

JACKSON ACQUISITION COMPANY LLC – Sponsor Application

Dear Prospective Resident:

Thank you for your interest in Jackson Acquisition Company LLC:

35-38 75th Street
35-40 75th Street
35-44 75th Street
35-48 75th Street
35-50 75th Street

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.

50 West 17th Street 7th Floor
New York, NY 10011
ATTN: Sales Department

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, please contact your Sales Agent.

Sincerely,

ARGO REAL ESTATE LLC

Sales Department

JACKSON ACQUISITION COMPANY LCC

Required Documents & Important Information

The following is a list of the items that you are required to submit for the sponsor 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 set of the completed 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. Please note that documents will not be returned and that the applicant is advised to retain a copy for their records.

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 Fees Acknowledgement Form (1 page)
MUST BE SIGNED BY APPLICANT(S).
- 3. 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

Provide the Following Documentation

- 1. Copy of Contract of Sale (including all riders)
MUST BE EXECUTED BY ALL PARTIES.
- 2. Aztech Recognition Agreements (**Provide ONLY if Financing**)
THREE (3) ORIGINALS MUST BE PROVIDED. NO OTHER FORM WILL BE ACCEPTED.

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

JACKSON ACQUISITION COMPANY LLC- 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. | \$50.00 | Credit Check Fee / per person (non-refundable) | Payable to: ARGO REAL ESTATE, LLC |
| 2. | \$200.00 | Move In Fee from Purchaser (non-refundable) | Payable to: THE GARDENS 75 TH ST. OWNERS 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 re-presentments, 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 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: _____

Residence History

Purchaser

Present Address: _____ City: _____ State: _____ Zip: _____

Length of Residency: _____ Monthly Rent / Mortgage Payment: _____

Landlord / Managing Agent: _____ Phone: _____ Fax: _____

If owned, list Mortgage Lender and Account Number: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Length of Residency: _____ Monthly Rent / Mortgage Payment: _____

Landlord / Managing Agent: _____ Phone: _____ Fax: _____

If owned, list Mortgage Lender and Account Number: _____

Co-Purchaser

Present Address: _____ City: _____ State: _____ Zip: _____

Length of Residency: _____ Monthly Rent / Mortgage Payment: _____

Landlord / Managing Agent: _____ Phone: _____ Fax: _____

If owned, list Mortgage Lender and Account Number: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Length of Residency: _____ Monthly Rent / Mortgage Payment: _____

Landlord / Managing Agent: _____ Phone: _____ Fax: _____

If owned, list Mortgage Lender and Account Number: _____

Employment Information

Purchaser

Employer: _____ Phone: _____ Fax: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Length of Employment: _____ Annual Income: _____

Co-Purchaser

Employer: _____ Phone: _____ Fax: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Length of Employment: _____ Annual Income: _____

Business / Professional References

Applicant

Co-Applicant

1. Name: _____
 Company: _____
 Address: _____
 Title / Position: _____
 Phone: _____

2. Name: _____
 Company: _____
 Address: _____
 Title / Position: _____
 Phone: _____

1. Name: _____
 Company: _____
 Address: _____
 Title / Position: _____
 Phone: _____

2. Name: _____
 Company: _____
 Address: _____
 Title / Position: _____
 Phone: _____

Personal References

Applicant

Co-Applicant

1. Name: _____
 Address: _____
 Relationship to Applicant: _____
 Phone: _____

2. Name: _____
 Address: _____
 Relationship to Applicant: _____
 Phone: _____

1. Name: _____
 Address: _____
 Relationship to Applicant: _____
 Phone: _____

2. Name: _____
 Address: _____
 Relationship to Applicant: _____
 Phone: _____

Bank References

Applicant

Co-Applicant

Checking Account #: _____
 Bank: _____ Branch: _____

Savings Account #: _____
 Bank: _____ Branch: _____

Other Account #: _____
 Bank: _____ Branch: _____

Checking Account #: _____
 Bank: _____ Branch: _____

Savings Account #: _____
 Bank: _____ Branch: _____

Other Account #: _____
 Bank: _____ Branch: _____

Additional Information

Please list the name and Social Security Number of each person who will reside in the apartment (other than the applicant(s)/purchaser(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)

1. Are you now, or in the past five (5) years have you been, privy to any lawsuits or other legal actions? YES NO
please describe: _____
2. Has the applicant(s) and/or occupant(s) ever been convicted of a felony? YES NO
please describe: _____
3. Are there any outstanding judgments against you? YES NO
please describe: _____
4. Do you intend to finance any part of the purchase? YES NO
If YES, Name & Address of Lender: _____
What are the terms of your loan? _____
5. Will any part of the cash payment for the purchase of the apartment be borrowed? YES NO
6. Do you plan to keep any pets in the apartment? YES NO
If YES, please list and include Species, Breed, Weight, and Age of ALL animals.
please describe: _____
7. Do you intend to plan any musical instruments in the apartment? YES NO
please describe: _____
8. Do you intend to use the apartment for professional or business purposes? YES NO
please describe: _____

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:
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Purchaser Signature	Date:	Co- Purchaser Signature	Date:
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The undersigned authorizes the co-operative corporation or its agents to retain a credit reporting agency. This agency may obtain, prepare and furnish credit reports on my/our character, general reputation, personal characteristics, and mode of living. (The above complies with Section 606 of the Fair Credit Reporting Act.)

Purchaser Signature	Date:	Co- Purchaser Signature	Date:
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Part II – Financial Information

Purchaser: _____ Co-Purchaser: _____
 Address: _____ Address: _____

SOURCE OF INCOME & REGULAR EXPENSES

INCOME (ANNUAL)	Purchaser	Co-Purchaser	EXPENSES MONTHLY:	Purchaser	Co-Purchaser
Base Salary	_____	_____	Maintenance	_____	_____
Overtime Wages	_____	_____	Apartment Financing	_____	_____
Bonuses	_____	_____	Other Mortgages	_____	_____
Commissions	_____	_____	Real Estate Taxes	_____	_____
Dividends & Interest Income	_____	_____	Bank Loans	_____	_____
Real Estate Income (Net)	_____	_____	Auto Loan	_____	_____
Other Income (Itemize)	_____	_____	Credit Card Debt	_____	_____
TOTAL INCOME	_____	_____	TOTAL	_____	_____

ASSETS & LIABILITIES

ASSETS	Purchaser	Co-Purchaser	LIABILITIES	Purchaser	Co-Purchaser
Cash/Money Market Funds (Sched. A)	_____	_____	Notes Payable:	_____	_____
Contract Deposit	_____	_____	to Banks	_____	_____
Bonds, Stocks, Brokerage Acc. (Sched. B)	_____	_____	to Relatives	_____	_____
Investment in Own Business	_____	_____	to Others	_____	_____
Accounts & Notes Receivable	_____	_____	Installment Accounts Payable:	_____	_____
Real Estate Owned (Sched. C)	_____	_____	Automobile	_____	_____
Automobiles (Blue Book Value)	_____	_____	Other	_____	_____
Personal Property & Furniture	_____	_____	Mortgages Payable on Real Estate	_____	_____
Life Insurance (Cash Surrender Value)	_____	_____	Unpaid Real Estate Taxes	_____	_____
Retirement Funds/IRA	_____	_____	Unpaid Income Taxes	_____	_____
401K	_____	_____	Chattel Mortgages	_____	_____
KEOGH	_____	_____	Loans on Life Insurance Policies	_____	_____
Profit Sharing/Pension Plan	_____	_____	Outstanding Credit Card Debt	_____	_____
Other Assets (Sched. D)	_____	_____	TOTAL LIABILITIES	_____	_____
TOTAL ASSETS	_____	_____	NET WORTH	_____	_____

SCHEDULE A

Cash/Money Market Funds (attach additional pages if necessary) - Total should match Cash/Money Market Funds above.

Financial Institution	Type of Account	Account Balance	Statement Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHEDULE B

Stocks, Bonds, & Mutual Funds (attach additional pages if necessary) - Total should match Stocks, Bonds, Brokerage Acc. line on previous page.

<u>Amount of Shares</u>	<u>Description</u>	<u>Marketable Value</u>	<u>Non-Marketable Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SCHEDULE C

Real Estate (attach additional pages if necessary) - Total should match Real Estate line on previous page.

<u>Property Address</u>	<u>Type of Property</u>	<u>Mortgage/Lien Amount</u>	<u>Mortgage Payment</u>	<u>Insur./Maint. /Taxes/etc</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SCHEDULE D

Other Assests (attach additional pages if necessary)

Explanation: _____

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

	<u>Purchaser</u>	<u>Co-Purchaser</u>
Dividend or Partnership Income (current year)	_____	_____
Dividend or Partnership Income (previous year)	_____	_____
Dividend or Partnership Income (2 previous year)	_____	_____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The foregoing application has been carefully prepared, and the undersigned hereby solemnly declare(s) and certify(s) that all information contained herein is complete, true and correct. The information is submitted as being a true and accurate statement of the financial condition of the undersigned on the _____ day of _____, 20 ____.

 Purchaser

 Co-Purchaser (if any)

 Date

 Date

Credit Report Authorization (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

Credit Report Authorization Form (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-Applicant'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: _____ Zip: _____

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: _____

Lead Warning Statement

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

Seller's Disclosure

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

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

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

(b) Records and reports available to the Purchaser (Check (i) or (ii) below):

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

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

Purchaser's Acknowledgment (initial)

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

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

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

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

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

Agent's Acknowledgment (initial)

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

Certification of Accuracy

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

SELLER

DATE

CO-SELLER

DATE

PURCHASER

DATE

CO-PURCHASER

DATE

AGENT

DATE

AGENT

DATE

Notice to Tenant or Occupant

WINDOW GUARDS REQUIRED

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 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.

Check 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 or younger

Tenant's Name: _____
(Print)

Tenant's Signature: _____ Date: _____

Tenant'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

**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: _____