

CONDOMINIUM PURCHASE APPLICATION 520 WEST 19TH STREET CONDOMINIUM 520 WEST 19TH STREET, NEW YORK, NY 10011

Date:

12.13.

Unit # _____

Owner'	s Name:		
Onwer'	s Address: Tel:		
Applica	nts Name: Tel:		
Broker:	Email:		
	submit one (1) original of the following in this order to NMC Property Management 629 Fifth Ave. Suite 216, NY 10803 Attn: Nancy Candelario		
1.	Completed application form (Including this cover page)		
2.	Signed copy of Contract of Sale		
3.	Signed federal tax returns for the past two years		
4.	Letter from your employer verifying your position and salary (CA if self employed)		
5.	Two personal reference letters		
6:	Two business reference letters		
7.	Loan application and commitment letter (if applicable)		
8:	Signed credit check authorization form		
9.	Signed window guard, lead paint and carbon monoxide affidavit		
10.	Non-refundable \$700 application fee payable to NMC Property Management (includes credit checks)		
11.	Refundable move-out deposit of \$1000 from seller payable to 520 West 19 th St. Condominium		

Only Certified checks or Money Orders will be accepted

Refundable move-in deposit of \$1000 from buyer made payable to 520 West 19th St. Condominium

2% Flip tax and two months common charges working capital contribution to be collected at closing.

SELLER INFORMATION

Seller:	(1)		
	(2)		
Social Secu		(2)	
Sellers Forv	varding Address:		
Ho	me:		
Tel	·		
Wo	ork:		 -
Tel	·	Email:	-
Sellers Atto	orney:		 _
Firm and A	ddress:		 -
Tel	:	Email:	 _

PURCHASER INFORMATION

Applicant: (1) _		
(2)		
Social Security # (1)	(2)	
Applicant 1 Address:		
Home:		
Tel:		
Work:		
 Tel:	Email:	
Applicant 2 Address:		
Home:		
 Tel:		
Work:		
	Email:	
Applicant Attorney:		
Firm and Address:		
Tel:	Email:	
Purchase Price:	\$	
Amount financed:	\$	
Payable in	ayments of \$ with an interest rate of	% per annum
Down Payment:	\$	
Monthly Maintenance	\$	

EMPLOYMENT INFORMATION

<u>Applica</u>	<u>ınt #1:</u>		
	Employer:		
	Address:		
	Nature of Business:		
	Length of Employment	: Salary:	
	List all other employer	s, their addresses, telephone numbers and t	type of business for the last five years.
<u>Applica</u>			
	Address:		
	Nature of Business:		
	Length of Employment	: Salary:	
List all o		nddresses, telephone numbers and type of b	
Name o	of anyone in the buildin	g known by applicant(s):	
Membe	erships:		
Philanth	hropic:		
Social:			
Numbe Descrip	r of occupants: tion of use of space:		
Will app	plicant be harboring an	/ pets? Yes No	
If ves n	please specify:		

Address: _____

References:

Personal:

1.	Name:	_ Relationship:
	Address:	
	Tel #:	
2.	Name:	_ Relationship:
	Address:	
	Tel #:	
3.	Name:	_ Relationship:
	Address:	
	Tel #:	
4.	Name:	_ Relationship:
	Address:	
	Tel #:	
5.	Name:	_ Relationship:
	Address:	
	Tel #:	

		med company, or its assigns, the following is submitted as being a true an dersigned on this day of		
(Fill in all blanks, writing ASSETS	"no" or "none" where applica	ble) LIABILITIES		
Cash in bank		Notes Payable		
Savings & Loan Shares		To Bank		
Earnest Money Deposit _		To Relatives		
Investments:				
Stocks & Bonds				
		Installment		
Investment in		Accounts Payable		
Own Business		Automobile		
	9	Other Accts Payable		
Real Estate Owned				
		Mortgage payable on real property		
Automobile		Harrarid DE Tarrar		
Automobile		Unpaid RE Taxes		
Yr & Iviake		Unpaid Income Taxes		
Life Incurance		Loans on Life Insurance		
Cash Surrender Value		- inc. Prem. Advs		
Other Assets – Itemize		Other Debts- Itemize attach separate page		
- attach separate	nage	- attach separate page		
·		TOTAL LIABILITIES		
101AL A33L13		TOTAL LIABILITIES		
		NET WORTH		
SOURCE OF INCOME		PERSONAL INFORMATION		
Base Annual Salary	\$	Occupation or Type of Business		
Overtime Wages	\$	Employer:		
Bonus & Commission	\$			
Real Estate Income	\$			
Other Income	\$	No. of Years		
		Other Dependents:		
Total	\$	Other Dependents:		

**************************************	ES	******	GEN	********* ERAL INFOR		******
As Endorser of Notes	\$		Savir	ngs Acct #		
Alimony Payments \$						
Other \$						
SCHEDULE OF STOCKS	& BONI	DS				•••••
# OF SHARES		DESCRIPTI	ON	MAF	RKET VALUE	ESTIMATED WORTH
						_
SCHEDULE OF REAL EST	TATE	COST	MARKET	VALUE	MORTGAGE AMOUNT	MATURITY DATE
SCHEDULE OF NOTES P (Specify assets pledged as co			secure)			
PAYABLE TO		DATE	AMO	JNT	INTEREST	ASSETS PLEDGED AS
						SECURITY
declares and certifies that sa	ame is a	full and correct exhibit	t of my/our finar	ncial condition.	·	ndersigned hereby solemnly
Date Signature 1						
	Date Signature 2					
Special terms & Conditions:						

Please answer th	ne followir	g questions:
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	Applicant #1		Applicant	
	Yes	No	Yes	No
Have you had any outstanding judgments?				
In the last 7 years have you been declared bankrupt?				
Have you had property foreclosed upon or given title or deed in lieu therof?				
Are you party in a lawsuit?				
Are you obligated to pay alimony, child support or separate maintenance payments?				
Will any part of your cash payments be borrowed?				
Do you or any member of your family have diplomatic status?				

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.

NAME:	D/O/B:	
ADDRESS:		
SOCIAL SECURITY #:		
SIGNATURE:	DATE:	
CO-APPLICANT'S INFORMATION:		
NAME:	D/O/B:	
ADDRESS:		
SOCIAL SECURITY #:		
SIGNATURE:	DATF:	

APPLICANT'S INFORMATION:

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.

		s required to inspec er 7) lives with you.		Peeling Lea for peeling pa		aint hazards at least once a year if a child age 6	;
	You must notify y	our landlord in writ	ing if a child unde	er 7 comes to li	ve with you during th	ne year.	
		lives with you, your tment and provide		Its of these pai	nt inspections.		
	Always report pee	eling paint to your l	andlord. Call 311	if your landlord	d does not respond.		
	se requirements a	•	th 3 or more apa		t and other lead pair efore 1960. They als	nt hazards. o apply to buildings built between 1960 and	
		d is required to inst even if no children I	_	Window (s in all your wir		10 or younger (under 11) lives with you, OR if	
		that open to fire es e legally exempt fro			first floor apartment	t when there is a fire escape on the outside of	
		e law for you to inte be permanently ins		ition, or remove	e window guards whe	ere they are required. Air conditioners in	
	side of the gua nese requirements	rd, or between the	bars. gs with 3 or more			e or below the guard, on the ney were built. Fill out and detach the bottom	
Plea	ase check all boxes A child age 6	s that apply. 3 years or younger (under 7) lives in r	ny apartment.			
	□ V	.O years or younger Vindow guards are Vindow guards nee Vindow guards are	installed in all wi d installation or r	ndows as requi epair.	red.		
		10 years or younge want window guard have window guard	ds installed anywa	ay.	ent:		
Last	: Name			First Na	nme	 Middle Initial	
Stre	et Address	Apt. #	City	State	Zip Code Telephon	ne Number	
Sign	nature			Date			

Carbon Monoxide Affidavit

State of New York)	
County of New York)	
The undersigned being duly sworn, deposes and affirms as foll	lows:
 The undersigned (hereinafter, the Grantor") is the owner of (hereinaft 	er, the "Premises") which this day we are conveying to
(Address)	
2. The Grantor is in compliance with Section 378(5) (d) of the E	Executive Law in that an operative carbon monoxide detection device
has been installed in the Premises.	
	(C-II)
	(Seller)
	Date: