

365 W. 20TH APARTMENTS CORP. - Purchase Application

Dear Prospective Resident:
Thank you for your interest in 365 W. APARTMENTS CORP.
Enclosed is your Purchase Application. Please read all pages carefully and make sure to complete the application in its entirety. Applications that are incomplete or missing any documentation will not be accepted for processing and will be returned to the applicant.
*NOTE – The maximum amount of financing permitted is 80%.
Please complete and forward the application, along with required documents and fees, directly to Argo Real Estate, LLC for processing.
For your convenience, a digital copy of this application is available as a fillable PDF on our website www.argo.com.
If you have any questions regarding your application or interview procedures, please contact the Transfer Department at Argo Real Estate, LLC on (212) 896-8697.
Sincerely,
ARGO REAL ESTATE LLC
Transfer Department



365 W. 20TH APARTMENTS CORP. - Required Documents & Important Information

The following is a list of the items that you are required to submit for the board to review your application. Please be sure to provide all the information requested. Applications received that are missing ANY of the following items will NOT be accepted for processing and will be returned to the applicant.

Important Information (please read carefully before completing your application)

Please submit one (1) original collated set of the <u>completed</u> application package. Please make sure that application packages contain ALL required documentation. All documents should be provided as single sided (NOT printed on both sides), and be free of any staples or small paper clips. Required documents may be separated by dividers. Please note that documents will not be returned and that the applicant is advised to retain a copy for their records.

- 1. No application will be considered by the board until the shareholder is current on all obligations to the corporation.
- 2. The Board of Directors may request additional information and/or documentation to support the information provided with the application.

3.

Complete & Return the Following Forms Provided

1.	Purchase Application – Part I (5 pages) MUST BE COMPLETED IN ITS ENTIRETY & SIGNED. APPLICATION WILL NOT BE REVIEWED IF SECTIONS ARE LEFT BLANK. MUST BE TYPED OR PRINTED LEGIBLY IN BLACK OR BLUE INK
2.	Purchase Application – Part II – Financial Information (2 pages) MUST BE COMPLETED IN ITS ENTIRETY & SIGNED. PLEASE MAKE SURE THAT ALL AMOUNTS MATCH YOUR SUPPORTING DOCUMENTS EXACTLY. MUST BE TYPED OR PRINTED LEGIBLY IN BLACK OR BLUE INK
3.	Purchase Fees Acknowledgement Form (1 page) MUST BE SIGNED BY APPLICANT(S).
4.	Credit Report Authorization Form (1 page) MUST INCLUDE SOCIAL SECURITY NUMBER AND US RESIDENTIAL ADDRESS (NO P.O. BOXES) MUST BE TYPED OR PRINTED LEGIBLY IN BLACK OR BLUE INK
5.	House Rules Acknowledgement Form (1 page) MUST BE SIGNED BY APPLICANT(S).
6.	Lead Paint and/or Lead-Based Paint Hazards Disclosure (1 page) MUST BE SIGNED AND INITIALED BY ALL PARTIES (SELLER, PURCHASER, AND AGENT(S) IF APPLICABLE)
7.	Window Guards Notice (1 page) MUST BE SIGNED BY APPLICANT(S).
8.	Smoke Detector Affidavit of Compliance (1 page) MUST BE SIGNED BY BOTH SELLER/GRANTOR AND PURCHASER/GRANTEE. FORM MUST BE NOTARIZED.
9.	Carbon Monoxide Detector Affidavit of Compliance (1 page) MUST BE SIGNED BY BOTH SELLER/GRANTOR AND PURCHASER/GRANTEE. FORM MUST BE NOTARIZED.
10.	Bed Bug Affidavit (1 page) MUST BE SIGNED BY BOTH SELLER AND PURCHASER
11.	Affidavit of Net Worth Form (1 page) MUST BE SIGNED AND NOTARIZED BY APPLICANT(S).
] 12.	Co-operative Stock Purchase Acknowledgement (1 page) MUST BE SIGNED BY APPLICANT(S)

Provide the Following Documentation

1.	Copy of Contract of Sale (including all riders) MUST BE EXECUTED BY ALL PARTIES.
2.	Verification of Assets & Liabilities listed above in Part II — Financial Information MUST INCLUDE ALL PAGES OF EACH STATEMENT LISTED. STATEMENTS MUST CLEARLY SHOW THE ACCOUNT HOLDERS NAME AND ACCOUNT NUMBER. ALL ASSETS & LIABILITIES MUST BE ACCOUNTED FOR IF LISTED.
3.	Loan Commitment Letter and Loan Application (Provide ONLY if Financing) MUST INCLUDE MONTHLY MORTGAGE PAYMENT & INTEREST AMOUNT.
4.	Aztech Recognition Agreements (Provide ONLY if Financing) THREE (3) ORIGINALS MUST BE PROVIDED. NO OTHER FORM WILL BE ACCEPTED.
5.	Employment & Salary / Income Verification Letter MUST BE ON COMPANY LETTERHEAD AND INCLUDE SALARY, LENGTH OF EMPLOYMENT, AND SUPERVISOR/HR CONTACT DETAILS. IF SELF EMPLOYED PLEASE ENCLOSE A NOTARIZED LETTER FROM YOUR C.P.A.
6.	Two (2) Business/Professional Reference Letters MUST BE ON COMPANY LETTERHEAD, SIGNED, DATED, AND INCLUDE REFEREE'S CONTACT INFORMATION. (NO SUBORDINATES OR FAMILY MEMBERS CAN BE USED)
7.	Three (3) Personal Reference Letters MUST BE SIGNED, DATED, AND INCLUDE REFEREE'S CONTACT INFORMATION. (NO SUBORDINATES OR FAMILY MEMBERS CAN BE USED)
8.	Current Landlord / Managing Agent Reference Letter MUST INCLUDE MONTHLY RENT, LENGTH OF OCCUPANCY, REFEREE'S CONTACT INFORMATION, AND BE SIGNED & DATED. IF YOU CURRENTLY OWN YOUR OWN HOME, PLEASE PROVIDE PROOF OF OWNERSHIP AND EXPLANATION OF PLANS FOR THAT RESIDENCE.
9.	Latest Two Years Federal Income Tax Returns MUST INCLUDE ALL SCHEDULES & PAGES, AND BE SIGNED. APPLICATIONS SUBMITTED AFTER APRIL 15 TH MUST INCLUDE MOST RECENT TAX RETURN OR A COPY OF YOUR EXTENSION AND THE TAX RETURN FOR THE PREVIOUS YEAR.
10.	W2 forms and/or 1099 forms for Two Years.
11.	Bank Reference Letters MUST BE ON COMPANY LETTERHEAD AND STATE TYPE OF ACCOUNT, AMOUNT ON DEPOSIT IS U.S. \$ DOLLARS AND AGE OF ACCOUNT.
10.	Insurance Coverage Agreement Forms (1 page)** MUST BE SIGNED BY APPLICANT(S)
	roof of property insurance must be presented at closing and in case of termination or non-renewal the management ompany must be notified.**

Additional Information (for your review only, please DO NOT return)

- 1. House Rules and Policies
- 2. "Protect Your Family from Lead in Your Home" EPA Pamphlet.

Address for Delivery of Application Packages

Please submit all completed application packages, along with fees, directly to:

ARGO REAL ESTATE, LLC

Attn: Transfer Department
50 W. 17th Street, 7th Floor
New York, NY 10011



365 W. 20TH APARTMENTS CORP. - Application Fees Acknowledgement

The following is the schedule of fees required with the submission of all applications. All checks can be personal checks unless otherwise noted.

Fees Due Upon Submission

1.	\$500.00	Application Processing Fee (non-refundable)	Payable to: ARGO REAL ESTATE, LLC
2.	\$50.00	Credit Check Fee / per person (non-refundable)	Payable to: ARGO REAL ESTATE, LLC
3.	\$500.00	Move-In Fee from Purchaser (non-refundable)	Payable to: 365 W. 20 TH APARTMENTS CORP.
4.	\$500.00	Move-In Deposit from Purchaser (refundable)	Payable to: 365 W. 20 TH APARTMENTS CORP.
5.	\$500.00	Move-Out Fee from Seller (non-refundable)	Payable to: $365 \text{ W. } 20^{\text{TH}} \text{ APARTMENTS CORP.}$
6.	\$500.00	Move-Out Deposit from Seller (refundable)	Payable to: 365 W. 20 TH APARTMENTS CORP.

AUTHORIZATION OF ELECTRONIC DEBIT:

You are hereby on notice that all checks submitted to this office can be processed electronically, at first presentment and any representments, by transmitting the amount of the check, routing number, account number and check serial number to your financial institution. By submitting a check for payment, you are authorizing us to initiate an electronic debit from your bank or asset account as early as the same day the check is received in our office. Please note that you will not receive a cancelled check with your bank or asset account statement with respect to any checks processed electronically, but such amounts will appear as debits on the statement issued by your bank or asset account.

Fees A	Ackn	owl	edg	gem	ent	t
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Fees Acknowledgement	•		
I /We hereby acknowledge that all fees paid pursuant to this application are non-refundable, unless otherwise noted.			
Purchaser Signature	Date:	Co- Purchaser Signature	Date:



Part I - Purchase Application Information

Building Address:			Apt #:	Shares:
Monthly Maintenance:		Assessments (if any):		
Purchase Price:	Down Payment:		Amount Financed:	
Special Conditions (if any):				
Seller(s)				
Name(s):		SS#:		
		SS#:		
Present Address:		City:	State:	Zip:
Forwarding Address:		City:	State:	Zip:
Phone:	Cell:		Email:	
Seller's Attorney:		Attorney's Firm:		
Attorney's Phone:	Cell:		Email:	
Attorney's Address:		City:	State:	Zip:
Seller's Broker (if any):		Phone:	Email:	
Applicant(s) / Purchaser(s)				
Purchaser Name:		SS#:		_
Phone:	Cell:		Email:	
Co- Purchaser Name:		SS#:		
Phone:	Cell:		Email:	
Purchaser's Attorney:		Attorney's Firm:		
Attorney's Phone:	Cell:		Email:	
Attorney's Address:		City:	State:	Zip:
Purchaser's Broker (if any):		Phone:	Email:	
Name(s) Co-operative Stock will be held	in:			

Purchase Application [cont] Page 2 of 5

Residence History

<u>Purchaser</u>			
Present Address:	City:	State:	Zip:
Length of Residency:	Monthly Rent / Mortgage P	ayment:	
Landlord / Managing Agent:	Phone:	Fax:	
If owned, list Mortgage Lender and Account Number:			
Previous Address:	City:	State:	Zip:
Length of Residency:	Monthly Rent / Mortgage P	ayment:	
Landlord / Managing Agent:	Phone:	Fax:	
If owned, list Mortgage Lender and Account Number:			
<u>Co-Purchaser</u>			
Present Address:	City:	State:	Zip:
Length of Residency:	Monthly Rent / Mortgage P	ayment:	
Landlord / Managing Agent:	Phone:	Fax:	
If owned, list Mortgage Lender and Account Number:			
Previous Address:	City:	State:	Zip:
Length of Residency:	Monthly Rent / Mortgage P	ayment:	
Landlord / Managing Agent:	Phone:	Fax:	
If owned, list Mortgage Lender and Account Number:			
Employment Information			
<u>Purchaser</u>			
Employer:	Phone:	Fax:	
Business Address:	City:	State:	Zip:
Length of Employment:	Annual Income:		
<u>Co-Purchaser</u>			
Employer:	Phone:	Fax:	
Business Address:	City:	State:	Zip:
Length of Employment:	Annual Income:		

Purchase Application [cont] Page 3 of 5

Business / Professional References

Applicant	Co-Applicant
1. Name:	1. Name:
Company:	Company:
Address:	Address:
Title / Position:	Title / Position:
Phone:	Phone:
2. Name:	2. Name:
Company:	Company:
Address:	Address:
Title / Position:	Title / Position:
Phone:	Phone:
Personal References	
Applicant	Co-Applicant
1. Name:	1. Name:
Address:	Address:
Relationship to Applicant:	Relationship to Applicant:
Phone:	Phone:
2. Name:	2. Name:
Address:	Address:
Relationship to Applicant:	Relationship to Applicant:
Phone:	Phone:
Bank References	
Applicant	Co-Applicant
Checking Account #:	Checking Account #:
Bank:Branch:	Bank:Branch:
Savings Account #:	Savings Account #:
Bank:Branch:	
Other Account #:	Other Account #:
Bank:Branch:	Bank:Branch:

Additional Information

Please list the name and Social Securit	v Number of each	person who will reside in th	e apartment (other th	an the applicant(s)/purchase	r(s)

Name	Social Security No.

Please answer the following: (if any of these questions are answered "YES", please provide details in the space provided or attach additional pages if needed)

	Are you a U.S. Citizen?** Lo-#X5Lft IIXLf- @@ @fft II@ixbLft iXIXfbt oIxl5It IfLftXIot IIXIftLftIE %GLl/\$1_fbt IItt	пПП	{嘤bh
12.	Do you ever been evicted from a property, declared bankruptcy or had a mortgage foreclosed? please describe:	₹YES	√NC
11.	Do you intend to renovate (other than paint) your apartment within the next 24 months? please describe:	₹YES	√NC
10.	Do you intend to use the apartment as your primary residence? Will you have any other residence? please describe:	₹YES	₹NC
9.	Are you buying the apartment for yourself, or for somebody else to occupy? please describe:	₹YES	₹NC
8.	Do you intend to use the apartment for professional or business purposes? please describe:	₹YES	NC
7.	Do you intend to play any musical instruments in the apartment? please describe:	₹YES	⊼NC
	If YES, please list and include Species, Breed, Weight, and Age of <u>ALL</u> animals. please describe:		
6.	Do you plan to keep any pets in the apartment?	≺YES	₹NΟ
5.	Will any part of the cash payment for the purchase of the apartment be borrowed?	₹YES	₹NΟ
	What are the terms of your loan?		
	If YES, Name & Address of Lender:		
4.	please describe: Do you intend to finance any part of the purchase?	≺YES	√NC
3.	Are there any outstanding judgments against you?	≺YES	₹NC
2.	Has the applicant(s) and/or occupant(s) ever been convicted of a felony? please describe:	≺YES	√NC
	please describe:		
1.	Are you now, or in the past five (5) years have you been, privy to any lawsuits or other legal actions?	►YES	₹NC

Please attach a complete and detailed financial statement [See Part II of this application] for each person whose name will be on the proprietary lease. Include all assets, liabilities (including contingent liabilities such as guarantees), and a statement of income and regular expenses such as rent, mortgage payments, taxes, alimony, etc.

This statement should be countersigned by your attorney or accountant attesting to its accuracy, and/or the details of the financial statement should be substantiated by copies of supporting documents, (e.g., stock brokerage statement, loan statement, credit card statement, money market account statement, 401K statement, etc.). Please include bank statements for checking and savings accounts.

Representations / Authorizations

The undersigned purchaser(s) understand(s) that the consent of the co-operative board is required under the terms of the proprietary lease to the proposed transfer thereof and that the board of directors will rely on the information furnished above. The undersigned purchaser(s) also agree(s) to meet in person with representatives of the corporation. Purchaser(s) understand(s) that the corporation reserves the right to request further information from the purchaser(s).

The co-operative corporation, its officers, agents, and board of directors shall have no liability with respect to any matter or concerning any act of the proposed seller in connection with any contact contemplated herein.

This application is submitted on behalf of the current shareholder(s) listed on this application who is recognized as the applicant and to whom the co-operative corporation will respond. The purchaser understands that he has no contractual or other relationship with the co-operative corporation and any claims are limited solely to the shareholder.

The applicant(s) and purchaser(s) represent(s) to the co-operative corporation, its board of directors, officers, and agents that the purchaser(s) is purchasing the premises for the purpose of occupying same as a principal residence. The purchaser(s) represent(s) that he will not allow any person or persons to occupy the premises except in accordance with the provisions of the proprietary lease, by-laws, and rules and regulations of the co-operative corporation as same may be amended from time to time. The purchaser(s) further represent(s) that the premises will be occupied only by those persons listed on this application. Said representations will survive the closing.

All the representations and statements made by the applicant(s) and purchaser(s) are made with full knowledge that they will be relied upon by the co-operative corporation, its board of directors, officers, and agents in connection with the application of the applicant(s) and purchaser(s) represent(s) that they are familiar with the proprietary lease, the by-laws, and rules and regulations of the co-operative corporation, as some have been amended and will comply with all the provisions thereof. The co-operative corporation, its board of directors, officers, and agents may rely upon this representation.

Sellers Signature	Date:	Co-Seller's	Date:
Purchaser Signature	Date:	Co- Purchaser Signature	Date:
		retain a credit reporting agency. This agency may obtain, ove complies with Section 606 of the Fair Credit Reporting	prepare and furnish credit reports on my/our character, Act.)
Purchaser Signature	Date:	Co- Purchaser Signature	Date:



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	OTAL ASSETS			NET WORTH		
Cash/Money Market Funds (attach additional pages if necessary) - Total should match Cash/Money Market Funds above.	SCHEDULE A					
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Financial Institution Type of Account Account Balance Statement Date						ment Date

	<u>Description</u>	<u>Marketable Value</u>	<u>Non-Market</u>	able Value
	-			
EDULE C				
	necessary) - Total should match Real Estate lin	ne on previous page.		
Property Address	Type of Property	Mortgage/Lien Amount	Mortgage Payment	Insur./Ma /Taxes/e
	-			
EDULE D				
r Assests (attach additional pages in Explanation:				
-				
U ARE A PRINCIPAL OF, OR ARE E	MPLOYED BY, A FAMILY BUSINESS, PLEASE	COMPLETE THIS SECTION:		
		Purcha	aser C	o-Purchaser
	Dividend or Partnership Incom			
	Dividend or Partnership Income	e (previous year)		
	Dividend or Partnership Income (2 previous year)		
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	refully prepared, and the undersigned hereby	y solemnly declare(s) and certify(s) ti		
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e and correct. The information is :	refully prepared, and the undersigned hereby	solemnly declare(s) and certify(s) to		



<u>Credit Report Authorization</u> (page 1 of 2)

I/We authorize Argo Real Estate LLC and or/its agents to obtain a tenant background search or consumer report through *CoreLogic Saferent c/o Consumer Relations Department* 7300 Westmore Road, Suite 3, Rockville, MD 20850-523 and any other information it deems necessary, for the purpose of evaluating my application. I/We understand that such information may include, but is not limited to credit history, housing court, sex offender search, criminal background check, employment/income verification, prior residency verification and/or any other necessary information. I/We understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection, with respect to or in connection with the rental of a residence for which application was made. I/We agree to hold the above named company and procurer or furnisher of information, free from any liability what-so-ever in the use, procurement, or furnishing of such information. I/We further consent and authorize Argo Real Estate LLC and/or its agents to furnish this information to the Board of Directors, and/or its agents of the cooperative building or condominium to which I/We have applied, or to the Landlord of the rental apartment and his/her agents.

Pursuant to federal and state law:

- 1. If the Landlord takes adverse action against you on the basis of information contained in a tenant screening report, the Landlord must notify you that such action was taken and supply you with the name and address of the consumer reporting agency that provided the tenant screening report on the basis of which such action was taken;
- 2. If any adverse action is taken against you based on information contained in a consumer screening report, you have the right to inspect and receive a free copy of the report by contacting the consumer reporting agency;
- 3. Every tenant or prospective tenant is entitled to one free tenant screening report from each national consumer credit reporting agency (Equifax, Experian and TransUnion) annually, in addition to a credit report that should be obtained from www.annualcreditreport.com; and
- 4. Every tenant or prospective tenant may dispute inaccurate or incorrect information contained in a

Signature of Applicant	Date
Signature of Co-Applicant	Date
Signature of Guarantor	Date

<u>Credit Report Authorization Form</u> (page 2 of 2)

Applicant's Name (print) Applicant's Signature					
Social Security #:	Date of Birth:	Phone:			
Current Address:	City:	State:Zip):		
Co-Applicant's Name (print)	Co-Applicar	nt's Signature			
Social Security #:	Date of Birth:	Phone:			
Current Address:	City:	State:Zip):		
Guarantor's Name (print)	Guarantor's	Signature			
Social Security #:	Date of Birth:	Phone:			
Current Address:	City:	State:Z	ip:		

Authorization for Electronic Debit:

You are hereby on notice that all checks submitted to this office can be processed electronically, at first presentment, and any re-presentments, by transmitting the amount of the check, routing number, account number and check serial number of your financial institution. By submitting a check for payment, you are authorizing us to initiate an electronic debit from your bank or asset account as early as the same day the check is received in our office. Please note that you will not receive a cancelled check with your bank or asset account statement with respect to any checks processed electronically, but such amounts will appear as debits on the statement issued by your bank or asset account.

Disclosure of information on Lead-based Paint and/or Lead-Based Paint Hazards SALES

Property Address:			
such property may presen poisoning. Lead poisoning reduced intelligence quoti pregnant women. The selle lead-based paint hazards f	erest in residential real prop t exposure to lead from led i in young children may p ient, behavioral problems, er of any interest in resident from risk assessments or ins	erty on which a residential dwelling was bad-based paint that may place young chiroduce permanent neurological damage, and impaired memory. Lead poisoning tial real property is required to provide the pections in the seller's possession and noting possible lead-based paint hazards is reco	Idren at risk of developing lead including learning disabilities, also poses a particular risk to buyer with any information on the buyer of any known lead-
		ed paint hazards (Check (i) or (ii) below): pased paint hazards are present in the hous	sing (explain):
(ii) Seller has	no knowledge of lead-base	d paint and/or lead-based paint hazards ar	e present in the housing.
(i) Seller has	orts available to the Purchase provided the Purchaser with rds in the housing (list docu	all available records and reports pertainin	g to lead-based paint and/or lead
Purchaser's Ackno (c) Purchaser ha (d) Purchaser ha (e) Purchaser has (ch (i) received for the presence	owledgment (initial) as received copies of all info as received the pamphlet Pr neck (i) or (ii) below): a 10-day opportunity (or mu of lead-based paint and/or I he opportunity to conduct a	ining to lead-based paint and/or lead-base rmation listed above. otect Your Family from Lead in Your Home. utually agreed upon period) to conduct a riead-based paint hazards; or a risk assessment or inspection for the pres	sk assessment or inspection
Agent's Acknowled (f)Agent has inforesponsibility to ensure	ormed the seller of the selle	r's obligations under 42 U.S.C. 4852(d) and	l is aware of his/her
Certification of Accuracy The following parties have they have provided is true	reviewed the information al	pove and certify, to the best of their knowl	edge, that the information
SELLER	DATE	CO-SELLER	DATE
PURCHASER	DATE	CO-PURCHASER	DATE
AGENT	DATE	AGENT	DATE

Notice to Tenant or Occupant

WINDOW GUARDS REQUIRED

<u>You are required by law</u> 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 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.

Chec	k One:	
	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 of	or younger
Tena	nt's Name:	
Tena	nt's Signature:	Date:
Tena	nt's Address:	Apt #:

RETURN THIS FORM TO:



FOR FURTHER INFORMATION CALL:

Window Falls Prevention Program (212) 676-2158

New York City Department of Health

125 Worth Street, Room 222A

New York, NY 10013

AFFIDAVIT OF COMPLIANCE WITH SMOKE DETECTOR REQUIREMENT FOR ONE- AND TWO-FAMILY DWELLINGS

State o	f New York	} } \$ss.:				
County	of	} 33				
grantee	The undersigned, being duly swore of the real property or of the coope					
	(Street Address)				,	(Unit / Apt. #)
	(City)	, No	ew York,	(Block)	(Lo	t) (the "Premises");
dwellin provision concern That the	e Premises is a one or two family dv g, and that installed in the Premises ons of Article 6 of Subchapter 17 oning smoke detecting devices; ey make affidavit in compliance with the grantor and one grantee are requi	s is an approved a of Chapter 1 of T	nd operation Fitle 27 of to Administration	nal smoke o he Adminis	detecting d strative Co	evice in compliance with the de of the City of New York
_	Name of Grantor (Type or Print)		_	Nam	ne of Grant	ee (Type or Print)
_	Signature of Grantor		_		Signature o	of Grantee
Sworn	to before me		Sworn	to before m	e	
This	date of 20_	,	This	date	_	of 20 ,
_	(Notary Public)		_		(Notary	Public)

These statements are made with the knowledge that a willfully false representation is unlawful and is punishable as a crime of perjury under Article 210 of the Penal Law.

NEW YORK CITY REAL PROPERTY TRANSFER TAX RETURNS FILED ON OR AFTER FEBRUARY 6th, 1990, WITH RESPECT TO THE CONVEYANCE OF A ONE- OR TWO-FAMILY DWELLING, OR A COOPERATIVE APARTMENT OR A CONDOMINIUM UNIT IN A ONE- OR TWO-FAMILY DWELLING, WILL NOT BE ACCEPTED FOR FILING UNLESS ACCOMPANIED BY THIS AFFIDAVIT.

AFFIDAVIT OF COMPLIANCE WITH CARBON MONOXIDE DETECTOR REQUIREMENT FOR ONE- AND TWO-FAMILY DWELLINGS

State of	New York	} } SS.:					
County o	f	}					
	The undersigned, being duly swore of the real property or of the coope						
	(Street Address)						(Unit / Apt. #)
	(City)	, Ne	ew York,	(Block)		(Lot)	(the "Premises");
dwelling, compliar monoxid	Premises is a one or two family dv and that installed in the Prem ace with the provisions of Section e detecting devices; y make affidavit in compliance wit e grantor and one grantee are requi	nises is an appro 378 (5) (a) and h New York City	ved and o Section 378 Administrati	perational 3 (5) (d) of	carbon the Exe	monoxide ecutive La	detecting device in w concerning carbon
	Name of Grantor (Type or Print)		_	Nam	ne of Gra	intee (Type	or Print)
_	Signature of Grantor		_		Signatur	e of Grant	ee
Sworn to	before me		Sworn	to before m	е		
This	date of 20_		This	date			of 20,
	(Notary Public)		-		(Not	ary Public)	

These statements are made with the knowledge that a willfully false representation is unlawful and is punishable as a crime of perjury under Article 210 of the Penal Law.

NEW YORK CITY REAL PROPERTY TRANSFER TAX RETURNS FILED ON OR AFTER FEBRUARY 6th, 1990, WITH RESPECT TO THE CONVEYANCE OF A ONE- OR TWO-FAMILY DWELLING, OR A COOPERATIVE APARTMENT OR A CONDOMINIUM UNIT IN A ONE-OR TWO-FAMILY DWELLING, WILL NOT BE ACCEPTED FOR FILING UNLESS ACCOMPANIED BY THIS AFFIDAVIT.

NOTICE TO TENANT DISCLOSURE OF BEDBUG INFESTATION HISTORY

Pursuant to the NYC Housing Maintenance Code, an owner/managing agent of residential rental property shall furnish to each tenant signing a vacancy lease a notice that sets forth the property's bedbug infestation history. Name of tenant(s): **Subject Premises:** Apt. #: Date of vacancy lease: **BEDBUG INFESTATION HISTORY** (Only boxes checked apply) There is no history of any bedbug infestation within the past year in the building or in any apartment. During the past year the building had a bedbug infestation history that has been the subject of eradication measures. The location of the infestation was on the floor(s). During the past year the building had a bedbug infestation history on the floor(s) and it has not been the subject of eradication measures. During the past year the apartment had a bedbug infestation history and eradication measures were employed. During the past year the apartment had a bedbug infestation history and eradication measures were not employed. Other: Signature of Tenant(s): ______ Dated: _____ Signature of Owner/Agent: Dated:

DBB-N (DHCR 10/10)