

V2  
8-11-06

**PINETTE HOUSING CORP.  
105 MONTAGUE STREET  
BROOKLYN, NY 11201**

***SALES APPLICATION***

**Managed by:  
GOLDIN MANAGEMENT  
25 Eighth Avenue  
Brooklyn, NY 11217  
718-230-2600 (telephone)  
718-230-4268 (telefax)**

**PINETTE HOUSING CORP.  
105 MONTAGUE STREET  
BROOKLYN, NEW YORK 11201**

Managed by:  
GOLDIN MANAGEMENT  
25 Eighth Avenue  
Brooklyn, NY 11217  
718-230-2600 (telephone)  
718-230-4268 (telefax)

Dear Applicant:

The attached packet includes the information the Board of Directors of Pinette Housing Corp. requires in order to process your purchase application.

Please note that effective March 2000, no applicant will be considered if the amount financed exceeds 80% of the purchase price for the unit.

In addition, another condition of approval is that cooperator's insurance must be obtained prior to the closing. Proof of insurance must be presented at the closing.

Please complete the application and return it with the required fees. Incomplete applications will not be processed. Interviews for applicants are scheduled at the Board's request, after the application has been reviewed.

The Admissions Committee of the Board of Directors reserves the right to request additional documents or information as deemed necessary or appropriate at any time during the review and interview process.

The afternoon following the interview, you may contact the managing agent to learn whether your application has been approved. A closing date cannot be scheduled until your application has been approved by the Board. Please be assured that every effort will be made to expedite your application.

If you need any additional information, you may contact the Managing Agent.

Very truly yours,

Board of Directors  
of Pinette Housing Corp.

**PINETTE HOUSING CORP.  
105 MONTAGUE STREET  
BROOKLYN, NEW YORK 11201**

All applications submitted must be complete, including all fees. **Incomplete applications will not be processed.** The following is a list of additional items to be included with the return of the application:

1. Two (2) written business references.
2. Two (2) written personal references.
3. Reference letter from current Landlord or Managing Agent.
4. Two (2) most recent payroll stubs.
5. Two months of your recent asset statements, including all bank, brokerage, IRA, and retirement account statements (all pages).
6. Signed federal tax returns for the past two (2) years, with W-2 forms.
7. Verification of Deposit, Verification of Employment, and Authorization to Obtain a Credit Check (forms attached).
8. Fully executed Contract of Sale.
9. Loan Application and Commitment Letter (if purchasing through financing). Please note that the Board will not approve a sale if the amount to be financed exceeds 80% of the purchase price.
10. Receipt of House Rules and Other Policies acknowledgment (form attached).
11. Application fee of Two Hundred Dollars (\$200.00), made payable to Goldin Management.
12. Executed Move in/Move out Agreement with two (2) checks each from the applicant(s) and the seller(s). Each party should submit a check in the amount of Three Hundred Fifty Dollars (\$350.00) and in the amount of Five Hundred Dollars (\$500.00), made payable to Pinette Housing Corp. If there is no damage as a result of each of the moves, \$500.00 will be returned to each party from Pinette Housing Corp.
13. Two checks, one from the applicant(s) and one from the seller(s), each in the amount of One Hundred Dollars (\$100.00), made payable to Lenville Bennett, the building superintendent.

In order to process this application, **YOU MUST SUBMIT NINE (9) COMPLETELY COLLATED PACKAGES** (one original and eight copies). If there is more than one applicant, each applicant must submit items 1-7. Completed applications should be sent to:

**GOLDIN MANAGEMENT**  
25 Eighth Avenue  
Brooklyn, NY 11217  
Attn.: Robert Goldblatt, Property Manager  
718-230-2600 x-109 (telephone); 718-230-4268 (telefax)

**PURCHASE (APPLICANT) INFORMATION**

THE UNDERSIGNED HEREBY OFFER(S) TO PURCHASE \_\_\_\_\_ SHARES OF CAPITAL STOCK OF  
PINETTE HOUSING CORP.

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

Current Monthly Maintenance: \_\_\_\_\_

Purchase Price: \_\_\_\_\_

Proposed Closing Date: \_\_\_\_\_ Proposed Occupancy Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_  
(insert name(s) exactly as it(they) should appear on all documents)

Applicant's Social Security Number: \_\_\_\_\_

Co-Applicant's Social Security Number: \_\_\_\_\_

**SELLER (OWNER) INFORMATION**

Owner: \_\_\_\_\_

Co-Owner: \_\_\_\_\_  
(insert name(s) exactly as it(they) should appear on all documents)

Owner's Social Security Number: \_\_\_\_\_

Co-Owner's Social Security Number: \_\_\_\_\_

Owner's New Address:

\_\_\_\_\_

\_\_\_\_\_

**PINETTE HOUSING CORP.  
105 MONTAGUE STREET  
BROOKLYN, NEW YORK 11201**

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

Owner/Seller(s) Name: \_\_\_\_\_

Co-Owner/Co-Seller(s) Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone (Owner): \_\_\_\_\_ Business Telephone (Co-Owner): \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Owner's Broker, if any: \_\_\_\_\_ Telephone \_\_\_\_\_

Owner's Attorney: \_\_\_\_\_ Firm Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Telefax: \_\_\_\_\_

\* \* \* \* \*

Applicant's Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Applicant's Broker, if any: \_\_\_\_\_ Telephone \_\_\_\_\_

Applicant's Attorney: \_\_\_\_\_ Firm Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Telefax: \_\_\_\_\_

APPLICANT INFORMATION

APPLICANT

Name: \_\_\_\_\_
Address: \_\_\_\_\_
Dates of Occupancy: \_\_\_\_\_
Monthly Rent or Maintenance: \_\_\_\_\_
Landlord or Managing Agent: \_\_\_\_\_

Telephone Number: \_\_\_\_\_
Previous Home Address: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_
Previous Landlord or Managing Agent: \_\_\_\_\_

Telephone Number: \_\_\_\_\_
Citizenship: \_\_\_\_\_
Present Employer: \_\_\_\_\_
Nature of Business: \_\_\_\_\_
Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_
Position Title: \_\_\_\_\_

Annual Salary (excluding bonus): \_\_\_\_\_
Dates of Employment: \_\_\_\_\_

Previous Employer: \_\_\_\_\_
Nature of Business: \_\_\_\_\_
Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_
Position Title: \_\_\_\_\_

Annual Salary (excluding bonus): \_\_\_\_\_
Dates of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

(if current or former employment totals less than five years, please list information for additional former employment)

Educational Background: \_\_\_\_\_ Years: \_\_\_\_\_

High School: \_\_\_\_\_
College: \_\_\_\_\_
Grad School: \_\_\_\_\_

List Memberships in Clubs, Societies, etc.

Hobbies

CO-APPLICANT

Name: \_\_\_\_\_
Address: \_\_\_\_\_
Dates of Occupancy: \_\_\_\_\_
Monthly Rent or Maintenance: \_\_\_\_\_
Landlord or Managing Agent: \_\_\_\_\_

Telephone Number: \_\_\_\_\_
Previous Home Address: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_
Previous Landlord or Managing Agent: \_\_\_\_\_

Telephone Number: \_\_\_\_\_
Citizenship: \_\_\_\_\_
Present Employer: \_\_\_\_\_
Nature of Business: \_\_\_\_\_
Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_
Position Title: \_\_\_\_\_

Annual Salary (excluding bonus): \_\_\_\_\_
Dates of Employment: \_\_\_\_\_

Previous Employer: \_\_\_\_\_
Nature of Business: \_\_\_\_\_
Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_
Position Title: \_\_\_\_\_

Annual Salary (excluding bonus): \_\_\_\_\_
Dates of Employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

(if current or former employment totals less than five years, please list information for additional former employment)

Educational Background: \_\_\_\_\_ Years: \_\_\_\_\_

High School: \_\_\_\_\_
College: \_\_\_\_\_
Grad School: \_\_\_\_\_

List Memberships in Clubs, Societies, etc.

Hobbies

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

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Names of anyone in the building known to applicant(s):

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Do you plan to maintain any pets in the apartment? \_\_\_\_\_ If so, specify number and type of pet:

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Do you plan on making any alterations to the apartment? \_\_\_\_\_

If so, please describe:

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Do you own any additional residences? \_\_\_\_\_ If so, please set forth the address and telephone number:

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**PLEASE ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:**

	Applicant	Co-Applicant
Have you any outstanding judgments?	_____	_____
Have you ever been convicted of a misdemeanor or felony?	_____	_____
In the last seven years have you been declared bankrupt?	_____	_____
Has any business you control or have controlled been the subject of a bankruptcy?	_____	_____
Have you had property foreclosed upon or given title or deed in lieu thereof?	_____	_____
Are you or have you ever been a party in a lawsuit?	_____	_____
Are you obligated to pay alimony, child support or separate maintenance?	_____	_____
Will any part of your cash payment be borrowed?	_____	_____
Do you or any member of your family have diplomatic status?	_____	_____
Are any other individuals, in addition to those residing with you, dependent upon your income?	_____	_____

If the response to any of these questions is "yes," please explain in the space below:

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**APPLICANT (AND CO-APPLICANT) UNDERSTAND(S) THAT THE INFORMATION PROVIDED ABOVE IS ESSENTIAL TO DETERMINING APPLICANT'S (AND CO-APPLICANT'S) QUALIFICATIONS FOR PURCHASING THE APARTMENT AND THAT THE SELLER AND PINETTE HOUSING CORP. ARE RELYING UPON THE TRUTH AND ACCURACY OF SUCH INFORMATION IN THE EVENT A CONTRACT OF SALE IS EXECUTED.**

Date \_\_\_\_\_

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

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

**REFERENCES**

**Applicant**

**Co-Applicant**

**FINANCIAL INFORMATION**

Name of Financial Institution:

Name of Financial Institution:

Address: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Additional Accounts:

Name of Financial Institution:

Name of Financial Institution:

Address: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_

Name of Accountant: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

Name of Accountant: \_\_\_\_\_  
Firm Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_

**PERSONAL REFERENCES**

- 1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_
- 2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

- 1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_
- 2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

**PLEASE ATTACH WRITTEN REFERENCES FROM EACH OF THESE INDIVIDUALS.**

**BUSINESS REFERENCES**

- 1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
- 2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

- 1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_
- 2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**PLEASE ATTACH WRITTEN REFERENCES FROM EACH OF THESE INDIVIDUALS.**

## ASSETS AND LIABILITIES STATEMENT

Statement of the financial condition of the undersigned applicant(s) as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Fill in all blanks, including writing "no" or "none" where appropriate. Where there is more than one applicant, please include the assets and liabilities for both applicants.

### ASSETS

### LIABILITIES

Cash in Bank	\$	Notes Payable (see schedule B)	\$
Downpayment on Contract (if paid)	\$	Mortgage Payable (see schedule A)	\$
Securities (Stocks and Bonds)	\$	Accounts Payable (see schedule C)	\$
Cash Value of Life Insurance	\$	Credit Card Debt (see schedule C)	\$
Investment in Own Business	\$	Automobile	\$
Real Estate Owned (see schedule A)	\$	Unpaid Income Taxes	\$
Vested Interest in Retirement Fund	\$	Unpaid Real Estate Taxes	\$
Automobile model _____ year _____	\$	Loans on Life Insurance	\$
Loans and Notes Receivable	\$	Contingent Liabilities (see schedule D)	\$
Personal Property	\$		
Furniture	\$		
Other Assets (itemize):	\$	Other Debts (itemize):	\$
	\$		\$
	\$		\$
<b>TOTAL ASSETS:</b>	<b>\$</b>	<b>TOTAL LIABILITIES:</b>	<b>\$</b>
		<b>NET WORTH</b>	
		<b>(excess of assets over liabilities):</b>	<b>\$</b>

### SOURCES OF INCOME

<u>Applicant</u>		<u>Co-Applicant</u>	
Base Annual Salary	\$	Base Annual Salary	\$
Overtime Wages	\$	Overtime Wages	\$
Bonus	\$	Bonus	\$
Real Estate Income	\$	Real Estate Income	\$
Other Income (specify)	\$	Other Income (specify)	\$
<b>TOTAL:</b>	<b>\$</b>		<b>\$</b>

The foregoing statements and details pertaining hereto, both printed and written, have been carefully read and the undersigned applicant(s) declare(s) that they are a complete and accurate statement of my/our financial condition.

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

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

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



**VERIFICATION OF EMPLOYMENT**

**Applicant**

**INSTRUCTIONS:**

Complete this Verification of Employment form and return a copy of it with your application. Please forward the original of this form and the attached Employment Data form to your employer. Your employer must return the completed Employment Data form to Goldin Management at the address below.

**Please note that your application will not be considered complete until your employer returns the completed Employment Data form to Goldin Management.**

Name and Address of Employer:

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

I hereby authorize the release of the requested information which will be kept confidential and used in conjunction with my application submitted to Goldin Management.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number



Dear Employer:

We have been asked to verify the income of the individual whose signature appears above. We ask your cooperation by reporting on the attached Employment Data form any compensation received by this individual.

We appreciate your cooperation in promptly returning the completed Employment Data form to Goldin Management. If you have any questions, please call Robert Goldblatt at Goldin Management at (718) 230-2600 x-109.

Please mail the completed form to:

Goldin Management  
25 Eighth Avenue  
Brooklyn, NY 11217  
Attn.: Robert Goldblatt

or telefax it to (718) 230-4268

**EMPLOYMENT DATA**

Applicant's Name \_\_\_\_\_  
 Applicant's Social Security Number \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER:**

Position Title: \_\_\_\_\_

Employed since \_\_\_\_\_

Annual Base Salary \_\_\_\_\_

Date present rate began \_\_\_\_\_

Base salary for previous year \_\_\_\_\_

Does employee earn overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please set forth overtime pay rate per hour and average number of overtime hours expected during the next twelve months

Does employee receive a bonus? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please set forth the amount of the bonus for the last calendar year \_\_\_\_\_

Does employee receive any additional compensation (commissions, tips, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please set forth the amount of the bonus for the last calendar year \_\_\_\_\_

Is employee covered by medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Does employee pay premium toward medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please set forth the amount of annual premium \$ \_\_\_\_\_

Prospects for continued employment \_\_\_\_\_

Date \_\_\_\_\_

Signature

Title

Name of Firm

Street Address

City State Zip Code

Telephone Number



**EMPLOYMENT DATA**

Co-Applicant's Name \_\_\_\_\_

Co-Applicant's Social Security Number \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER:**

Position Title: \_\_\_\_\_

Employed since \_\_\_\_\_

Annual Base Salary \_\_\_\_\_

Date present rate began \_\_\_\_\_

Base salary for previous year \_\_\_\_\_

Does employee earn overtime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please set forth overtime pay rate per hour and average number of overtime hours expected during the next twelve months  
\_\_\_\_\_

Does employee receive a bonus? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please set forth the amount of the bonus for the last calendar year \_\_\_\_\_

Does employee receive any additional compensation (commissions, tips, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please set forth the amount of the bonus for the last calendar year \_\_\_\_\_

Is employee covered by medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Does employee pay premium toward medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please set forth the amount of annual premium \$ \_\_\_\_\_

Prospects for continued employment \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Name of Firm \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**AUTHORIZATION TO OBTAIN CREDIT CHECK****Applicant****Applicant Information**

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_

Former name(s), if any: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

By signing below, I authorize Goldin Management to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate the references herein listed in this application or statements or other data obtained from me or from any other person pertaining to my employment history, credit, prior tenancies, character, general reputation, and mode of living, to obtain a consumer report and such other credit information 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 a 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 for the purchase of a cooperative apartment.

\_\_\_\_\_  
Date\_\_\_\_\_  
Applicant's signature

**AUTHORIZATION TO OBTAIN CREDIT CHECK**  
**Co-Applicant**

**Co-Applicant Information**

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Middle Name or Initial \_\_\_\_\_

Former name(s), if any: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

By signing below, I authorize Goldin Management to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate the references herein listed in this application or statements or other data obtained from me or from any other person pertaining to my employment history, credit, prior tenancies, character, general reputation, and mode of living, to obtain a consumer report and such other credit information 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 a 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 for the purchase of a cooperative apartment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's signature

**PINETTE HOUSING CORP.  
105 MONTAGUE STREET  
BROOKLYN, NEW YORK 11201**

**EMERGENCY CONTACT FORM**

Occasionally an emergency or maintenance problem may occur where it is imperative for us to contact an owner who is not at home. Repair work can be hampered when cooperators are at work or away on vacation. Extensive damage can be prevented if we have a method of contacting the owner. To avoid this problem, we are requesting that you complete the information below. You are required to provide keys for your apartment to Goldin Management. In addition, it is also suggested that you give someone an extra set of keys for your apartment.

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

Applicant's Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

In case of emergency contact:

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

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

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

An extra set of keys has been given to:

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

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

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

**THIS FORM MUST BE KEPT CURRENT. IT IS THE RESPONSIBILITY OF THE APPLICANT(S) TO MAINTAIN THE ACCURACY OF THIS INFORMATION.**

## House Rules Pinette Housing Corporation

1. The public halls, stairways, and fire escapes of the building may not be obstructed or used for any purpose other than entering and exiting from the apartments. No baby carriages, bicycles, other vehicles, or any other objects may be left in these areas.
2. Children may not play in (or on) the public halls, stairways, fire escapes, or elevator. Children are not permitted on the roof deck unless accompanied by a responsible adult.
3. No public hall (except the first-floor lobby, the décor of which is the responsibility of the Board of Directors) may be decorated by any cooperator without the prior consent of all of the cooperators on that floor. In the event of a disagreement, the Board of Directors will decide the issue. No decoration may be painted directly on the wall.
4. No cooperator may make (or permit anyone for whom he or she is responsible to make) any disturbing noises in the building. No construction, repair, or installation work which creates undue noise is permitted other than weekdays (except legal holidays) between the hours of 8:00 a.m. and 5:00 p.m.
5. No sign, notice, and/or advertisement may be displayed on or at any window or other part of the building without the written consent of the Board of Directors.
6. Refuse and recyclables from the apartments must be disposed of only at such times and in such manner as the Board of Directors determines. (Detailed instructions are provided separately.)
7. Water closets and other water apparatus in the building may not be used for anything other than their intended purpose. The cost of repairing any damage resulting from misuse will be paid by the cooperator(s) responsible.
8. No cooperator may send any employee of the corporation or the managing agent out of the building on any private business during the hours of that individual's employ.
9. Purchasers and current cooperators must obtain the written consent of the Board of Directors to keep a pet or pets. Determination of the appropriateness of a pet or pets will be based on the size of the pet(s), number of pets, and the likelihood that the pet(s) will disturb others, or any other consideration which the Board believes to be relevant. Permission to keep a pet will be granted on a conditional basis and can be revoked if the cooperator does not adhere to the regulations pertaining to pets. The regulations are as follows:
  - a. dogs must be on a leash or carried at all times when in public spaces in the building
  - b. owners are responsible for cleaning up after their pet(s)
  - c. owners are responsible for controlling their pet(s)
  - d. No sub-tenants may keep a pet.
10. Unless expressly exempted by the Board of Directors, the floors of each apartment under which there is another apartment, must be covered with rugs or carpeting or effective noise-reducing material to the extent of at least 80% of the floor area of each room, except kitchens, bathrooms, closets, and foyers.
11. No radio or television aerial or satellite dish may be attached to or hung from the exterior of the building.
12. A cooperator who has exclusive use of a terrace or balcony has the right to decorate such area as he or she desires, subject to compliance with all applicable government regulations and statutes, including, but not limited to, the City of New York Landmarks Preservation Commission. Any plantings must be maintained in such a way that they do not cause any structural damage to the building.

13. Because the infestation of any apartment with vermin, insects, or other pests, poses a threat of infestation to the rest of the building, the managing agent and/or the Board of Directors, may request entry into any apartment to inspect for same. A qualified agent of the managing agent or the Board would conduct the inspection. If entry is denied, the appropriate person may enter the apartment at any reasonable hour of the day to conduct the inspection. Extermination measures may be taken. If any treatment beyond that included in the Board's contract with the exterminator is required, the cost of such treatment will be charged to the cooperator.
14. The laundry room is for the exclusive use of the residents of the cooperative. It may be used only during the hours posted and all the rules governing the operation of the machines must be followed. The cost of repairs necessitated by negligent use will be charged to the cooperator who causes the damage.
15. No smoking is permitted in any public area of the building.
16. No resident of the building, or the guest or employee of a resident, may give access to the building to anyone other than someone known to him or her. Violating this stricture jeopardizes everyone in the building and is regarded as highly irresponsible.
17. As an added safety measure, the outside door of the building should be locked by anyone entering after 10:30 PM and remain locked throughout the night. The first person leaving the building in the morning should unlock the door.
18. It is strongly recommended that a set of keys for your apartment be given to the managing agent and also to a neighbor. In an emergency, this will permit access to your apartment without necessitating the expense to you of breaking your lock.
19. Any structural renovations to an apartment must be approved by the Board of Directors. Approval is granted based on the structural soundness of the project, which in turn is determined by a review of the proposed construction. Application forms are available from the managing agent. The application must be submitted to the Board of Directors and must be approved before any work can begin.
20. The move-in/move-out policy of the building is detailed in a separate memorandum and must be strictly adhered to.
21. An apartment may not be sublet except in accordance with the regulations set forth by the Board of Directors. All subtenants must be interviewed and approved by the Board.
22. Guidelines for refinancing are available for any cooperator's review and Board approval is required for refinancing.
23. Cooperators who have any suggestions regarding the management of the building or who have any complaints are encouraged to submit same in writing to any member of the Board of Directors for prompt consideration.
24. Violators of any of the regulations which cause inconvenience to other cooperators or which pose a safety hazard may be subject to a fine. A list of fines will be made available.
25. As of December 1, 2002, shareholders may not install clothes washers in their apartments. This puts excessive strain on the building's infrastructure. Shareholders who already have washers may keep them, but they may not replace them with new units.
26. Cooperators must report any damage to their units immediately so that repairs may be undertaken in a timely manner. If a shareholder does not comply with this regulation, at the discretion of the Board of Directors, the entire cost of such repairs may be billed to the shareholder.
27. In cases where the cooperative pays for restoration of damaged units, the cost of any repairs to be borne by the cooperative shall be determined by applying a "reasonable and customary" standard. The amount of any such

“reasonable and customary” reimbursement shall be determined at the sole discretion of the Board of Directors. Any additional costs for special finishes, extraordinary building materials, and the like will be borne by the shareholder.

28. These regulations are subject to change at the discretion of the Board of Directors.

**PINETTE HOUSING CORP.  
(the "Corporation")**

**MOVE-OUT AGREEMENT**

**TO BE COMPLETED BY SELLER(S)/SHAREHOLDER(S)**

\_\_\_\_\_ (individually or together referred to as the "Shareholder") hereby agrees to comply with and be bound by the following rules and regulations in moving out of Apartment \_\_\_\_\_ (the "Apartment") at 105 Montague Street, Brooklyn, New York (the "Building").

1. The Shareholder shall notify the Corporation's managing agent of the exact date and time the Shareholder will be moving furniture and other possessions out of the Apartment, no later than ten (10) days before the requested moving date. No furniture or other possessions may be moved by the Building staff.

2. The move may only be scheduled on a weekday, Monday through Friday, between the hours of 9:00 a.m. and 5:00 p.m. The move may not be made on a holiday or the day preceding a holiday.

3. The Shareholder, and any person(s) assisting the Shareholder in moving, shall transport furniture and other items out of the Building, shall make every effort to minimize any inconvenience to or disturbance of other residents and shall not hold or permit the elevator to be held up on any floor or in the basement during the progress of the move.

4. The Shareholder, and any person(s) assisting the Shareholder in moving, shall comply with the reasonable directions of the managing agent, Building staff, and/or member of the Board of Directors. Any and all boxes, cartons, paper or other refuse which the Shareholder wishes to discard, must be disposed of in the manner directed by the managing agent and/or Building staff.

5. The Shareholder shall pay all costs to repair damage caused and/or cleaning required as a result of the move. In order to secure the Shareholder's compliance, and to create a fund from which the Corporation may pay the cost of repairing any damage which the Shareholder may cause during the move, the Shareholder is paying to the Corporation upon execution of this agreement a non-refundable fee of Three Hundred and Fifty Dollars (\$350.00), together with a security deposit in the amount of Five Hundred Dollars (\$500.00). In the event the Shareholder materially breaches any of the provisions of this agreement, the entire deposit shall be retained by the Corporation. If the Shareholder, or any person assisting the Shareholder in the move, causes damage to any part of the interior or exterior of the Building, or need to clean the same, then the deposit shall be applied against the cost of repairing the damage or cleaning the Building, as the case may be, and the balance of the deposit, if any, shall be returned to the Shareholder. If the costs of repairs and cleaning exceed the amount of the deposit, the Shareholder shall bear the cost of such repairs in excess of the amount of the deposit.

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

\_\_\_\_\_  
Shareholder Signature

\_\_\_\_\_  
Shareholder Signature

**PINETTE HOUSING CORP.**  
**(the "Corporation")**

**MOVE-IN AGREEMENT**

**TO BE COMPLETED BY APPLICANT(S)/PURCHASER(S)**

\_\_\_\_\_ (individually or together referred to as the "Applicant") hereby agrees to comply with and be bound by the following rules and regulations in moving into Apartment \_\_\_\_\_ (the "Apartment") at 105 Montague Street, Brooklyn, New York (the "Building").

1. The Applicant shall notify the Corporation's managing agent of the exact date and time the Applicant will be moving furniture and other possessions into the Apartment, no later than ten (10) days before the requested moving date. No furniture or other possessions may be moved by the Building staff.

2. The move may only be scheduled on a weekday, Monday through Friday, between the hours of 9:00 a.m. and 5:00 p.m. The move may not be made on a holiday or the day preceding a holiday.

3. The Applicant, and any person(s) assisting the Applicant in moving, shall transport furniture and other items into the Building, shall make every effort to minimize any inconvenience to or disturbance of other residents and shall not hold or permit the elevator to be held up on any floor or in the basement during the progress of the move.

4. The Applicant, and any person(s) assisting the Applicant in moving, shall comply with the reasonable directions of the managing agent, Building staff, and/or member of the Board of Directors. Any and all boxes, cartons, paper or other refuse which the Applicant wishes to discard, must be disposed of in the manner directed by the managing agent and/or Building staff.

5. The Applicant shall pay all costs to repair damage caused and/or cleaning required as a result of the move. In order to secure the Applicant's compliance, and to create a fund from which the Corporation may pay the cost of repairing any damage which the Applicant may cause during the move, the Applicant is paying to the Corporation upon execution of this agreement a non-refundable fee of Three Hundred and Fifty Dollars (\$350.00), together with a security deposit in the amount of Five Hundred Dollars (\$500.00). In the event the Applicant materially breaches any of the provisions of this agreement, the entire deposit shall be retained by the Corporation. If the Applicant, or any person assisting the Applicant in the move, causes damage to any part of the interior or exterior of the Building, or need to clean the same, then the deposit shall be applied against the cost of repairing the damage or cleaning the Building, as the case may be, and the balance of the deposit, if any, shall be returned to the Applicant. If the costs of repairs and cleaning exceed the amount of the deposit, the Applicant shall bear the cost of such repairs in excess of the amount of the deposit.

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

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

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

**PINETTE HOUSING CORP.  
105 MONTAGUE STREET  
BROOKLYN, NEW YORK 11201**

**SUBLET POLICY**

Effective December 19, 1993, the Board of Directors adopted the following as the sublet policy for Pinette Housing Corp.:

Please be advised that any shareholder interested in subletting an apartment must submit a request to the Managing Agent sixty (60) days prior to commencement of the proposed sublease. The Board of Directors will review the proposed sublease and, on a "first-come, first serve" basis, will place the request on a waiting list if the total number of existing sublets, plus proposed sublets, exceeds three (3), as provided in the Corporation's sublet policy.

No more than three (3) units may be rented by shareholders at any one time and none may be rented for a period exceeding three (3) consecutive years. The rental fee payable by a shareholder shall be ten percent (10%) of maintenance on the unit during the first year, twenty percent (20%) of maintenance on the unit during the second year, and forty percent (40%) of maintenance on the unit during the third year. Each rental request must be submitted to the Board for initial approval. At the end of each year, a renewal request must be submitted to the Board for approval in accordance with the subleasing procedure for the Corporation and on the application available from the Managing Agent.

**PINETTE HOUSING CORP.  
105 MONTAGUE STREET  
BROOKLYN, NEW YORK 11201**

**MOVING POLICY**

Effective February 21, 1998, the Board of Directors adopted the following as the moving policy for Pinette Housing Corp.:

Move requests must be made to Goldin Management at least ten (10) days prior to the date desired.

Moves must be made weekdays (Monday through Friday) -- except on holidays and the day preceding a holiday.

Moves must commence no earlier than 9:00 am and be completed before 5:00 pm. Movers must be on premises no later than 2:00 pm of moving day; otherwise the move must be rescheduled.

If, due to unforeseen circumstances, a move should extend beyond 5:00 pm, the party concerned must pay Pinette Housing Corp. \$150.00 for each hour past the deadline and give Lenville Bennett an additional (one-time) payment of \$100.00.

Under no circumstances will a move be permitted to extend beyond 8:00 pm.

Effective September 1, 2004, the Board of Directors adopted the following addition to the moving policy for Pinette Housing Corp.:

The attached Move-in/Move-out Form must be completed for all moves. Move-in and move-out deposits will not be returned unless a completed form is received.

# Pinette Move In-Move Out Inspection

Event \_\_\_\_\_ Cooperator \_\_\_\_\_ Apt # \_\_\_\_\_ Date \_\_\_\_\_

Super Sign-In \_\_\_\_\_ Time \_\_\_\_\_ AM

**Inspected Items**

	Condition(s)	
	No Damage	Damage Provide details.
Outside steps	_____	_____
Outer door	_____	_____
Vestibule floor	_____	_____
Vestibule steps	_____	_____
Vestibule walls	_____	_____
Inner door	_____	_____
Inner lobby carpet	_____	_____
Inner lobby walls	_____	_____
Lobby elevator door	_____	_____
Elevator interior	_____	_____
At Cooperator's floor:		
Elevator door	_____	_____
Wall	_____	_____
Carpet	_____	_____
Apartment door	_____	_____

**Comments:**

**Cooperator Sign** \_\_\_\_\_

**Board Member Sign** \_\_\_\_\_

Super Sign-Out \_\_\_\_\_ Time \_\_\_\_\_ PM

**PINETTE HOUSING CORP.  
105 MONTAGUE STREET  
BROOKLYN, NEW YORK 11201**

**ALTERATION POLICY**

Pinette Housing Corp. has a policy with respect to construction and renovation of apartments. Written approval of the Board of Directors must be obtained before any construction or renovation work. Before a cooperator may commence any construction or renovation work, the cooperator must contact Goldin Management to obtain a copy of the Alteration Agreement.

The Managing Agent and/or Pinette Housing Corp. may suspend all work if you fail to comply with the terms of your Proprietary Lease or the House Rules applicable to the alteration.

**PINETTE HOUSING CORP.  
105 MONTAGUE STREET  
BROOKLYN, NEW YORK 11201**

**REFINANCING PROCEDURES**

Effective November 3, 1997, the Board of Directors adopted the following as the refinancing procedure for Pinette Housing Corp.:

Whenever a shareholder is planning to refinance his/her apartment, the Board of Directors must be notified and the terms of the new arrangement must be presented. If the refinancing will reduce the monthly mortgage payments or keep them the same, Board approval will be automatic. If the refinancing causes the monthly mortgage payments to increase, the Board reserves the right to request the shareholder to provide additional data, i.e. income statement(s), tax returns, etc. for review. As always, the primary concern of the Board is to protect the financial stability of the Corporation.

**PINETTE HOUSING CORP.  
105 MONTAGUE STREET  
BROOKLYN, NEW YORK 11201**

**ACKNOWLEDGMENT OF RECEIPT OF HOUSE RULES AND OTHER BUILDING POLICIES**

re: Apartment \_\_\_\_\_

I/We have received a copy of the current House Rules, Moving Policy, Alteration Policy, Refinancing Procedures, and Subletting Policy for Pinette Housing Corp. and agree to abide by them.

I/We also understand that I/we may not move into the building unit until I/we receive notification from the Board of Directors that my/our application has been approved and have scheduled a move-in date with Goldin Management.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Co-Applicant's signature

**PINETTE HOUSING CORP.  
105 MONTAGUE STREET  
BROOKLYN, NEW YORK 11201**

**TO BE COMPLETED BY GOLDIN MANAGEMENT:**

Apartment No. \_\_\_\_\_

Anticipated Closing Date \_\_\_\_\_

Seller's Balance Due \_\_\_\_\_

The attached completed application has been submitted by \_\_\_\_\_

for the sale of the above-mentioned apartment from \_\_\_\_\_

on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

\_\_\_\_\_  
Goldin Management

This is to notify the owner(s) of the above-mentioned apartment at 105 Montague Street, Brooklyn, New York that the Board of Directors of Pinette Housing Corp. has consented to the sale of the apartment to

\_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Very truly yours.

**BOARD OF DIRECTORS  
PINETTE HOUSING CORP.**

\_\_\_\_\_  
Director

\_\_\_\_\_  
Director