Sublet Application

Warwick Owners Corp.

76-12 35th Ave., Jackson Heights, New York, 11372

Carlton Management

Attention: Joyce Mercer

Phone: 718-479-9393, extension 13

Fax: 516-609-8219

Email: joyce@carltonmanagement.com

SUBLET APPLICATION PACKAGE CHECKLIST

(All applicants over the age of 18 who intend to reside in the premises must provide the required specified documents.)

1.	Acknowledgement of Shareholder Terms and Conditions for Subletting signed by each Shareholder.	
2.	Completed sublease application signed by each Applicant.	
3.	Copy of the fully executed one year Lease between Shareholder and prospective Subtenant/Applicant.	
4.	Completed financial statement(s) for each Applicant.	
5.	Completed net worth form(s) for each Applicant (see attachment).	
6.	Copy of W-2 forms and federal income tax forms for prior two (2) years for each Applicant.	
7.	Copy of the three (3) most recent bank statements showing account holders and account balances (checking/savings/money market/investments, where applicable) for each Applicant.	
8.	Copy of pay-stubs for the three (3) most recent months for each Applicant.	
9.	Credit check authorization for each Applicant.	
10.	Criminal check authorization for each Applicant.	
11.	Letter of employment from a person of appropriate authority (such as Human Resources Manager, Personnel Director, Owner, etc.) stating length of employment, job title and annual salary for each Applicant.	
12.	Rental reference form(s) for all rentals over the last three (3) years, and letter from current landlord (on letterhead of Management Company) stating length of tenancy and amount of monthly rent paid for by each Applicant.	
13.	Two (2) personal letters of reference for each Applicant.	
14.	One (1) business letter of reference for each Applicant.	

SUBLET APPLICATION PACKAGE CHECKLIST (continued)

15	Lead Paint rider, signed by each Applicant(s) and Shareholder(s).	
13.	Lead Faint fider, signed by each Applicant(s) and Shareholder(s).	
16.	Carbon Dioxide rider signed by at least one Shareholder and notarized.	
17.	Smoke Detector rider, signed by at least one Shareholder and one Applicant and notarized.	
18.	Window Guards rider signed by each Applicant.	
19.	Name Plate/Key rider signed by each Applicant.	
20.	Acknowledgement of receipt of the House Rules and agreement to abide by them, signed by each Applicant.	
21.	Credit Check Fee of \$50 (non-refundable) for each Applicant, payable to Carlton Management, by Applicant(s), certified check or money order only.	
22.	Criminal Report Fee of \$50 (non-refundable) for each Applicant, payable to Carlton Management, by Applicant(s), certified check or money order only.	
23.	Move-in deposit of \$500 (refundable), payable to Warwick Owners Corp., payable by Applicant(s), certified check or money order only.	
24.	Administration Fee of \$500 (non-refundable), payable to Warwick Owners Corp. payable by Shareholder(s), certified check or money order only.	
25.	Processing Fee of \$500 (non-refundable), payable to Carlton Management, by Shareholder(s), certified check or money order only.	
26.	Move-out deposit of \$500 (refundable), payable to Warwick Owners Corp. by Shareholder(s), certified check or money order only.	

SUBLET APPLICATION PROCEDURES

You can conveniently complete this application form by typing information into the highlighted fields. Print your completed form, sign it as required, and submit it to Carlton Management.

Applicants wishing to sublet at the Warwick must successfully complete the application process. Please note that all Applicants and other adults (over the age of eighteen) who are to reside in the apartment, as well as guarantors, must complete and sign the enclosed credit check and criminal check forms. Please make additional copies as needed.

Only completed packages will be forwarded to the Board of Directors for review.

Please submit one (1) original copy to Carlton Management. If a document is not included, please provide a written explanation. Social security numbers will be deleted from the submitted application form for your protection.

Fees are required at time of application

Applicant(s) must pay the following fees, by certified check or money order only:

- Credit Check Fee of \$50 (non-refundable) for each Applicant, payable to Carlton Management.
- **Criminal Report Fee of \$50** (non-refundable) for each Applicant, payable to Carlton Management.
- Move-in deposit of \$500 (refundable), payable to Warwick Owners Corp.

 This deposit will only be refunded after the Applicant(s) has/ (have) completely moved in without damages or violating the building's house rules, including moving policy.

Seller(s) must pay, by certified check or money order only.

- **Processing Fee of \$500** (non-refundable) per application, payable to Carlton Management.
- Administration Fee of \$500 (non-refundable), payable to Warwick Owners Corp.
- Move-out deposit of \$500 (refundable), payable to Warwick Owners Corp.

 This deposit will only be refunded after the premises have been vacated, provided complete compliance with the building's house rules and moving rules. Shareholder will be responsible for any damages or violations of house rules, including moving policy, and will be billed for any costs and expenses.

All application information documents and fees must be submitted to:

Carlton Management

Attention: Joyce Mercer 136 Glenwood Road P. O. BOX 401 Glenwood Landing, NY 11547

SUBLET APPLICATION PROCEDURES

(continued)

Financial Requirements

Applicants' housing expenses (mortgage plus maintenance) must not exceed twenty-five percent (25%) of gross income. In addition, after deducting deposits and closing costs, the cash balance in their accounts over the preceding ninety (90) days must be sufficient to cover six (6) months of housing expenses.

Only complete applications will be considered by the Board.

Once a complete application has been submitted, including all required documentation and payment of all applicable fees, the Managing Agent will conduct a check of the creditworthiness and possible criminal background of all Applicant(s). The Managing Agent will then forward the application package to the Board together with the credit and criminal reports.

The Board will review the application and may request additional information or documents.

The Board has no obligation to explain its decision to Shareholder(s) or Applicant(s).

Please allow a minimum of three (3) weeks (after the complete application has been received) for the processing of the application and the possible scheduling of an interview. All persons (adults and children) who would be residing in the premises must attend the interview. The Managing Agent will notify Applicant(s) whether their application has been approved or rejected. Submitted documents will not be returned.

SHAREHOLDER TERMS AND CONDITIONS FOR SUBLETTING

Please note that Paragraph 19 of your Proprietary Lease states: "The Lessee shall not sublet the whole or part of the unit or renew or extend any previously authorized sublease without the written consent of the Lessor [...]. Any consent to subletting may be subject to such conditions as the Directors [...] may impose."

At present, the Board of Directors requires that in order to sublet a unit, a shareholder must be in good standing and current with all financial obligations to the Warwick Owners Corp., and must have resided in the apartment for at least one year. No applications will be accepted from shareholders unless these two conditions are met.

Sublet applications require upfront payment of a Processing Fee, an Administration Fee, a Credit Report Fee, a Criminal Report Fee, a move-in deposit, and a move-out deposit. Following a sublet application's approval, a Sublet Fee equivalent to a percentage of maintenance charges will be added to the Shareholder's monthly maintenance bill for the duration of the sublease.

Only one-year subleases will be accepted. A sublease cannot be renewed without approval from the Board of Directors. An Administration Fee will be required with each annual sublease renewal request and a Sublet Fee will be due immediately upon approval of each renewal request. The subtenant must always have a current lease, and it is the shareholder's responsibility to contact the Managing Agent to seek a renewal before it expires. If a sublease is renewed without approval from the Board, the shareholder will be in default of the Proprietary Lease and his or her shares will be <u>subject to cancellation</u> in addition to any other remedy available to the Board of Directors.

Apartments may be subleased for a maximum of **two (2) years out of any consecutive five (5) year period**. The Board of Directors will consider hardship situations on an individual basis, supported by such documentary evidence as the Board, in its sole and absolute discretion, may require.

Warwick Owners Corp. and its Managing Agent are not responsible for any physical representations related to the condition of an apartment. Shareholders and apartment occupants must obtain their own co- op owners and/or renter's insurance policy to protect their personal belongings and furnishings and provide a copy of same to the Managing Agent. All shareholders and subtenants must adhere to the terms and conditions of the Proprietary Lease. All above terms are binding in any relationship between the shareholders, subtenants, and Warwick Owners Corp.

Pursuant to the Warwick Owners Corp. Proprietary Lease, conditions for subletting may be added to or amended at any time by resolution of the Board of Directors and thereby become binding on all shareholders and existing as well as future sublessors, without further notice.

SUBLEASE ACKNOWLEDGEMENT AND SIGNATURE(S)			
I (we) have read and understood the above terms and conditions and agree to abide by them in connection with purchase of stock for apartment			
Signature Applicant 1:	Date:		
Signature Applicant 2:	Date:		

WARWICK OWNERS CORP. SUBLET APPLICATION				
	SHAREHOLDER #1 IN	FORMATION		
Name:		SSN:		
Current address:				
City:	State:	ZIP Code:		
Home Phone:	Work:	Cell:		
Email:				
	SHAREHOLDER #2 IN	FORMATION		
Name:		SSN:		
Current address:				
City:	State:	ZIP Code:		
Home Phone:	Work:	Cell:		
Email:				
AP	PLICANT #1 PERSONA	L INFORMATION		
Name:		SSN:		
Current address:				
City:	State:	ZIP Code:		
Home Phone:	Work:	Cell:		
Email:				
APPL	LICANT #1 EMPLOYME	ENT INFORMATION		
Current employer:				
Employer address:				
City:	State:	ZIP Code:		
Occupation:		How long?		
APPLICANT #2 PERSONAL INFORMATION				
Name:		SSN:		
Current address:				
City:	State:	ZIP Code:		
Home Phone:	Work:	Cell:		
Email:	'			
APPLICANT #2 EMPLOYMENT INFORMATION				
Current employer:				
Employer address:				
City:	State:	ZIP Code:		
Occupation:	1	How long?		

ALL ADDITIONAL PERSONS WHO WILL RESIDE IN THE APARTMENT				
Adults	Children		Ages of Children	
NAMES OF ALL RES	SIDENTS AT THE WARW	TICK KNOWN BY TH	IE APPLICANT	
Name:				
Name:				
Name:				
	JMENTS PLAYED BY TH E EXTENT THEY ARE PI		N D	
	PET INFORMA	TION		
Do you own a pet?	If yes, what kind:		How many?	
Additional pets:	Type of additional pets:		How many?	
ADDRESS, BRIEF DESCRIPTION, AND FUTURE PLANS				
FOR ANY ADDITIONAL RESIDENCE(S) OWNED OR LEASED:				
	INCOME			
Please attach copies of the last two (2) W-2 and Federal Income Tax forms and three (3) most recent paycheck stubs. Please provide documentation for other income including sources and amounts.				
	Applicant 1		Applicant 2	
Annual Salary				
Other income				
Total income				
Total combined income from	all sources			

PLEASE PROVIDE ANY ADDITIONAL INFORMATION IN SUPPORT OF YOUR APPLICATION (OR PROVIDE ADDITIONAL ATTACHMENT)		
SIGNATURES		
I/We authorize the verification of the information provided on this form.		
Signature Applicant 1:	Date:	
Signature Applicant 2:	Date:	

FINANCIAL STATEMENT Please complete one form for EACH Applicant. Additional copy included as attachment with this application.

If any of the questions are answered with a "Yes" please note what the "Yes" refers to and give an explanation at the bottom of the page.

please note what the "Yes" refers to and give an explanation at the bottom of the page.			
NAME OF APPLICANT:			
Do you have any outstanding judgments against you?			
In the past seven years, have you filed for bankruptcy?			
Are you a guarantor or co-maker on a note, lease or any other financial docu	ument?		
Are you party to a lawsuit?			
Are you obligated to pay alimony, child support or separate maintenance?			
Have you ever lived in this building before?			
If yes, what years have you lived at the Warwick?			
Is any part of the down payment borrowed (If so, please give details)			
Please complete net worth form for each Applicant (see attachment).			
DETAILED EXPLANATION RELATING TO THE ABOV	/E "YES" ANSWERS:		
SIGNATURE			
I authorize the verification of the information provided on this form.			
Signature Applicant : Date:			

CREDIT CHECK AUTHORIZATION Please complete one form for EACH Applicant. Additional copy included as attachment with this application.				
Applicant name:				
Date of Birth:		SSN:		
HOME AD	DRESSES FOI	R THE LAST SEVEN	(7) YEARS	
Previous address:				
City:	State:	ZIP Code:	Length of residence:	
Previous address:				
City:	State:	ZIP Code:	Length of residence:	
Previous address:				
City:	State:	ZIP Code:	Length of residence:	
Previous address:				
City:	State:	ZIP Code:	Length of residence:	
Previous address:				
City:	State:	ZIP Code:	Length of residence:	
AUTHORIZATION AND SIGNATURE				
In connection with my purchase/sublet of property, I authorize the procurement of a credit report on myself. I further authorize all credit agencies, banks, lending institutions and persons to release information they may have about me and release them from any liability and responsibility doing so. This authorization, in original or copy form, shall be valid for this and any future reports that may be requested. Further information maybe available upon written request within a reasonable period of time.				
Signature Applicant: Date:				
PLEASE INCLUDE \$50 CERTIFIED CHECK OR MONEY ORDER PAYABLE				

TO CARLTON MANAGEMENT FOR EACH APPLICANT.

RELEASE OF INFORMATION AUTHORIZATION TO OBTAIN A CRIMINAL REPORT			
Please complete one form for EACH Applicant.			
Additional copy included as attachment with this application.			
Applicant name:			
Date of Birth:		SSN:	
ADDRESS			
Address:			
City:	State:	ZIP Code:	

AUTHORIZATION AND SIGNATURE

I hereby authorize any individual, company or institution to release to Warwick Owners Corp. and/or its Managing Agent or representative any and all information that they have concerning criminal activity. I hereby release the individual, company, or institution and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information.

PLEASE INCLUDE \$50 CERTIFIED CHECK OR MONEY ORDER PAYABLE TO CARLTON MANAGEMENT FOR EACH APPLICANT.

Date:

RENTAL REFERENCE(S) Please have your landlord(s) complete this form. Additional copy included as attachment with this application. Applicant name: Landlord name: Landlord address: Phone: Fax: Email: This Applicant: Currently rents my property Previously rented my property ADDRESS OF RENTAL PROPERTY Address: City: State: ZIP Code: Paid on time? Monthly rent \$ Cost of utilities included in the rent \$ If no, give details below The Applicant rented this property during the following dates: **COMMENTS REGARDING TENANCY** SIGNATURE OF LANDLORD Date: Signature Landlord:

DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND LEAD-BASED PAINT HAZARDS

LEAD WARNING STATEMENT

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, landlords must disclose the presence of known lead-based pain hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.

1978 housing, landlords must disclose the presence of known lead-based pain hazards in the dwelling. Tenants must also receive a federally approved pamphlet on lead poisoning prevention.			
SHAREHOLDER'S DISCLOSURE			
Presence of lead-based paint and/or lead-based paint hazards (check one):			
Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).			
Shareholder has no knowledge of lead-based pain and/or lead-based paint hazards in the housing.			
Records and reports available to the Lessor (check one):			
Shareholder has provided the Lessee with all available records and reports pertaining to lead based paint and/or lead based paint hazards in the housing (list documents below):			
Shareholder has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the building.			
SUBLESSEE'S ACKNOWLEDGEMENT (initial)			
Lessee has received the pamphlet "Protect Your Family from Lead in Your Home."			
Lessee has received copies of all information listed above.			
AGENT'S ACKNOWLEDGEMENT (initial)			
Agent has informed the Lessor's obligations under 42 U.S.C. 4582(d) and is aware of his/her responsibility to ensure compliance.			
CERTIFICATION OF ACCURACY AND SIGNATURES			
The following parties have reviewed the information above and certify, to the best of their knowledge, that the information provided by the signatory is true and accurate.			
Signature Shareholder 1 : Date:			
Signature Shareholder 2 : Date:			
Signature Applicant 1: Date:			
Signature Applicant 2: Date:			
Signature Agent: Date:			

FOR ONE AND TWO FAMILY DWELLINGS THIS FORM MUST BE NOTARIZED			
State of New York			
SS:			
County of:			
The undersigned, being duly sworn, depose and say under penalty of perjury that they are the grantor of the real property of the cooperative shares in a corporation owning real property located at:			
76-12 35 TH Avenue, Jackson Heights, NY, 11372-4658 Unit:			
Borough: QUEENS Block: 1276 Lot: 1			
That the premises is a one or two family dwelling, or a cooperative apartment or condominium unit and that installed in the Premises is an approved and operational carbon monoxide detector of such manufacture, design and installation standards as established by the State of New York Fire Prevention and Building Code Council. The grantor is in compliance with Subdivision 5(a) of Section 378 of the New York State Executive Law.			
SIGNATURE OF ONE GRANTOR			
Signature Grantor:	Date:		
Name of Grantor:			
NOTARY SIGNATURE			
Sworn to before me on:			
Signature Notary:	Date:		
Name of Notary:			
These statements are made with the knowledge that a willfully far and punishable as a crime of perjury under Article 210			

AFFIDAVIT OF COMPLIANCE WITH SMOKE DETECTOR REQUIREMENT FOR ONE AND TWO FAMILY DWELLINGS THIS FORM MUST BE NOTARIZED State of New York SS: County of: The undersigned, being duly sworn, depose and say under penalty of perjury that they are the grantor of the real property of the cooperative shares in a corporation owning real property located at: 76-12 35TH Avenue, Jackson Heights, NY, 11372-4658 Unit: Borough: QUEENS Block: 1276 Lot: 1 That the premises is a one or two family dwelling, or a cooperative apartment or condominium unit and that installed in the Premises is an approved and operational smoke detecting device that complies with the provisions of Article 6 of Subchapter 17 of Chapter 1 of Title 27 of the Administrative Code of the City of New York concerning smoke detecting devices. That they make this affidavit in compliance with the New York City Administrative code Section 11-2105(g). SIGNATURE OF ONE GRANTOR Signature of Grantor: Date: Name of Grantor SIGNATURE OF ONE GRANTEE Signature Grantee: Date: Name of Grantee: NOTARY SIGNATURE Sworn to before me on: Signature Notary: Date:

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

Name of Notary:

WINDOW GUARDS REQUIREMENT LEASE NOTICE TO TENANT/APPLICANT(S)

You are required by law to have window guards installed if a child 10 years of age or younger live in your apartment.

Your landlord is required by law to install window guards in your apartment:

- If you ask him to put in window guards at any time (you need not give a reason).
- If a child 10 years of age or younger lives in your apartment.

It is a violation of law to refuse, interfere with installation, or remove window guards where required.

PLEASE CHECK ONE		
CHILDREN 10 YEARS OF AGE OR YOUNGER WILL LIVE IN MY APARTMENT.		
NO CHILDREN 10 YEARS OF AGE OR YOUNGER WILL LIVE IN MY APARTMENT.		
I WANT WINDOW GUARDS EVEN THOUGH NO CHILDREN 10 YEARS OF AGE OR YOUNGER WILL LIVE IN MY APARTMENT.		

SIGNATURES		
Signature Applicant 1:	Date:	
Signature Applicant 2:	Date:	

FOR ADDITIONAL INFORMATION CALL:

Window Falls Prevention Program New York City Department of Health
125 Worth Street, Room 222A
New York, NY 10013
212-566-8082

NAME PLATE AND KEY REQUEST RIDER				
For intercom and mail box				
APPLICANT 1				
Last name:	First initial:			
APPLICANT 2				
Last name:	First Initial:			

KEY ACKNOWLEDGEMENT AND SIGNATURE(S)			
	I/we acknowledge that a set of keys to the apartment should be given to the superintendent upon moving in.		
	Signature Applicant 1:	Date:	
	Signature Applicant 2:	Date:	

HOUSE RULES OF THE WARWICK OWNERS CORP.

- 1. The public halls and stairways of the building shall not be obstructed or used for any purpose other than ingress and egress from the units of the building.
- 2. No lessee shall make or permit any disturbing noises in the building or do or permit anything to be done therein which will interfere with the rights, comforts or convenience of the other lessees. No lessee shall play or permit to be played upon any musical instrument or phonograph or a radio or television in the lessee's unit if the same shall disturb or annoy other occupants of the building. No construction or repair work involving noise shall be conducted in any unit except on weekdays (not including legal holidays) and only between the hours of 8:30 a.m. and 5:00 p.m.
- 3. No article shall be placed in the halls or on the staircase landings or fire towers, nor shall anything be hung or shaken from the doors, windows, terraces or balconies or placed upon the window sills of the buildings.
- 4. No awnings, window air-conditioning units or ventilators shall be used except such as shall have been expressly approved by the Lessor, nor shall anything be projected out of the window of the building without similar approval.
- 5. No sign, notice, advertisement or illumination shall be inscribed or exposed on or at any window or other part of the building, except such as shall have been approved in writing by the Lessor.
- 6. No radio or television aerial shall be attached to or hung from the exterior of the building without the prior written approval of the Lessor.
- 7. The Lessor shall have the right from time to time to curtail or relocate any space devoted to storage or laundry purposes.
- 8. These House Rules may be added to, amended or repealed at any time by the resolution of the Board of Directors of the Lessor.
- 9. No dogs shall be kept or harbored in the Building. In no event shall dogs be permitted in elevators or in any of the public portions of the Building unless carried or on a leash.

... see next page for more House Rules...

HOUSE RULES OF THE WARWICK OWNERS CORP. (continued)

10. **Moving Policy:** To minimize inconvenience to residents, the Board of Directors has resolved to enact the following policy for residents wishing to move into or out of our building. The term "shareholder" has been used throughout this moving policy but applies equally to all residents. Violations or damages by non-shareholder tenants will be the responsibility of the shareholder owning the apartment. Moving is permitted Sunday through Thursday. Moving is not permitted on Fridays, Saturdays, or legal holidays. Moving hours are from 9:00 a.m. to 5:00 p.m. All moves must be completed through the basement entrance. All building entrance doors and garden gates must be kept closed or guarded during the move. Any excess trash and boxes must be taken to the basement for proper disposal. In no circumstance shall trash or boxes be left in the hallways, stuffed into the compactor chutes or left in the compactor rooms.

Prior to all moves:

- All moves are to be coordinated and supervised by the superintendent who will inspect the elevator and common areas before and after the move.
- To request scheduling of a move, the managing agent and the superintendent must be notified no less than seven (7) days in advance of the requested moving date.
- A move-in or move-out deposit of \$500 must be delivered to the managing agent no less than seven (7) days prior to the move. The deposit must be a money order or certified check payable to Warwick Owners Corp. Once the deposit is received, the managing agent will notify the superintendent to schedule the move. This money will be held in escrow until completion of the move.
- Unless the resident moves in/out without professional services, a certificate of current insurance held by the moving company must be submitted to the Managing Agent no less than seven (7) days prior to the move.

During/After the Move:

Signature Applicant 2:

- Upon completion of the move the resident is required to notify the superintendent, who will inspect for any damage to the elevators and other common areas of the building.
- If any damage has occurred during the move, the Managing Agent will notify the shareholder in writing. The cost of any repairs will be deducted from the deposit amount and the balance, if any, will be refunded to the shareholder within two weeks. If the cost of repairs exceeds the amount of the refundable portion of the deposit, the shareholder's account will be charged.
- Moves not completed by 5 p.m. will result in a \$25.00 per-hour charge for staff coverage.
- Unauthorized moves or moves that occur outside of the allowable days will result in a \$500 fee added to the shareholder's account.

HOUSE RULES ACKNOWLEDGEMENT AND SIGN	MATURE(S)	
I (we) have read and understood the above terms and conditions and agree to abide by them in connection with the sublet of apartment #		
Signature Applicant 1:	Date:	

Date:

HOUSE DILLES ACKNOWLEDGEMENT AND SIGNATUDE(S)