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## **The O'Neill Building - Purchase Application**

Dear Prospective Resident:

Thank you for your interest in The O'Neill Building!

Enclosed is your Purchase Application. Please complete and forward the application, along with the required documents, to NMC Management for processing.

It is important that you urge your references to submit their letters of reference to you as soon as possible, since your application cannot be processed until they are received.

If you have any questions regarding your application, please contact [nancy@nmcmanagement.com](mailto:nancy@nmcmanagement.com).

Again, thank you for your interest in The O'Neill Building! We look forward to hearing from you.

Sincerely,  
NMC MANAGEMENT

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# The O'Neill Building—Important Information and Required Documents

The following is a list of the items you are required to submit for the board to review your application. Please be sure to provide all the information requested.

## **Complete the following enclosed forms and return**

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Applicant Information for Purchase- This form must be filled out in its entirety in order for your application to be considered for review. All applicants and guarantors are required to complete Part 1.

1. Fees Acknowledgement Form- must be signed by all applicants and guarantors
2. Financial Information- This form must be filled out in its entirety in order for your application to be considered for review. Please make sure your totals match your supporting documents exactly. All applicants and guarantors are required to complete Part 2.
3. Consumer Report Authorization- must include social security number, birthdate and a US residence (no PO Boxes).
4. Every adult (over 18 years of age) occupant of the apartment must submit a consumer report authorization.
5. Window Guard Rider Form- with complete address and correct boxes checked.
6. Each applicant will be required to contribute the following documents:
  1. Emergency Contact List for Unit Owner/Occupant

## **Provide the following additional documents (Documents will not be returned)**

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1. Contract of Sale- signed by all parties, dated, and includes all riders
2. Each applicant will be required to contribute the following documents:
  1. Federal Tax Returns (most recent year)- including your signature and all schedules. After April 15th, you must include the most recent year's taxes OR a copy of your extension filing and the most recent year's tax returns.
  2. Employment Verification Letter (stating annual salary, position held, length of employment). If you are self employed, please submit a letter from your CPA or accountant stating your income.
  3. One (1) Professional Reference Letter- from business associates, co-workers or other people who know applicant in a professional capacity.
  4. One (1) Personal Reference Letter

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# The O'Neill Building—Purchase Fees

The following is information about the board application process and a schedule of fees. Please review this information before completing your application.

## Schedule of Fees - Due at submission

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### Payable by Applicant

1. \$800.00 Application Processing Fee (non-refundable) payable to NMC Property Management. Includes consumer report fee payable All applicants, guarantors, and adult occupants must have a consumer report.
2. \$1,000.00 Move-In/Move-Out Fee (non-refundable) payable to the O'Neill Condominium.
3. \$1,000.00 refundable move-in deposit payable to the O'Neill Condominium.

Upon approval of the sale, the following fees will be due at the subsequent closing:

1. \$500.00 due from buyer processing fee. This fee is non-refundable and made payable to NMC Property Management
2. \$950.00 due from seller transfer fee. This fee is non-refundable and made payable to NMC Property Management

## Fees Acknowledgement

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I (we) hereby acknowledge that all fees paid pursuant to this purchase application are non-refundable, unless otherwise noted, and hereby authorize you or your agents to obtain a credit report and related information and contact any references or employers listed herein.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

# Part 1- Applicant Information to Purchase

Today' s Date \_\_\_\_\_  
Proposed closing date \_\_\_\_\_  
Building name The Oneill Condominium- 655 Sixth Avenue  
Purchase price \_\_\_\_\_  
Down Payment \_\_\_\_\_  
Monthly common charge \_\_\_\_\_  
Special conditions (if any) \_\_\_\_\_

Managing agent:  
NMC Property Management  
629 Fifth Ave, Suite 216  
Pelham, NY 10803

Requested Move-in date \_\_\_\_\_  
% of Common element \_\_\_\_\_  
Unit # \_\_\_\_\_  
Amount Financed \_\_\_\_\_  
Source of Down Payment \_\_\_\_\_

Phone: 914-365-2350  
Contact: Nancy Candelario

## **Seller**

Name(s): \_\_\_\_\_

SS# \_\_\_\_\_

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

Phone: \_\_\_\_\_

Sellers Attorney: \_\_\_\_\_

Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Sellers Broker: \_\_\_\_\_

Phone: \_\_\_\_\_

Broker email: \_\_\_\_\_

## **Applicant**

Applicant(s): \_\_\_\_\_

SS# \_\_\_\_\_

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

Phone: \_\_\_\_\_

Applicant's Attorney: \_\_\_\_\_

Email: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

Name(s) deed/title held in: \_\_\_\_\_

Applicants Broker: \_\_\_\_\_

Phone: \_\_\_\_\_

Broker email: \_\_\_\_\_

New mortgage lender: \_\_\_\_\_

## **Housing History**

Current landlord: \_\_\_\_\_

Phone: \_\_\_\_\_

Landlord address: \_\_\_\_\_

Amount of rent: \_\_\_\_\_

Dates of occupancy: \_\_\_\_\_ to \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Previous landlord: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount of rent: \_\_\_\_\_

Dates of occupancy: \_\_\_\_\_ to \_\_\_\_\_

Reason for moving: \_\_\_\_\_

**Applicant Information for Purchase**

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**Applicant(s) Personal Information**

	Applicant	Co-Applicant
Name:		
Complete current address:		
Dates of residence:	From: To:	From: To:
U.S. Citizenship: (circle one)	Yes No	Yes No
Employment Status: (circle one)	FT PT Unemployed Retired Student	FT PT Unemployed Retired Student
Nature of Business:		
Current Employer:		
Employers Address:		
Are you self-employed:	Yes No	Yes No
Dates of Employment:		
Years in this line of work:		
Title or Position:		
Supervisors Name:		
Business phone:		
Prior Employer:		
Prior title or position:		
Prior employers address:		
Dates of employment:		
Prior employer phone:		
Estimated income this year:		
Actual income last year:		
Educational background:		
Schools attended:		
Years of school:		

Will occupancy be (circle one) Full time Part time

Will the apartment be leased? Yes No (Note: Leasing of apartments is subject to Board Approval and may not be permitted)

List the names of all proposed occupants of the apartment and their relationship to applicant(s). Be sure to include yourself as a proposed occupant:

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

Are any pets to be maintained in the apartment? Yes No If yes, indicate number and kind:

List any club, society, fraternity or board memberships which applicant(s) believe would be beneficial to the building:

Has the applicant(s) and/or any occupant(s) ever been convicted of a felony? Yes No If yes, please explain:

**Personal References**

Applicant		Co-Applclicant	
1. Name	_____	1. Name	_____
Address	_____	Address	_____
Phone	_____	Phone	_____
2. Name	_____	2. Name	_____
Address	_____	Address	_____
Phone	_____	Phone	_____
3. Name	_____	3. Name	_____
Address	_____	Address	_____
Phone	_____	Phone	_____

**Professional/Financial References**

Applicant		Co-Applclicant	
1. Name	_____	1. Name	_____
Address	_____	Address	_____
Phone	_____	Phone	_____
2. Name	_____	2. Name	_____
Address	_____	Address	_____
Phone	_____	Phone	_____
3. Name	_____	3. Name	_____
Address	_____	Address	_____
Phone	_____	Phone	_____

**Bank & Credit References**

Bank: _____	_____
Branch Address: _____	_____
Account No.: _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
Bank: _____	_____
Branch Address: _____	_____
Account No.: _____	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/>

I agree, as a condition of processing this application, that NMC Property Management ("NMC Property Management"), its employees, and/or its processing agent, neither bear nor assume any responsibility whatsoever for the verification or completeness of the Applicant Information. In addition, I authorize NMC Property Management 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 NMC Property Management 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.

x _____	_____
Applicant	Date
x _____	_____
Co-Applclicant (if any)	Date

# Part 2- Financial Information

Applicant:Co-Applicant:

Address:

### Monthly Income & Housing Expenses

Income	Applicant	Co-Applicant	Expenses	Applicant (present)	Co-Applicant (present)	Total (after closing)
Base Monthly Salary						
Overtime (monthly)			Rent			
Bonuses (monthly)			Maintenance			
Commissions (monthly)			Mortgages/Loan			
Dividends/interest			Hazard insurance			
Net rental income			Real estate taxes			
Other income			Other expenses			
Total			Total			

### Assets & Liabilities

Assets	Applicant	Co-Applicant	Liabilities	Applicant	Co-Applicant
Cash (Schedule A)			Notes payable to banks		
Contract deposit			Notes payable to relatives		
Stocks and bonds (Schedule B)			Notes payable to others		
Investment in business			Install accounts payable		
Accounts receivable			Automobile		
Real estate (Schedule C)			Other accounts payable		
Automobiles			Mortgages payable		
Personal property			Unpaid real estate taxes		
Life insurance			Unpaid income taxes		
Retirement funds/IRA			Chattel mortgages		
401K			Loans on life insurance		
KEOGH			Credit card debt		
Profit sharing/pension			Other debts		
Other assets (Schedule D)					

### Total

### Itemized Schedule of Assets & Liabilities

#### Schedule A - Cash (attach additional pages if necessary)

Applicant or Co-Applicant	Financial institution	Type of Account	Account Balance

**Financial Information for Purchase**

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**Itemized Schedule of Assets & Liabilities (continued)****Schedule B - Investments (attach additional pages if necessary)**

Amount of shares	Description	Marketable value	Non-marketable value

**Schedule C - Real Estate (attach additional pages if necessary)**

Applicant or Co-Applicant	Property address	Type of property	Market value	Amount of mortgage/liens	Mortgage payment	Insurance main, tax & miscellaneous

**Schedule D - Other Assets (attach additional pages if necessary)**

Explanation: \_\_\_\_\_

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

	Applicant	Co-Applicant
Dividend or partnership income (present year)		
Dividend or partnership income (prior year)		
Dividend or partnership income (second prior year)		

**Declarations**

	Applicant	Co-Applicant
Are there any outstanding judgments against you?		
Have you been declared bankrupt in the past 7 years?		
Have you had a property foreclosed upon or given title or deed in lieu thereof in the past 7 years?		
Are you a party to a lawsuit?		
Have you directly or indirectly been obligated on any loan that resulted in foreclosure, transfer or title in lieu of foreclosure or judgment?		
Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond or loan guarantee?		
Are you obligated to pay alimony, child support, or separate maintenance?		
Is any part of the down payment borrowed?		
Are you a co-maker or endorser on a note?		
Do you intend to occupy the property as your primary residence?		
Have you had ownership interest in a property in the last 3 years? If yes, what type of property did you own?		
How did you hold title to the property?		

The foregoing application has been carefully prepared, and the undersigned hereby solemnly declare(s) and certify(s) 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 the undersigned on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Applicant Signature\_\_\_\_\_  
Co-Applicant Signature





## **CREDIT CHECK AUTHORIZATION FORM**

In order to comply with provisions of Section 6.06 (a) of the Federal Fair Credit Reporting Act, I authorize you to retain a credit reporting agency, which agency may obtain, prepare, furnish, and use credit reports concerning me, and may obtain, furnish, and use information on my character and general reputation, as well as information regarding employment, credit and current financial position.

### **APPLICANT'S INFORMATION:**

NAME: \_\_\_\_\_ D/O/B: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### **CO-APPLICANT'S INFORMATION:**

NAME: \_\_\_\_\_ D/O/B: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The O'Neill  
655 Sixth Avenue  
New York, NY 10010

UNIT OWNER/ RESIDENT  
EMERGENCY CONTACT FORM

DATE: \_\_\_\_\_ BLDG. # \_\_\_\_\_ APARTMENT#: \_\_\_\_\_

UNIT OWNER/RESIDENT #1

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

Email address: \_\_\_\_\_

Home #: \_\_\_\_\_

Work # \_\_\_\_\_

Alternate #: \_\_\_\_\_

Fax # \_\_\_\_\_

UNIT OWNER/RESIDENT #2

Email address: \_\_\_\_\_

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

Work # \_\_\_\_\_

Home #: \_\_\_\_\_

Alternate #: \_\_\_\_\_

Fax #: \_\_\_\_\_

EMERGENCY CONTACT:

Please provide the names of individuals to be contacted in the event of an emergency:

Name/Relationship: \_\_\_\_\_ Name/Relationship: \_\_\_\_\_

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

Daytime/Mobile #: \_\_\_\_\_ Daytime/Mobile #: \_\_\_\_\_

IN CASE OF EMERGENCY, DOES THE SUPERINTENDENT OR ANOTHER RESIDENT HAVE KEYS TO YOUR APARTMENT:

FRONT DESK: YES \_\_\_\_\_ NO \_\_\_\_\_

RESIDENT./NEIGHBOR: YES \_\_\_\_\_ NO \_\_\_\_\_

If "yes" to resident, kindly provide the name and apartment # of such resident:

Name: \_\_\_\_\_ Apartment #: \_\_\_\_\_

**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.**

The O'Neill  
655 Sixth Avenue  
New York, NY 10010  
GUEST AUTHORIZATION  
AND KEY RELEASE FORM

UNIT OWNER INFORMATION:

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

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

Contact Number: \_\_\_\_\_

Work Number:  
\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

GUEST INFORMATION: \_\_\_\_\_

Guest's Name:  
\_\_\_\_\_

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

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

Contact Number: \_\_\_\_\_

Work Number:  
\_\_\_\_\_

PERMISSION TO ENTER: (Dogwalkers/Babysitters/Housekeepers,Etc)

Authorization is hereby given to enter my apartment for the purpose of permitting:

Name of Person(s): \_\_\_\_\_ Name of Company: \_\_\_\_\_

KEY RELEASE INFORMATION

I authorize The O'Neill, 655 Sixth Avenue, New York, NY 10010, to release the keys to my unit to:

\_\_\_\_\_ for the period of \_\_\_\_\_

Guests agree to abide by all Condominium policies, regulations and house rules.

The unit owner is responsible for common charges. Guests are not permitted to have pets in the apartment.

\_\_\_\_\_  
Unit Owner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guest's Signature

\_\_\_\_\_  
Date

To: Tenant

From: Landlord

Date:

ANNUAL NOTICE

**PROTECT YOUR CHILD FROM LEAD POISONING AND WINDOW FALLS**

New York City law requires that tenants living in buildings with 3 or more apartments complete this form and return it to their landlord before February 15, each year. If you do not return this form, your landlord is required to visit your apartment to determine if children age 10 years or younger (under 11) live in your apartment. If young children live in your apartment, the law requires your landlord to inspect for and properly install window guards and to inspect for and safely repair peeling paint.

**Peeling Lead Paint**

By law, your landlord is required to inspect your apartment for peeling paint and other lead paint hazards at least once a year if a child age 6 years or younger (under 7) lives with you.

- ☐ You must notify your landlord in writing if a child under 7 comes to live with you during the year.
- ☐ If a child under 7 lives with you, your landlord must inspect your apartment and provide you with the results of these paint inspections.
- ☐ *Always report peeling paint to your landlord. Call 311 if your landlord does not respond.*
- ☐ Your landlord must use safe work practices to repair all peeling paint and other lead paint hazards.

These requirements apply to buildings with 3 or more apartments built before 1960. They also apply to buildings built between 1960 and 1978 if the landlord knows that lead paint is present.

**Window Guards**

By law, your landlord is required to install window guards in all your windows IF a child age 10 or younger (under 11) lives with you, OR if you request them (even if no children live with you).

- ☐ ONLY windows that open to fire escapes, and one window in each first floor apartment when there is a fire escape on the outside of the building, are legally exempt from this requirement.
- ☐ It is against the law for you to interfere with installation, or remove window guards where they are required. Air conditioners in windows must be permanently installed.
- ☐ Window guards should be installed so there is no space greater than 4½ inches above or below the guard, on the side of the guard, or between the bars.

These requirements apply to all buildings with 3 or more apartments, regardless of when they were built. Fill out and detach the bottom part of this form and return it to your landlord.

Please check all boxes that apply.

- ☐ A child age 6 years or younger (under 7) lives in my apartment.
- ☐ A child age 10 years or younger (under 11) lives in my apartment and:
  - ☐ Window guards are installed in all windows as required.
  - ☐ Window guards need installation or repair.
  - ☐ Window guards are NOT installed in all windows as required.
- ☐ No child age 10 years or younger (under 11) lives in my apartment:
  - ☐ I want window guards installed anyway.
  - ☐ I have window guards, but they need repair.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

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

\_\_\_\_\_  
Apt. #

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code Telephone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature