or their designated representatives will rely on the information furnished in considering this application. Pursuant to the Proprietary Lease, the prior consent of the Board of Directors is required for this transfer. The undersigned authorizes the Board of Directors or their agents to contact any of the employers, banks, landlords, educational institutions, or other references. It is further understood that the Board of Directors or its designated representative may require additional information and may require a personal interview with the applicant(s) and other individuals who will reside in the apartment.

It is also understood that in no event will the Corporation, its Board of Directors, or their agents be responsible for expenses or liabilities incurred as a result of this review, including any liabilities or expenses incurred by an applicant.

The undersigned acknowledges that the apartment is being acquired "as is" and that the purchaser of a Cooperative apartment takes possession subject to the provisions of the by-laws of the Corporation and the proprietary lease, as amended and assumes all of the seller's obligations thereunder.

Applicant's Signature _____

Date Signed _____

Co-Applicant's Signature _____

Date Signed _____