



NMC Management

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.

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

Sincerely,
NMC MANAGEMENT

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

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)

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

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

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.

Fees Acknowledgement

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) _____

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

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

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-Applicant	
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-Applicant	
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.: _____ Checking Savings Loan

Bank: _____

Branch Address: _____

Account No.: _____ Checking Savings Loan

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 _____ Date _____
 Applicant

x _____ Date _____
 Co-Applicant (if any)

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



NMC Management

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

Name: _____ Email address: _____
Home #: _____ Work # _____
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.

- Peeling Lead Paint checklist items: 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).

- Window Guards checklist items: 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 4 1/2 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.

- Checklist items: 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