



FirstService Residential New York, Inc.
575 Fifth Avenue, 9th Floor
New York, NY 10017
T: 1-844-612-4956
F: (212) 634-3946

Note: Use your PDF viewer's "Bookmarks" feature to quickly access different parts of the application.

eApply

Purchase

Package ID : 781
8/30/2023 4:43:17 PM

Oosten Condominium

Applicant : Sample Applicant

Owner : Sample Unit Owner

Managed by: FirstService Residential New York, Inc.

CONFIDENTIAL - DO NOT DUPLICATE

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Application Fees

FirstService Residential New York, Inc. fees may only be paid by Credit Card or Bank Certified Check

To pay fees by Credit Card, click on the "**Click to Pay Online**" links below

To pay fees by Bank Certified Check, click on the "**Click to Record Checks**" links below

Checks should be sent to:

Processing Department
FirstService Residential New York, Inc.
575 Fifth Avenue, 9th Floor
New York, NY 10017
T: 1-844-612-4956
F: (212) 634-3946

Responsibility of Unit Owner

Due At Closing

Description	Pay To	Amount	Paid
Closing Fee	Management	600.00	

Due At Submission

Description	Pay To	Amount	Paid
Move Out Fee	Entity	500.00	
Move Out Deposit NOTE: The move out deposit must be in the form of a certified check or money order and brought to the front desk of the building.	Entity	1000.00	

Responsibility of Applicant

Due At Submission

Description	Pay To	Amount	Paid
Move In Deposit	Entity	1000.00	
Move In Fee	Entity	500.00	
Digital document retention Fee	Management	112.50	
Financing Fee	Management	300.00	
Application Processing Fee	Management	650.00	
Working Capital Contribution Equal to 2 months of common charges	Entity	0.00	

Responsibility of Applicant Party

Due At Submission

Description	Pay To	Amount	Paid
Consumer Report Fee	Management	75.00	

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IMPORTANT NOTICE ABOUT SENSITIVE DATA

IMPORTANT NOTICE - PLEASE READ CAREFULLY

Management Company Name realizes that this application contains sensitive personal information.

We require the social security number for each applicant (and each other adult occupant of the apartment) on the Authorization to Obtain Consumer Reports Form. This is the only place on the application requiring a social security number, but social security numbers may be contained in other documents that you are submitting (e.g. tax returns, contracts of sale).

Before submitting these documents, please black out or otherwise obliterate the social security number as Management Company Name cannot be responsible for the security of this information if it is included in these documents.

Applicants, Unit Owners/Shareholders & Brokers Please Read Below:

Brokers DO NOT automatically have access to the applicant or unit owners forms for privacy reasons.

If the parties choose to share their info with broker(s) - they need go to the Set Up Parties section of the application and grant said broker proxy access to their forms by clicking the Proxy Access link that appears next to the broker(s) name on the Set Up Parties section of the application.



"No Access" to the right of a parties name under Form List means YOU don't currently have access to their forms.

[Click Here to learn more on how to give another party Proxy Access to forms](#)

[Click Here to learn how to fix an error when uploading PDFs](#)

REMINDER: Make sure you print your application before submission if you need to keep a copy for your records.

PLEASE BE ADVISED THAT WE HAVE REDUCED OUR PROCESSING TIME FROM TEN (10) BUSINESS DAYS TO APPROXIMATELY FIVE TO SEVEN (5-7) BUSINESS DAYS FOR APPLICATIONS. WE RECOMMEND THAT YOU NOTIFY ALL RELEVANT PARTIES CONNECTED TO THIS TRANSACTION IN ORDER TO MANAGE EXPECTATIONS.

* Signature for



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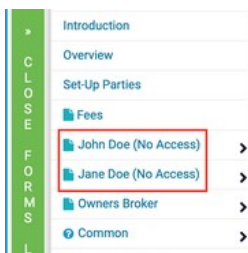
We require the social security number for each applicant (and each other adult occupant of the apartment) on the Authorization to Obtain Consumer Reports Form. This is the only place on the application requiring a social security number, but social security numbers may be contained in other documents that you are submitting (e.g. tax returns, contracts of sale).

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IMPORTANT INFORMATION FROM THE BOARD

Entity Name

IF YOU MUST SUBMIT YOUR APPLICATION OFFLINE IN HARD COPY FORM.

PLEASE CONTACT Management Company Name FOR DETAILED INSTRUCTIONS.

PLEASE BE ADVISED THAT SUBMITTING AN OFFLINE HARD COPY APPLICATION WILL SIGNIFICANTLY INCREASE THE TIME IT WILL TAKE TO REVIEW AND PROCESS THAT APPLICATION.

* Signature for

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FirstService Residential New York, Inc.
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The Federal Fair Housing Act

Entity Name
Building Address
Unit: Unit Number

Discrimination is prohibited in Board admissions procedures under the following laws:

The Federal Fair Housing Act The Civil Rights Act The New York State and New York City Human Rights Laws

The New York City Human Rights Law provides that it is unlawful to refuse to sell, rent, lease, approve the sale, rental or lease or otherwise deny a housing accommodation based on actual or perceived race, creed, color, national origin, gender (including gender identity), age, disability, sexual orientation, marital status, partnership status, lawful source of income, alienage or citizenship status or because children are, may be, or would be residing in the accommodation. Where a housing accommodation or an interest is sought or occupied exclusively for residential purposes, the provisions shall be construed to prohibit discrimination in the sale, rental, or leasing of such housing accommodation or interest on account of a person's occupation. Complaints may be filed within one year of an unlawful discriminatory act at the Law Enforcement Bureau of the City's Commission on Human Rights.

The New York State Human Rights Law provides that it is unlawful to refuse to sell, rent, lease or otherwise deny a housing accommodation on the basis of race, creed, color, national origin, sex, age, disability, sexual orientation, military status, marital status, or familial status. Complaints may be filed within one year of an unlawful discriminatory act to the New York State Division of Human Rights or within three years of an unlawful discriminatory act in State Court. Complaints may not be filed with both the Division and the Court

The Federal Fair Housing Act prohibits discrimination in housing practices on the basis of race, color, religion, sex, handicap, familial status, or national origin. Individuals who believe they have been victims of an illegal housing practice may file a complaint within one year of the unlawful discriminatory act with the Department of Housing and Urban Development (HUD) or file their own lawsuit in federal or state court. The Department of Justice brings suit on behalf of individuals based on referrals from HUD.

The Civil Rights Act provides that all citizens of the United States shall have the same right to inherit, purchase, lease, sell, hold, and convey real and personal property. The law concerns the rights of all persons to make and enforce contracts, to sue, be parties, give evidence, and to the full and equal benefit of all laws and proceedings for the security of persons and property. Complaints may be filed with the Office for Civil Rights.



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INFORMATION FOR PURCHASE

Entity Name
 Unit: Unit Number
 Building Address

Applicant:Applicant Corporate Name Applicant Name
 Co-Applicants:CoApplicants Corporate Name Co Applicant Names

In accordance with laws of New York City, Applicant is advised that information provided by Applicant may be used to obtain a tenant screening report (also known as Consumer Report) from Consumer Reporting Agency. The name and address of the Consumer Reporting Agency is:

TenantAlert.com
 Consumer Relations
 23801 Calabasas Rd, Suite 1022
 Calabasas, CA 91302
 Telephone: (866)272-8400

In addition, on behalf of the Owner of the Building for which this application is being accepted (the "Owner"), we are notifying Applicant that, pursuant to federal and state law:

1. If the owner takes an adverse action against Applicant on the basis of information contained in a tenant screening report, we must notify Applicant that such action was taken and supply the name and address of the consumer reporting agency that provided the tenant screening report on the basis of such action was taken;
2. Any Applicant against whom adverse action is taken based on information contained in a tenant screening report has the right to inspect and receive a free copy of such report by contacting the consumer reporting agency;
3. Every Applicant is entitled to one free tenant screening report from each national consumer reporting agency annually in addition to a credit report that should be obtained from www.annualcreditreport.com; and
4. Every Applicant may dispute inaccurate or incorrect information contained in a tenant screening report directly with the consumer reporting agency.

***PLEASE COMPLETE THIS PAGE IN ITS ENTIRETY.**

Purchase Application Information

Today's Date	<input type="text"/>	Requested Move-in Date	<input type="text"/>
Proposed Closing Date	<input type="text"/>	Number Of Shares (Coop Only)	<input type="text"/>
Unit Number	<input type="text"/>	Percent Of Common (Condo Only) %	<input type="text"/>
Building Name	<input type="text"/>		
Building Address	<input type="text"/>		
Borough	<input type="text"/>		
Purchase Price	\$ <input type="text"/>	Amount Financed	\$ <input type="text"/>
Down Payment	\$ <input type="text"/>	Down Payment Source	<input type="text"/>
Additional Cash	\$ <input type="text"/>	Additional Cash Source	<input type="text"/>
Mortgage Payment	\$ <input type="text"/>	Common/Maint. Charge	\$ <input type="text"/>
Special Conditions	<input type="text"/>		

Management Company
(office use only)

Managing Agent

Processor

Phone Fax

Email

Applicant(s) Information

Name Work Phone

Address Cell Phone

City Home Phone

State Zip Fax Number

Email

Occupied From To

Applicant's Attorney

Remove

Attorney	<input type="text"/>	Phone	<input type="text"/>
Firm Name	<input type="text"/>	Cell	<input type="text"/>
Address	<input type="text"/>	Fax	<input type="text"/>
City	<input type="text"/>		
State	<input type="text"/>	Zip	<input type="text"/>
E-mail	<input type="text"/>		

Applicant's Broker

Remove

Broker	<input type="text"/>	Phone	<input type="text"/>
Firm Name	<input type="text"/>	Cell	<input type="text"/>
Address	<input type="text"/>	Fax	<input type="text"/>
City	<input type="text"/>		
State	<input type="text"/>	Zip	<input type="text"/>
E-mail	<input type="text"/>		

Applicant's Mortgage Lender

Lender	<input type="text"/>	Phone	<input type="text"/>
Contact	<input type="text"/>	Cell	<input type="text"/>
E-mail	<input type="text"/>	Fax	<input type="text"/>

Housing History

* Do you own a private house?

Yes No

Current Landlord	<input type="text"/>		
Address	<input type="text"/>		
E-mail	<input type="text"/>		
Phone	<input type="text"/>		
Occupied on	<input type="text"/>	Mo. Payment	<input type="text"/>
Reason for Moving	<input type="text"/>		

Attach Landlord/Management company Reference Letter

Previous Landlord	<input type="text"/>		
Address	<input type="text"/>		
E-mail	<input type="text"/>	Phone	<input type="text"/>
Occupied On	<input type="text"/>	To	<input type="text"/>
Mo. Payment	<input type="text"/>	Reason for Moving	<input type="text"/>

Employment History

Employment Status Full-time Part-time Unemployed Retired Student

Nature of Business

Self-Employed? Yes No **If Yes, How long?**

If Self-employed enter "Self" in Current Employer field.

Current Employer

Employer's Address

City

State **Zip**

Employed From **To**

Job Title

Supervisor's Name **Phone**

Years in This Line of Work

Previous Employer

Employer's Address

City

State **Zip**

Employed From **To**

Title

Supervisor's Name **Phone**

Estimated Income This Year \$

Actual Income Last Year \$

Education

Highest Education Level Elementary School High School College Graduate School

Last School Attended

From **To**

List Club, Society, Fraternity or board Memberships

Other Information

Have you ever been convicted of a felony? Yes No

If Yes Explain

Will Occupancy Be? Part-time Full-time Investment Only

Will you lease the unit? Yes No

Do you have pets? Yes No

If Yes list number and type

Occupants

List Names and Relationships of all Occupants 18 years old and over not otherwise listed as Applicants or Co-applicants

Please make sure all adult occupants are also setup as application parties under the SET UP PARTIES section

Remove				
	Relationship	<input style="width: 90%;" type="text"/>	Occupant Name	<input style="width: 90%;" type="text"/>

List names and ages of all occupants younger than 18 years old other than applicant or co-applicants.

Remove		
	Occupant Name	Age
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

I, Application Party FirstName LastName, agree, as a condition of processing this application, that Management Company Name its employees and/or its processing agent Management Company Name neither bear nor assume any responsibility whatsoever for the verification or completeness of the Applicant Information.

In addition, I authorize Management Company Name to share the Applicant Information, or portions of it, with any other parties they may reasonably believe necessary to fulfill the purposes of this application.

Transfer of the Applicant Information may be made in any form, including but not limited to mail, overnight courier, facsimile, email or posting on a secure/password protected web site.

I further agree to hold Management Company Name harmless from any error or omission in the transfer of the Applicant Information or from the consequences of the distribution of the Applicant Information to third parties.

*** Signature for**



FirstService Residential New York, Inc.
 575 Fifth Avenue, 9th Floor
 New York, NY 10017
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INFORMATION FOR PURCHASE

Entity Name
 Unit: Unit Number
 Building Address

Applicants: Applicant Corporate Name Applicant Name
 Co-Applicants: CoApplicants Corporate Name Co Applicant Names

This Applicant Information for Purchase - LE form must be completed and signed by a person who is authorized to sign on behalf of the company.

IMPORTANT INFORMATION FOR NEWLY FORMED COMPANIES

If this company has been newly formed for the purpose of purchasing the above referenced unit or the company does not have substantial operating history and or assets a guarantor is required. If this is the case go to the "Setup Parties" page and add the guarantor. Then, either have guarantor login and complete the appropriate forms online or print the forms, complete them manually and submit them to Management Company Name, Management Full Address .

If you have any questions about completing any of the forms in this application please contact Management Company Name,Support Contact or e-mail to Support Email Address,

***PLEASE COMPLETE THIS PAGE IN ITS ENTIRETY.**

Purchase Application Information

Today's Date	<input type="text"/>	Requested Move-in Date	<input type="text"/>
Proposed Closing Date	<input type="text"/>	Number of Shares (Coop Only)	<input type="text"/>
Unit Number	<input type="text"/>	Percent Of Common (Condo Only)	<input type="text"/>
Building Name	<input type="text"/>		
Building Address	<input type="text"/>		
Borough	<input type="text"/>		
Purchase Price	\$ <input type="text"/>	Amount Financed	\$ <input type="text"/>
Mortgage Payment	\$ <input type="text"/>	Common/Maint. Charges	\$ <input type="text"/>
Down Payment	\$ <input type="text"/>	Source of Down Payment	<input type="text"/>
Additional Cash	\$ <input type="text"/>	Source of Additional Cash	<input type="text"/>
Special Conditions	<input type="text"/>		

Management Company
 (office use only)

Managing Agent	<input type="text"/>		
Processor	<input type="text"/>		
Phone	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		

CorporateName Information

Company

Name Work Phone

Address Cell Phone

City Home Phone

State Zip Fax Number

E-mail

Formed Where When

CorporateName Attorney

Applicant's Attorney

Remove

Attorney Phone

Firm Name Cell

Address Fax

City

ST Zip

E-mail

CorporateName Broker

Applicant's Broker

Remove

Broker Phone

Firm Name Cell

Address Fax

City

ST Zip

E-mail

CorporateName Mortgage Lender

Remove

Lender	<input type="text"/>	Phone	<input type="text"/>
Contact	<input type="text"/>	Cell	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>

CorporateName Landlord Information

Current Landlord

Email

Phone **Fax**

Occupied on **Mo. Payment**

Reason for Moving

CorporateName Other Information

Has the company ever been party to a lawsuit? Yes No

If Yes Explain

Will Occupancy Be? Part-time Full-time

Will you Lease the unit? Yes No

Do you have pets? Yes No

If Yes list number and type

Occupants

List Names and Relationships of all Occupants 18 years and over not listed as the Applicant or Co-applicants.

Remove

Occupant Name	<input type="text"/>	Relationship	<input type="text"/>
----------------------	----------------------	---------------------	----------------------

I, Application Party FirstName LastName as an authorized representative of CorporateName agree, as a condition of processing this application, that Management Company Name, its employees and/or its processing agent Management Company Name neither bear nor assume any responsibility whatsoever for the verification or completeness of the Applicant Information.

In addition, I authorize Management Company Name to share the Applicant Information, or portions of it, with any other parties they may reasonably believe necessary to fulfill the purposes of this application.

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CorporateName

* **Signature** for

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Unit Owner Information

Entity Name, Entity Type Name
 Unit#: Unit Number
 Building Full Address

Applicant: Applicant Corporate Name ApplicantNames
 Co-Applicants: CoApplicants Corporate Name Co Applicant Names

Unit Owner's / Shareholder's Information

Unit owner's Information

Remove

Company Or Estate	<input type="text"/>		
* Name	<input type="text"/>		
* Address	<input type="text"/>		
* City	<input type="text"/>		
* State	<input type="text"/>	* ZIP	<input type="text"/>
Mailing Address (if different)	<input type="text"/>		
Business Phone	<input type="text"/>	* Cell	<input type="text"/>
Home Phone	<input type="text"/>	* E-Mail	<input type="text"/>

Unit Owner's / Shareholder's Attorney

Unit owner's Attorney

Remove

Attorney	<input type="text"/>	Phone	<input type="text"/>
Firm Name	<input type="text"/>	Cell	<input type="text"/>
Address	<input type="text"/>	Fax	<input type="text"/>
City	<input type="text"/>		
State	<input type="text"/>	ZIP	<input type="text"/>
E-Mail	<input type="text"/>		

Unit Owner's / Shareholder's Broker

Unit owner's Broker

Remove

Broker	<input type="text"/>	Phone	<input type="text"/>
Firm Name	<input type="text"/>	Cell	<input type="text"/>
Address	<input type="text"/>	Fax	<input type="text"/>
City	<input type="text"/>		
State	<input type="text"/>	ZIP	<input type="text"/>
E-Mail	<input type="text"/>		

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PART 2- APPLICANT FINANCIAL INFORMATION

Entity Name Entity Name
Unit Number
Building Full Address

This Financial Statement – LE form must be completed and signed by a person who is authorized to sign on behalf of the company.

IMPORTANT INFORMATION FOR NEWLY FORMED COMPANIES

If this company has been newly formed for the purpose of purchasing the above referenced unit or the company does not have substantial operating history and or assets a guarantor is required. If this is the case go to the "Setup Parties" page and the guarantor. Then, either have the guarantor login and complete the appropriate forms online or print the forms, complete them manually and submit them to Management Company Name, Management Full Address .

If you have any questions about completing any of the forms in this application please contact Management Company Name at Support Contact or e-mail to Support Email Address.

Upload CorporateName Most Recent Annual Financial Statements

Upload a complete set of the company's most recent annual financial statements (Balance Sheet, Income Statement, Cash Flow Statement). Please upload all statements as one PDF file

* **Statement Type** * **For the Year Ended**

* **Upload Financial Statements**
 Please email a scan of supporting documentation if returning electronically

Owned real Estate

Schedule A - Real Estate

Enter Real Estate currently owned by you. If this is a purchase application do not include the real estate pertaining to this application.If you own more than one property click Add New below to add another property.

Remove <input type="text"/>		
* Type	* Property Address	* Market Value
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
* Mortgage Balance	* Mortgage Payment	
\$ <input type="text"/>	\$ <input type="text"/>	
* Maintenance	* RE Taxes	* Insurance
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Monthly Income & Expense

Be Sure to enter **MONTHLY** Income and Expenses in the schedule below.

Please enter an appropriate estimate of monthly income(revenue) amounts based on the company's annual financial statements. If none of the provided fields adequately describes the type of income for your company enter the company's income(revenue) in the Other income field and describe it in the Other Income and Expense Notes section below.

Other expenses should only include those expenses directly related to property or Debt. Do not include any personal expenses.

"Current" monthly expenses for mortgage payments, maintenance, hazard insurance and real estate taxes are automatically filled in from the entries you make in Schedule A - Real Estate, located above. You must complete Schedule A for all additional real estate owned.

You must complete the "Proposed" monthly expense column. Only include expenses that you will have to be paid after consummating the transaction pertaining to this application. For example, if company is currently renting but the company is purchasing an apartment pertaining to this application and will no longer be renting the other apartment do not include the rent payment in the "Proposed" monthly expense column. If you have any questions about how to complete this section of the Financial Statement please contact Management Company Name at Support Contact or Support Email Address.

Shaded fields contain formulas and CANNOT be changed.

MONTHLY INCOME		MONTHLY EXPENSES		
		Current		Proposed
Product Sales	\$ <input type="text"/>	Rent	\$ <input type="text"/>	\$ <input type="text"/>
Professional Fees	\$ <input type="text"/>	Maintenance (Shed A)	\$ <input type="text"/>	\$ <input type="text"/>
Reimbursed Expenses	\$ <input type="text"/>	Mortgages (Shed A)	\$ <input type="text"/>	\$ <input type="text"/>
Commissions	\$ <input type="text"/>	Other Loans	\$ <input type="text"/>	\$ <input type="text"/>
Dividends and Interest	\$ <input type="text"/>	Hazard Ins (Shed A)	\$ <input type="text"/>	\$ <input type="text"/>
Net Rental Income	\$ <input type="text"/>	R E Taxes (Shed A)	\$ <input type="text"/>	\$ <input type="text"/>
Other Income	\$ <input type="text"/>	Other Expenses	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL INCOME	\$ <input type="text"/>	TOTAL EXPENSES	\$ <input type="text"/>	\$ <input type="text"/>

Explain all "Other Income" and "Other Expenses"

* I have entered all monthly income and expenses, both current and proposed, accurately and completely. I understand that if I have omitted any material items of income or expense or inaccurately entered such items it will delay review of this application. Yes No

Assets & Liabilities

Schedule B - Cash and Marketable Securities (Bank Accounts)

Please upload and attach the entire statement for the most recent month

Remove

* Financial Institution Name	* Account Type
* Account No.	* Balance \$ <input style="width: 80%;" type="text"/>
* Attach Bank Statement Please email a scan of supporting documentation if returning electronically	* Statement Date

Schedule C - Stocks, Bonds and Mutual Funds (Investment Accounts)

Please upload and attach the entire statement for the most recent month

Remove

* Account No.	* Description	* Market Value
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
* Attach Investment Statement		* Statement Date
Please email a scan of supporting documentation if returning electronically		<input type="text"/>

Schedule D - Retirement Plans

Please upload and attach the entire statement for the most recent month.

Remove

* Institution Name	* Plan Type	* Market Value
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
* Attach Retirement Statement		* Statement Date
Please email a scan of supporting documentation if returning electronically		<input type="text"/>

Schedule E - Other Assets

This schedule is meant to record non-traditional assets such as coin collections, antique cars and stamp collections. Do not record real estate investments here. Record those investments in schedule A above.

Remove

* Description	* Value
<input type="text"/>	\$ <input type="text"/>

ASSETS		LIABILITIES	
Cash (Sched B)	\$ <input type="text"/>	Notes Payable to Banks	\$ <input type="text"/>
Contract Deposit	\$ <input type="text"/>	Notes to Relatives	\$ <input type="text"/>
Stocks and Bonds (Sched C)	\$ <input type="text"/>	Notes to Others	\$ <input type="text"/>
Investment In Bussiness	\$ <input type="text"/>	Install Accts Payable	\$ <input type="text"/>
Accounts Receivable	\$ <input type="text"/>	Automobiles	\$ <input type="text"/>
Real Estate (Sched A)	\$ <input type="text"/>	Other Accts Payable	\$ <input type="text"/>
Automobiles	\$ <input type="text"/>	Mortgages Payable (Sched A)	\$ <input type="text"/>
Personal Property	\$ <input type="text"/>	Unpaid Real Estate Taxes	\$ <input type="text"/>
Life Insurance (Cash Value)	\$ <input type="text"/>	Unpaid Income Taxes	\$ <input type="text"/>
Retirement Plans (Sched D)	\$ <input type="text"/>	Chattel Mortgages	\$ <input type="text"/>
KEOGH	\$ <input type="text"/>	Loans on Life Ins	\$ <input type="text"/>
Profit Sharing or Pension	\$ <input type="text"/>	Credit Card Debt	\$ <input type="text"/>
Other Assets (Sched E)	\$ <input type="text"/>	Other Debts	\$ <input type="text"/>
* TOTAL ASSETS	\$ <input type="text"/>	* TOTAL LIABILITIES	\$ <input type="text"/>

* I have entered all assets and liabilities accurately and completely. This includes completing all appropriate schedules and uploading required documents. I understand that if I have omitted any material assets or liabilities or inaccurately entered such items it will delay review of this application. Yes No

Declarations

- * 1. Are there any outstanding judgments against the company? Yes No
- * 2. Has the company declared bankrupt in the past 7 years? Yes No
- * 3. Has the company had a property foreclosed upon or given title or deed in lieu thereof in the past 7 years? Yes No
- * 4. Is the company a party to a lawsuit? Yes No
- * 5. Has the company been obligated on any loan that resulted in foreclosure? Yes No
- * 6. Is any part of the downpayment borrowed? Yes No
- * 7. Is the company a co-maker or endorser on a note? Yes No
- * 8. Has the company had ownership interest in a property in last 3 yrs? Yes No

9. If yes what type of property did you own?

10. How did the company own title?

The foregoing application has been carefully prepared, and I, Application Party FirstName LastName as an authorized representative of CorporateName, hereby solemnly declare and certify that all information contained herein is true and correct. The information is submitted as being a true and accurate statement of the financial condition of CorporateName .

CorporateName

* Signature for



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PART 2 - APPLICANT FINANCIAL INFORMATION

Entity Name Entity Name
 Unit Number
 Building Full Address

Monthly Income & Expense

Be Sure to report **MONTHLY** Income and Expenses. For example if you are paid every two weeks multiply your gross pay by 26 and divide by 12 and enter the result in the Monthly Income field. If you are paid an annual bonus divide the annual amount by 12 and enter the result in the Bonus field.

Other expenses should only include those expenses directly related to Housing or Debt. Do not include any personal expenses.

"**Current Expenses**" are those expenses you are currently paying and include monthly expenses for mortgage payments, maintenance, hazard insurance and real estate taxes, which are automatically filled in from the entries you make in Schedule A –Real Estate, located above. You must complete schedule A for all real estate you owned prior to this transaction

You must complete the "Proposed" monthly expense column. Only include expenses that you will have to after you complete the transaction pertaining to this application. For example, if you are currently renting but you are buying a home pertaining to this application do not include your rent payment in the "Proposed" monthly expense column. If this is a lease application and you were renting previously don't include your old rent but do include your new rent in the "Proposed" column.

If you have any questions about how to complete this section of the Financial Statement please contact Management Company Name at Entity Processor Phone or Entity Processor Email

Shaded fields contain formulas and **CANNOT** be changed.

If a particular income or expense item does not pertain to you enter - 0 -.

Schedule A - Real Estate

Enter real estate currently owned by you. If this is a purchase application do not include the real estate pertaining to this application. If you own more than one property click Add New below to add another property. IMPORTANT NOTE - If property is held jointly please record it only once under the primary applicant.

* Do you own Real Estate?

Yes No

Remove		
Property Address	Type	Market Value
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Mortgage Balance	Monthly Mortgage Payment	
\$ <input type="text"/>	\$ <input type="text"/>	
Monthly Maintenance	Monthly Real Estate Taxes	Monthly Insurance
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

MONTHLY INCOME		MONTHLY EXPENSES		
Current		Current Expenses		Proposed
Monthly Salary	\$ <input type="text"/>	Rent	\$ <input type="text"/>	\$ <input type="text"/>
Overtime	\$ <input type="text"/>	Maintenance (Shed A)	\$ <input type="text"/>	\$ <input type="text"/>
Bonuses	\$ <input type="text"/>	Mortgagaes (Shed A)	\$ <input type="text"/>	\$ <input type="text"/>
Commissions	\$ <input type="text"/>	Other Loans	\$ <input type="text"/>	\$ <input type="text"/>
Dividends and Interest	\$ <input type="text"/>	Hazard Ins (Shed A)	\$ <input type="text"/>	\$ <input type="text"/>
Net Rental Income	\$ <input type="text"/>	R E Taxes (Shed A)	\$ <input type="text"/>	\$ <input type="text"/>
Other Income	\$ <input type="text"/>	Other Expenses	\$ <input type="text"/>	\$ <input type="text"/>
TOTAL INCOME	\$ <input type="text"/>	TOTAL EXPENSES	\$ <input type="text"/>	\$ <input type="text"/>

Explain all "Other Income" and "Other Expenses"

IF YOU ARE A PRINCIPAL OR ARE EMPLOYED BY A FAMILY BUSINESS, PLEASE COMPLETE THIS SECTION.

Dividend or Partnership Income (Present Year)	\$ <input type="text"/>
Dividend or Partnership Income (Prior Year)	\$ <input type="text"/>
Dividend or Partnership Income (Second Prior Year)	\$ <input type="text"/>

* I have entered all monthly income and expenses, both current and proposed, accurately and completely. I understand that if I have omitted any material items of income or expense or inaccurately entered such items it will delay review of this application. Yes No

Assets & Liabilities

IMPORTANT NOTE - If assets or liabilities are held jointly please record them only once under the primary applicant.

Schedule B - Cash and Marketable Securities (Bank Accounts)

Please upload and attach the entire statement for the most recent month.

NOTE: Click here to learn how to fix an error when uploading PDFs

Remove

* Financial Institution Name	* Account Type
<input type="text"/>	<input type="text"/>
* Account No.	* Balance
<input type="text"/>	\$ <input type="text"/>
* Attach Bank Statement	* Statement Date
Please email a scan of supporting documentation if returning electronically	<input type="text"/>

* Do you have Investment Accounts?

Yes No

Schedule C - Stocks, Bonds and Mutual Funds (Investment Accounts)

Please upload and attach the entire statement for the most recent month.

Remove

Account No.	Description	Market Value
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Attach Investment Statement		Statement Date
		<input type="text"/>

* Do you have Retirement Accounts?

Yes No

Schedule D - Retirement Plans

Please upload and attach the entire statement for the most recent month.

Remove

Institution Name	Plan Type	Market Value
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Attach Retirement Statement		Statement Date
		<input type="text"/>

Schedule E - Other Assets

This schedule is meant to record non-traditional assets such as coin collections, antique cars and stamp collections. Do not record real estate investments here. Record those investments in Schedule A above.

Remove

Description	Value
<input type="text"/>	\$ <input type="text"/>

Shaded fields contain formulas and **CANNOT** be changed.

If a particular asset or liability item does not pertain to you enter - 0 -.

ASSETS		LIABILITIES	
Cash Equivalents (Sched B)	\$ <input type="text"/>	Notes Payable to Banks	\$ <input type="text"/>
Contract Deposit	\$ <input type="text"/>	Notes to Relatives	\$ <input type="text"/>
Stocks and Bonds (Sched C)	\$ <input type="text"/>	Notes to Others	\$ <input type="text"/>
Investment In Business	\$ <input type="text"/>	Install Accts Payable	\$ <input type="text"/>
Accounts Receivable	\$ <input type="text"/>	Automobiles	\$ <input type="text"/>
Real Estate (Sched A)	\$ <input type="text"/>	Other Accts Payable	\$ <input type="text"/>
Automobiles	\$ <input type="text"/>	Mortgages Payable (Sched A)	\$ <input type="text"/>
Personal Property	\$ <input type="text"/>	Unpaid Real Estate Taxes	\$ <input type="text"/>
Life Insurance (Cash Value)	\$ <input type="text"/>	Unpaid Income Taxes	\$ <input type="text"/>

ASSETS		LIABILITIES	
Retirement Plans (Sched D)	\$ <input type="text"/>	Chattel Mortgages	\$ <input type="text"/>

SAMPLE
DO NOT FILL OUT

ASSETS		LIABILITIES	
KEOGH	\$ <input type="text"/>	Loans on Life Ins	\$ <input type="text"/>
Profit Sharing or Pension	\$ <input type="text"/>	Credit Card Debt	\$ <input type="text"/>
Other Assets (Sched E)	\$ <input type="text"/>	Other Debts	\$ <input type="text"/>
* TOTAL ASSETS	\$ <input type="text"/>	* TOTAL LIABILITIES	\$ <input type="text"/>

* I have entered all assets and liabilities accurately and completely. Yes No
 This includes completing all appropriate schedules and uploading required documents. I understand that if I have omitted any material assets or liabilities or inaccurately entered such items it will delay review of this application.

Declarations

- * 1. Are there any outstanding judgments against you? Yes No
- * 2. Have you been declared bankrupt in the past 7 years? Yes No
- * 3. Have you had a property foreclosed upon or given title or deed in lieu thereof in the past 7 years? Yes No
- * 4. Are you a party to a lawsuit? Yes No
- * 5. Have you been obligated on any loan that resulted in foreclosure? Yes No
- * 6. Are you obligated to pay alimony, child support or sep maint? Yes No
- * 7. Is any part of the downpayment borrowed? Yes No
- * 8. Are you a co-maker or endorser on a note? Yes No
- * 9. Do you intend to occupy the property as your primary residence? Yes No
- * 10. Have you had ownership interest in a property in last 3 yrs? Yes No
- 11. If yes what type of property did you own?
- 12. How did you own title?

The foregoing application has been carefully prepared, and I, Application Party FirstName LastName hereby solemnly declare and certify that all information contained herein is true and correct. The information is submitted as being a true and accurate statement of the financial condition of Application Party FirstName LastName.

* Signature for



FirstService Residential New York, Inc.
575 Fifth Avenue, 9th Floor
New York, NY 10017
T: (212) 634-8900
F: (212) 634-3946

Use this form to attach any additional documentation, not required elsewhere in this application, that the applicant would like the Board of managers of Entity Name to consider during their review of this application.

USE THIS FORM TO UPLOAD DOCUMENTS FOR THE APPLICANT, CO-APPLICANTS, GUARANTORS OR ADULT OCCUPANTS.

To add a document simply: A. Enter a title for the document and B. Upload the document by clicking "Browse" and selecting the appropriate document from you hard drive or network drive. To add more than one additional document click "Add new" and follow steps A and B above.

Additional Applicant Information

Do you have any additional documents that you or any other application party would like to submit for Board consideration that are not provided for in other sections of this application? If Yes add the documents below.

Yes No

Remove

Document Title

Upload Document

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USE THIS FORM TO UPLOAD DOCUMENTS FOR THE APPLICANT, CO-APPLICANTS, GUARANTORS OR ADULT OCCUPANTS.

To add a document simply: A. Enter a title for the document and B. Upload the document by clicking "Browse" and selecting the appropriate document from you hard drive or network drive. To add more than one additional document click "Add new" and follow steps A and B above.

Additional Unit Owner Information

Do you have any additional documents that you or any other application party would like to submit for Board consideration that are not provided for in other sections of this application? If Yes add the documents below.

Yes No

Remove

Document Title <input type="text"/>
Upload Document

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AUTHORIZATION TO OBTAIN BUSINESS CREDIT REPORT

The undersigned is/are purchasing/subletting/leasing/occupying apartment Unit Number (the "Apartment") in Building Address (the "Building") managed by Management Company Name . The undersigned understand that in order to be considered for occupancy in the Apartment,Management Company Name , as the managing agent for the owner of the building, may obtain a Consumer Report(s) for the purpose of evaluating the undersigned from a Consumer Reporting Agency.

The undersigned hereby authorize Management Company Name to obtain a Consumer Report(s) on the undersigned (or each of them), including but not limited to: (i) Credit Report (ii) Criminal History (iii) Housing Court Records (iv) Employment Records and (v) other pertinent information, including records of public agencies and personal interviews of people who know the undersigned. The undersigned understand that these Consumer Reports may contain information about the undersigned's character, general reputation, personal characteristics and mode of living. The undersigned understand that upon request, the undersigned is/are entitled to a disclosure of the nature and scope of the investigation to be requested by you of the Consumer Reporting Agency.

The undersigned forever release and waive any claims the undersigned may have against: Management Company Name , its affiliates, BoardApplications.com, Inc., the owner of the building and their directors, officers, shareholders, unit owners and employees (the "Indemnified Parties") related to the use of the information contained in the Consumer Reports in making the decision on the Application for the Apartment the undersigned is/are submitting. Further, the undersigned agree(s) to indemnify and hold harmless the Indemnified Parties from any claim or demand of any kind whatsoever by any third party related to the Consumer Reports that are obtained.

Business Name

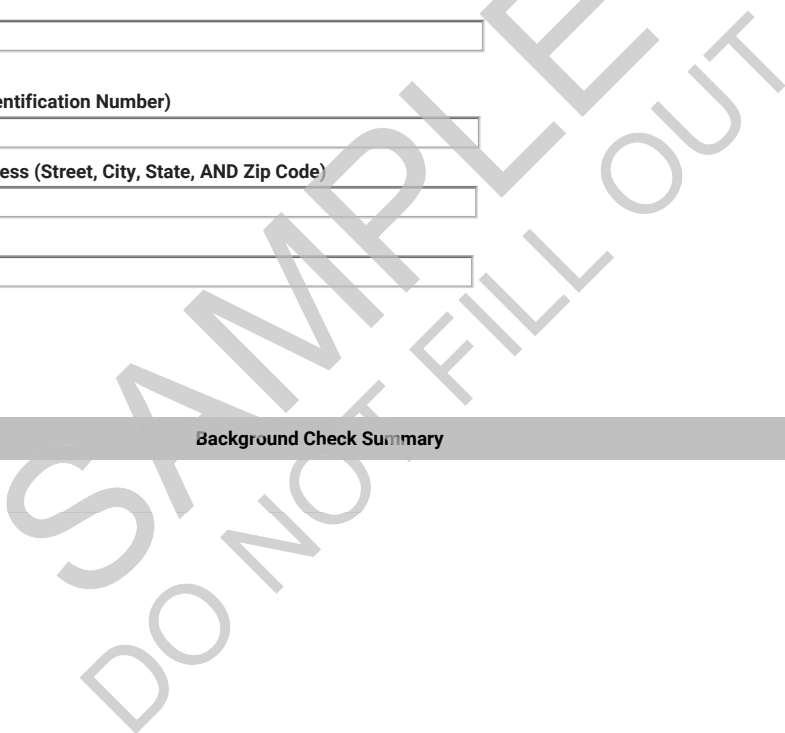
*** TAX ID # (Employer Identification Number)**

*** Present Business Address (Street, City, State, AND Zip Code)**

*** Signature** for

Background Check Summary

File Upload





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 New York, NY 10017
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AUTHORIZATION TO OBTAIN CONSUMER REPORT

The undersigned is/are purchasing/subletting/leasing/occupying/refinancing apartment Unit Number (the "Apartment") in Building Address (the "Building") managed by FirstService Residential New York, Inc.. The undersigned understand that in order to be considered for occupancy in the Apartment, FirstService Residential New York, Inc., as the managing agent for the owner of the building, may obtain a Consumer Report(s) for the purpose of evaluating the undersigned from a Consumer Reporting Agency.

The undersigned hereby authorize FirstService Residential New York, Inc. to obtain a Consumer Report(s) on the undersigned (or each of them), including but not limited to: (i) Credit Report (ii) Criminal History (iii) Housing Court Records (iv) Employment Records and (v) other pertinent information, including records of public agencies and personal interviews of people who know the undersigned. The undersigned understand that these Consumer Reports may contain information about the undersigned's character, general reputation, personal characteristics and mode of living. The undersigned understand that upon request, the undersigned is/are entitled to a disclosure of the nature and scope of the investigation to be requested by you of the Consumer Reporting Agency.

The undersigned forever release and waive any claims the undersigned may have against FirstService Residential New York, Inc., its affiliates, the owner of the building and their directors, officers, shareholders, unit owners and employees (the "Indemnified Parties") related to the use of the information contained in the Consumer Reports in making the decision on the Application for the Apartment the undersigned is/are submitting. Further, the undersigned agree(s) to indemnify and hold harmless the Indemnified Parties from any claim or demand of any kind whatsoever by any third party related to the Consumer Reports that are obtained.

*The undersigned is 18 year of age or older

* First Name Middle Name * Last Name

* Social Security # * Date of Birth

* Street # Direction * Street Name * Street Type
(eg: 123) (eg: North) (eg: Main) (eg: Street)

Apt # (eg: 7) * City * State * Zip Code

* Signature for

Background Check Summary

FICO Score

Multi-State Criminal Search

Multi-State Sex Offender

Auto Generate Consumer Report

OR File Upload

Package

- Services Previous Address History
 Nationwide Criminal Search
 Sex Offender Search
 OFAC, Terrorist & Federal Search
 Nationwide Eviction Search



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Personal References

Remove

* Name * Phone

Address

Email

* Attach Personal Reference Letter
Please email a scan of supporting documentation if returning electronically

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Bank References

Bank Reference (Current status, how long account has been opened, and the balance)

Remove

* Bank Name

* Address

Contact Phone

Account No Type

Upload Bank reference Letter

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Professional References

Please provide two professional references

Remove

* Name	<input type="text"/>	* Phone	<input type="text"/>
Address	<input type="text"/>		
Email	<input type="text"/>		

*** Attach Professional Reference Letter**
Please email a scan of supporting documentation if returning electronically

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Income Verification Letter

Please provide a letter from your employee stating your annual salary, position held and length of employment. In addition, attach pay stubs for the past 30 days.

If you are self employed, please submit a letter from your CPA or accountant stating your annual income.

If you are retired, please provide verification for any type of income you receive (pension, social security benefits, etc).

Please note Management Company Name does not subscribe to the Work Number. If your company utilizes The Work Number please call the customer service department at The Work Number and obtain a one time employment/salary verification letter or an "Employment Data Report" and attach below.

* **Employment Status** Full-time Part-time Unemployed Retired Student

* **Self Employed?** Yes No

Must be signed and dated within the past 30 days

Remove

* **Attach Employment Verification Letter or CPA Letter**
Please email a scan of supporting documentation if returning electronically

Please upload 2 most recent paystubs.

Remove

Attach pay stubs (Past 30 days)

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CONTRACT OF SALE

The Contract of Sale must be signed and dated by all parties and include all riders.

*** Attach Contract of Sale**

Please email a scan of supporting documentation if returning electronically

*** Is this unit being purchased as an investment with a tenant already in place. If you answer Yes please upload a fully executed Assignment of Lease below.**

Yes No

Attach Assignment of Lease

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LOAN COMMITMENT LETTER

Entity Name
Building Address

Unit: Unit Number

This form must be provided if you are financing any portion of the purchase and must include the monthly mortgage payment and interest rate.

If you have not locked in your rate yet, in addition to the Loan Commitment you may upload Good Faith Estimate (GFE) stating your monthly mortgage payment and interest rate.

Please make sure the Loan Commitment Letter signed by all parties.

*** I hereby confirm that I**

am not requesting financing. am requesting financing.

Remove

Institution Name	Name on Commitment	Loan Type
<input type="text"/>	<input type="text"/>	<input type="text"/>

Upload Commitment Letter

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EMERGENCY CONTACT INFORMATION

Entity Name

Building Address

* Date Unit Number

Resident Information

Please enter the names and contact information for all individuals who will be residing in the unit.

Resident Contact Information

Remove				
Name	<input type="text"/>	Work Phone	<input type="text"/>	
E-mail	<input type="text"/>	Home Phone	<input type="text"/>	
Cell Phone	<input type="text"/>	Fax	<input type="text"/>	

Emergency Contact

Please provide the name of an individual to be contacted in the event of an emergency.

* Name	<input type="text"/>	* Daytime Phone	<input type="text"/>
E-mail	<input type="text"/>	* Evening Phone	<input type="text"/>
Address	<input type="text"/>	Cell Phone	<input type="text"/>
		Fax	<input type="text"/>

In Case of Emergency, Does the Superintendent or Another Resident Have Keys to Your Apartment.

* Superintendent Yes No

* Resident Yes No

if YES to Resident provide name, unit number and contact information.

Resident with Keys

Resident with Keys

Remove

Name	<input type="text"/>	Daytime Phone	<input type="text"/>
Email	<input type="text"/>	Evening Phone	<input type="text"/>
		Cell Phone	<input type="text"/>

IF NO ONE HAS KEYS TO YOUR APARTMENT YOU WILL BE HELD PERSONALLY RESPONSIBLE FOR DAMAGES IN THE EVENT EMERGENCY ACCESS TO YOUR APARTMENT IS NECESSARY.

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ARTICLES OF INCORPORATION

Please attach the Articles of Incorporation for Applicant Corporate Name below.

- * Attach the Certificate of Incorporation and any Amendments.
Please email a scan of supporting documentation if returning electronically
- * Attach the Corporate Resolution.
Please email a scan of supporting documentation if returning electronically
- * Attach the LLC Operating Agreement.
Please email a scan of supporting documentation if returning electronically
- * Attach the Certificate of Good Standing
Please email a scan of supporting documentation if returning electronically

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ARTICLES OF INCORPORATION

Please attach the Articles of Incorporation for Applicant Corporate Name below.

- * **Attach the Certificate of Incorporation and any Amendments.**
Please email a scan of supporting documentation if returning electronically

- * **Attach the Corporate Resolution.**
Please email a scan of supporting documentation if returning electronically

- * **Attach the Certificate of Good Standing**
Please email a scan of supporting documentation if returning electronically

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PARTNERSHIP DOCUMENTS

Please attach the Certificate of Formation, Partnership Agreement, Filing Receipt and Certificate of Good Standing below.

*** Attach the Certificate of Formation**

Please email a scan of supporting documentation if returning electronically

*** Attach the Partnership Agreement**

Please email a scan of supporting documentation if returning electronically

*** Attach the Filing Receipt**

Please email a scan of supporting documentation if returning electronically

*** Attach the Certificate of Good Standing**

Please email a scan of supporting documentation if returning electronically

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TRUST AGREEMENT

Please attach the Trust Agreement for Application Party FirstName LastName below.

* Attach Trust Agreement

Please email a scan of supporting documentation if returning electronically

SAMPLE
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Required Documents for Estates

Please attach the following documents, which are required, if the seller is an Estate

*** The Last Will and Testament**

Please email a scan of supporting documentation if returning electronically

*** Death Certificate**

Please email a scan of supporting documentation if returning electronically

*** The Letters Testamentary or Letters of Administration (must be dated within 6 months)**

Please email a scan of supporting documentation if returning electronically

*** Release of Lien**

Please email a scan of supporting documentation if returning electronically

*** Affidavit of Debts and Domicile**

Please email a scan of supporting documentation if returning electronically

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TRANSFER DUE TO UNIT OWNER'S DEATH

* This transfer is a result of the death of a unit owner Yes No

if you answered "yes" , you must upload a copy of the following forms:

Attach Last will and Testament (if it exists)

Attach Death Certificate (original to be provided at the closing)

if the stock was owned as Tenants by Entirely OR as Joint Tenants with Right of Survivorship, only a copy of Death Certificate is needed:

Attach Letters Testamentary or Letters of Administration (original copy to be provided at closing and dated within 6 months of the closing)

Attach a copy of the Certificate of Discharge of Property from Federal Tax Lien
Will be required at the time of closing

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F: (212) 634-3946

CORE ACKNOWLEDGEMENT FORM

Unit Owner Acknowledgement

I have or will submit payment of certain fees in connection with the consideration of the application to the Board of Directors/Managers of Entity Name , including but not limited to fees to the processing of the application. I acknowledge that there are certain costs incurred in the processing of this application, including the fees described herein, and that the aforementioned fees will not be refunded. I release Entity Name ,Management Company Name from the return of any of these fees incurred in processing the application, and agree if I seek recovery of any of these fees, I shall be liable for all costs and expenses incurred by Entity Name or Management Company Name .

* Signature for

SAMPLE
DO NOT FILL OUT



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575 Fifth Avenue, 9th Floor
New York, NY 10017
T: (212) 634-8900
F: (212) 634-3946

CORE ACKNOWLEDGEMENT FORM

To: Entity Name
Re: Unit Number
Building Address

The undersigned, in order to induce the Board to act favorably on the application related to the above referenced Unit, does hereby affirm and acknowledge as follows:

Applicant(s) Acknowledgements

Non-Refundable Fees

I have or will submit payment of certain fees in connection with the consideration of the application to the Board of Directors/Managers of Entity Name , including but not limited to fees to check my credit and for the processing of the application. I acknowledge that there are certain costs incurred in the processing of this application, including the fees described herein, and that the aforementioned fees will not be refunded. I release Entity Name , Management Company Name from the return of any of these fees incurred in processing the application, and agree if I seek recovery of any of these fees, I shall be liable for all costs and expenses incurred by Entity Name , Management Company Name

House Rules

I have been provided with a full and complete copy of the House Rules for Entity Name and have read the same. I agree that I will abide by such House Rules as now in affect and as the same may be amended during the period of my ownership of and/or tenancy in the referenced unit.

Smoke Detector

I have inspected Unit Number and an operational smoke detector(s) is installed. if I am approved as a purchaser or lessee of Unit Number , I will be responsible for the maintenance and repair of such detector(s) and for replacing any such detector(s) which are stolen, removed, missing or rendered inoperable during Applicant's occupancy.

Carbon Monoxide Detector(s)

An operational carbon monoxide detector(s) is installed in Unit Number such that there is not less than one such detector within fifteen (15) feet of the primary entrance to each room used for sleeping purposes, and that if I am approved as purchaser or lessee of Unit Number and do purchase or lease Unit Number , I will be responsible for the maintenance and repair of such detector(s) and for replacing any such detector(s) stolen, removed, missing or rendered inoperable during my occupancy of Unit Number. I have received from the Unit Owner, or will receive prior to taking occupancy, written information regarding the testing and maintenance of the detector(s).

* Signature for



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PET ACKNOWLEDGEMENT

To: Board of Entity Name (the "Board")

Re: Unit Unit Number

Building Full Address

The Undersigned, in order to induce the Board to act favorably on the application related to the above referenced Unit, does here by affirm and acknowledge as follows:

To Whom it May Concern:

I agree that any birds, animals or other pets shall only be kept or harbored in Unit Unit Number in accordance with the rules and regulations of the Entity Name .

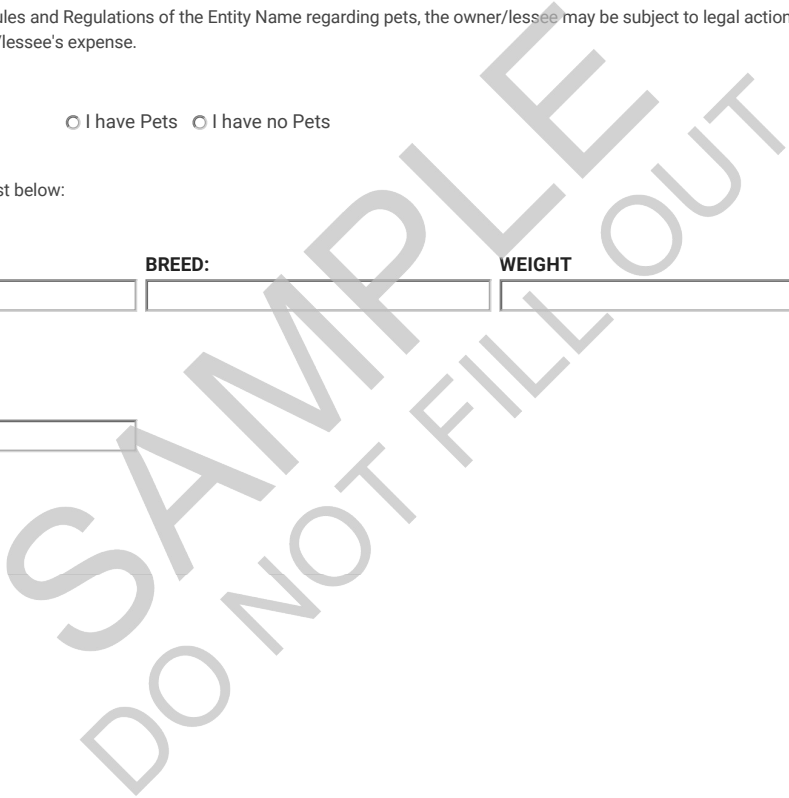
If there is breach of the Rules and Regulations of the Entity Name regarding pets, the owner/lessee may be subject to legal action by Entity Name at the owner/lessee's expense.

* **Check one** I have Pets I have no Pets

If you have pets, please list below:

TYPE:	BREED:	WEIGHT

* **Signature for**





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LEAD PAINT ACKNOWLEDGMENT

Disclosure of Information on Lead-Based Paint and Lead-Based Paint Hazards Lead Warning Statement

Every purchaser/lessee 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 at pregnant women.

The seller/lessor of any interest in residential property is required to provide the buyer/lessee with any information on lead-based paint hazards from risk assessments or inspections in the seller/lessor's possession and notify the buyer/lessee of any known lead-based paint hazards. An assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

Purchaser/Lessee's Acknowledgment

* Initial

(c)Purchaser/Lessee has received copies of all information listed above.

* Initial

(d)Purchaser/Lessee has received the pamphlet Protect Your Family from Lead in Your Home.

* Initial

* (e)Purchaser/Lessee has (check one below)

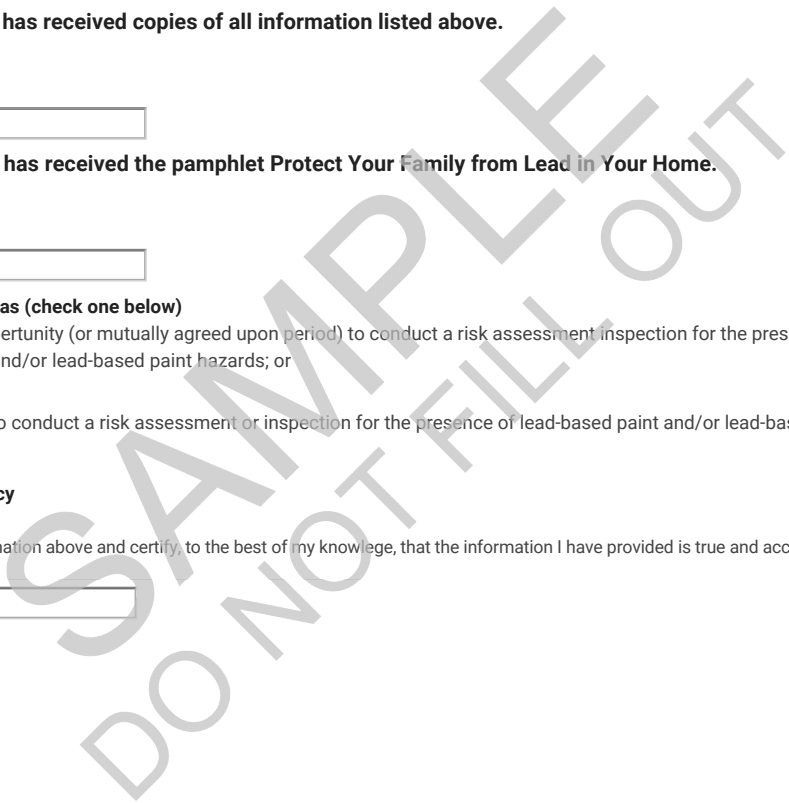
Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment inspection for the presence of the lead-based paint and/or lead-based paint hazards; or

Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Certification of Accuracy

I have reviewed the information above and certify, to the best of my knowledge, that the information I have provided is true and accurate.

* Signature for





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The seller/lessor of any interest in residential property is required to provide the buyer/lessee with any information on lead-based paint hazards from risk assessments or inspections in the seller/lessor's possession and notify the buyer/lessee of any known lead-based paint hazards. An assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

Seller/Lessor's Acknowledgment

* Initial

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

Known lead-based paint and/or lead-based paint hazards are present in the housing (EXPLAIN BELOW)

Seller/Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the Housing

* Initial

* (b) Records and reports available to the seller/lessor (check one below):

Seller/Lessor 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)

Seller/Lessor has no reports and records pertaining to lead-based paint and or lead-based hazards in the housing

Certification of Accuracy

I have reviewed the information above and certify, to the best of my knowledge, that the information I have provided is true and accurate.

* Signature for



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LOCAL LAW 1 OF 2004 LEAD PAINT ACKNOWLEDGEMENT

**PROPOSED PURCHASER'S ACKNOWLEDGEMENT TO COMPLY WITH
LOCAL LAW #1 OF 2004**

To: The Board of Entity Name
Re: Apartment Unit Number , Building Address

Proposed Purchaser(s): Applicant Name , Co Applicant Names

Local Law #1 2004. The New York City Childhood Lead Poisoning Prevention Act (the "Law") requires notice to the "owner" if a child under six years of age resides in the dwelling unit (apartment) which you are commencing occupancy. If such a child resides or will reside in the, the "owner" is required to take certain actions.

In Order to include the Board of Entity Name consent to the "sale" of the above referenced unit, if a Cooperative or, to waive its right of first refusal if a Condominium, I do hereby acknowledge and agree:

That i have been advised that the Apartment is subject to the Law which requires that upon turnover of a dwelling unit such as the Apartment, all lead based paint hazards and underlying defects be remediated; that all bare floors, window sills and window wells be made smooth and cleanable; and that all lead based pain on all friction surfaces on windows, doors and door frames be removed permanently covered (the "turnover requirements");

That I shall comply with the turnover requirements prior to occupying the Apartment or allowing anyone else to occupy the Apartment.

That I acknowledge receiving the Lease/Commencement of Occupancy Notice for Prevention of Lead Based Paint Hazards - Inquiry Regarding Child, which I have executed both as Occupant and Owner, and the pamphlet entitled "What Every Tenant Should Know About Law 1 - Preventing Childhood Lead Poisoning".

That I do hereby release the Board and the Condominium or Cooperative, as the case may be from any obligation to comply with the requirements of the Law as it relates to my occupancy of the Apartment, and that I shall be treated as the "owner" as defined in the Law for purposes of determining responsibility for compliance with the Law as it relates to the Apartment; and

That I shall indemnify and hold harmless the Cooperative or Condominium, its shareholders, unit owners, managers, directors, officers, employees, agents and the managing agent, Management Company Name from any claim, violation, fine penalty, cost or expense related to the Law as it applies to the Apartment.

Check One

- A child under six years of age resides in the unit.
- A child under six years of age does not resides in the unit.

* Signature for



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WINDOW GUARD ACKNOWLEDGEMENT



**THE CITY OF
NEWYORKDEPARTMENT OF
HEALTH**

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 of age or younger lives in your apartment.

OR

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

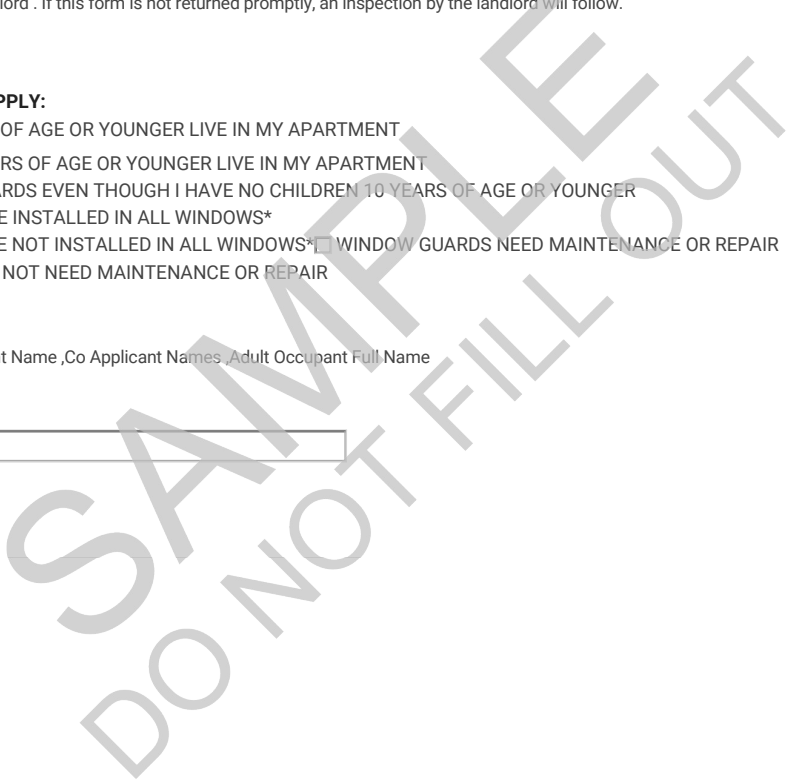
It is a violation of law to refuse, interfere with installation, or remove window guards where required, or to fail to complete and return this form to your landlord . If this form is not returned promptly, an inspection by the landlord will follow.

*** CHECK WHICHEVER APPLY:**

- CHILDREN 10 YEARS OF AGE OR YOUNGER LIVE IN MY APARTMENT
- NO CHILDREN 10 YEARS OF AGE OR YOUNGER LIVE IN MY APARTMENT
- I WANT WINDOW GUARDS EVEN THOUGH I HAVE NO CHILDREN 10 YEARS OF AGE OR YOUNGER
- WINDOW GUARDS ARE INSTALLED IN ALL WINDOWS*
- WINDOW GUARDS ARE NOT INSTALLED IN ALL WINDOWS* WINDOW GUARDS NEED MAINTENANCE OR REPAIR
- WINDOW GUARDS DO NOT NEED MAINTENANCE OR REPAIR

Tenant's Name(s): Applicant Name ,Co Applicant Names ,Adult Occupant Full Name

*** Signature** for





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Move-In/Move-Out Policy

To: Board of Entity Name ("the Board")

Re: Unit Unit Number

Building Full Address

The undersigned, in order to induce the Board to act favorably on the application related to the above referenced Unit, does hereby affirm and acknowledge as follows:

Download Delivery/Moving Procedures

* **Signature** for

SAMPLE
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House Rules

Please click on the link below to view the House Rules for:

Entity Name

House Rules

Smoking Policy

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"Protect Your Family from Lead in Your Home"

Building: Entity Name Unit: Unit Number

Click the Link below to view the "Protect your Family from Lead in Your Home" Pamphlet (pre 1978 buildings)

Protect Your Family from Lead Paint Booklet

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What Every Tenant Should Know About Local Law 1

PREVENTING CHILDHOOD LEAD POISONING

What Tenants Should Know

Rules for Repair and Renovation of Work

Correcting Violations

You Can Help Prevent Lead Poisoning

More Information

To view this pamphlet click the link below

Lead Poisoning Brochure

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INSURANCE INFORMATION

We strongly encourage all our residents to protect themselves with a Condo insurance policy (HO-6) for their new unit. This policy provides coverage for the structure inside of the unit, personal content, and liability. It's important to note the building's master policy only provides partial coverage for the actual structure which is normally limited to the exterior (i.e. "walls out"). Owners should review the association's governing documents to understand coverage responsibilities and limitations and to ensure they are protected in the case of a loss.

If you need an insurance alternative, we've made it easy to get coverage.
To learn more,

Please Click Here

Last Page of Application

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