



NMC Management

**CONDOMINIUM PURCHASE APPLICATION
52 PARK CONDOMINIUM
52 PARK AVENUE, NEW YORK, NEW YORK 10016**

Date: _____ Unit # _____

Seller's Name: _____

Seller's Address: _____ Tel: _____

Applicant's Name: _____ Tel: _____

Broker: _____ Email: _____

Tel: _____

Please submit one (1) electronic copy to Nancy@nmcmanagement.com and (1) original copy of the following in this order to NMC Property Management 629 Fifth Ave. Suite 216, Pelham, 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 (CPA if self employed)
5. Two business reference letters
6. Two personal reference letters
7. Loan application and commitment letter (if applicable)
8. Signed credit check authorization form (Photo ID must be provided)
9. Signed window guard, lead paint and carbon monoxide affidavit
10. Non-refundable **\$700** application fee payable to **NMC Property Management** includes Consumer Report Fee
11. Refundable move-out deposit of **\$1000** from seller payable to **52 Park Condominium**
12. Refundable move-in deposit of **\$1000** from buyer made payable to **52 Park Condominium**

****Move in and Move out fees both are to be given with the application. Deposits will be returned after move-out and move-in have been completed and no damage has been reported.**

Only Certified checks or Money Orders will be accepted

SELLER INFORMATION

Seller: (1) _____

(2) _____

Social Security # (1) _____ (2) _____

Sellers Forwarding Address:

Address: _____

Home: _____ Work: _____

Mobile: _____ Email: _____

Address: _____

Home: _____ Work: _____

Mobile: _____ Email: _____

Sellers Attorney: _____

Firm and Address: _____

Tel: _____ Email: _____



PURCHASER INFORMATION

Applicant: (1) _____
(2) _____

Social Security # (1) _____ (2) _____

Applicant 1 Current Address:

Address: _____

Home: _____ Work: _____

Mobile: _____ Email: _____

Applicant 2 Current Address:

Address: _____

Home: _____ Work: _____

Mobile: _____ Email: _____

Applicant Attorney: _____

Firm and Address: _____

Tel: _____ Email: _____

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Purchase Price: \$ _____

Amount financed: \$ _____

Payable in _____ payments of \$ _____ with an interest rate of _____% per annum

Down Payment: \$ _____

Monthly Maintenance \$ _____

EMPLOYMENT INFORMATION

Applicant #1:

Employer: _____

Address: _____

Nature of Business: _____

Length of Employment: _____ Salary: _____

List all other employers, their addresses, telephone numbers and type of business for the last five years.

Applicant #2:

Employer: _____

Address: _____

Nature of Business: _____

Length of Employment: _____ Salary: _____

List all other employers, their addresses, telephone numbers and type of business for the last five years.

Name of anyone in the building known by applicant(s): _____

Memberships: _____

Philanthropic: _____

Social: _____

Number of occupants: _____

Description of use of space: _____

Will applicant be harboring any pets? Yes _____ No _____

If yes, please specify: _____

The following is submitted as being a true and accurate statement of the financial condition of the undersigned on this _____ day of _____, 20_____.

(Fill in all blanks, writing "no" or "none" where applicable)

ASSETS	LIABILITIES
Cash in bank _____	Notes Payable _____
Savings & Loan Shares _____	To Bank _____
Earnest Money Deposit _____	To Relatives _____
Investments:	
Stocks & Bonds	
- see schedule _____	Installment _____
Investment in	Accounts Payable _____
Own Business _____	Automobile _____
Accts & Notes Receivable _____	Other Accts Payable _____
Real Estate Owned	
- see schedule _____	Mortgage payable on real property _____
Furniture _____	
Automobile _____	Unpaid RE Taxes _____
Yr & Make _____	Unpaid Income Taxes _____
Personal Property _____	Loans on Life Insurance _____
Life Insurance _____	- inc. Prem. Adv. _____
Cash Surrender Value _____	Other Debts- Itemize _____
Other Assets – Itemize _____	(attach separate page)
TOTAL ASSETS _____	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: _____

CONTINGENT LIABILITIES

GENERAL INFORMATION

As Endorser of Notes \$ _____
 Alimony Payments \$ _____
 Other \$ _____

Savings Acct # _____
 Checking Acct # _____
 Loan # _____
 Purpose _____

SCHEDULE OF STOCKS & BONDS

# OF SHARES	DESCRIPTION	MARKET VALUE	ESTIMATED WORTH

SCHEDULE OF REAL ESTATE

DESCRIPTION & LOCATION	COST	MARKET VALUE	MORTGAGE AMOUNT	MATURITY DATE

SCHEDULE OF NOTES PAYABLE

(Specify assets pledged as collateral, indicate liability they secure)

PAYABLE TO	DATE	AMOUNT	INTEREST	ASSETS PLEDGED AS SECURITY

The foregoing statement and details pertaining thereto, both printed and written, have been carefully read and undersigned hereby solemnly declares and certifies that same is a full and correct exhibit of my/our financial condition.

Date _____ Signature 1 _____

Date _____ Signature 2 _____

Special terms & Conditions: _____

Please answer the following questions:

	Applicant #1		Applicant #2	
	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 thereof?				
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?				

If you answered yes to any of these questions, please explain below.

Background & Credit Check Authorization Form (complete for each applicant)

Building Address: _____

Unit #: _____ Potential Closing Date: ___/___/___ Desired Move in Date: ___/___/___

Applicant's Name: (Last) _____ (First) _____ (Middle) _____

SS# _____ - _____ - _____ Date of Birth: ___/___/___

Phone Number: (____) _____

Driver's License or State issued ID: _____ State: _____

Bank Account Routing #: _____ Bank Account #: _____

Current Address:

City: _____ State: _____ Zip: _____

(If current address is less than 3 years)

Previous Address

City: _____ State: _____ Zip: _____

Have you ever been convicted of a felony or misdemeanor? ___ Yes ___ No

If yes, please explain:

Current Landlord Information:

Property Name or Property Management Co: _____

Landlord or Contact Name: _____ Phone Number: (____) _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Monthly Rental Amount: _____ Resided on premises from: _____ To: _____

Employment Information:

Employer/Company Name: _____

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

Supervisor's Name: _____ Phone Number: (____) _____

Position: _____ Salary: \$ _____ Start Date/Length of Employment: _____

I confirm that all the information supplied is true and correct. I understand that I can be turned down by the property if I have falsified any information on this application. I hereby authorize the verification of all above information by ATS, Inc. including my credit, housing court filings, rental, check writing, employment history including salary, and criminal background.

Applicant's Signature: _____ 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 and:
 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 Tel #

 Signature Date

Carbon Monoxide Affidavit

State of New York)

County of New York)

The undersigned being duly sworn, deposes and affirms as follows:

1. The undersigned (hereinafter, the Grantor”) is the owner of _____, New York,
_____ (hereinafter, the “Premises”) which this day we are conveying to
_____ (Address)
_____.

2. The Grantor is in compliance with Section 378(5) (d) of the Executive Law in that an operative carbon monoxide detection device has been installed in the Premises.

(Seller)

Date: _____

GARBAGE DISPOSAL RULES

8am-9pm- Weekdays

9am-9pm- Weekends

**Please adhere to these Disposal rules and time frames in
consideration of residents on the lower floors**

Loose Items including food, diapers, etc. should be in bags to preserve the cleanliness of the chute and avoid offensive smells lingering in the chute.

In addition: Please DO NOT throw the following items down the chute. They should be brought down to the mail room cans.

- **Coat hangers or items which can obstruct the chute.**
- **Cat litter (explodes into a dust storm on impact and sets off fire alarms)**
- **Heavy items**
- **ALL Recycling- including rinsed clean glass, plastic, newspapers, etc.**

As a reminder, recycling is located on the 1st floor (rear of the building) and there is available trash drop-off in the same area.

We thank you for your anticipated cooperation.

52 Park Condominium – Board of Managers