



**CONDOMINIUM PURCHASE APPLICATION  
520 WEST 19<sup>TH</sup> STREET CONDOMINIUM  
520 WEST 19<sup>TH</sup> STREET, NEW YORK, NY 10011**

Date: \_\_\_\_\_ Unit # \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Applicants Name: \_\_\_\_\_ Tel: \_\_\_\_\_

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

Please submit one (1) original 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 (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<sup>th</sup> St. Condominium**
12. Refundable move-in deposit of **\$1000** from buyer made payable to **520 West 19<sup>th</sup> St. Condominium**

**Only Certified checks or Money Orders will be accepted**

**SELLER INFORMATION**

Seller: (1) \_\_\_\_\_

(2) \_\_\_\_\_

Social Security # (1) \_\_\_\_\_ (2) \_\_\_\_\_

Sellers Forwarding Address:

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

\_\_\_\_\_

Tel: \_\_\_\_\_

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

\_\_\_\_\_

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

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

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

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_ 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: \_\_\_\_\_

**References:**

Landlord:

Present landlord or agent: \_\_\_\_\_

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

Tel #: \_\_\_\_\_ Length of occupancy: \_\_\_\_\_

Previous landlord or agent: \_\_\_\_\_

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

Tel #: \_\_\_\_\_ Length of occupancy: \_\_\_\_\_

**Financial Bank:**

Name of Bank: \_\_\_\_\_

Checking Acct #: \_\_\_\_\_

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

Name of Bank: \_\_\_\_\_

Savings acct #: \_\_\_\_\_

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

**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 #: \_\_\_\_\_

For the purpose of procuring credit from the above named company, or its assigns, 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
- attach separate page	
<b>TOTAL ASSETS</b> _____	<b>TOTAL LIABILITIES</b> _____
	<b>NET WORTH</b> _____

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: _____
<b>Total</b> \$ _____	Other Dependents: _____

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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.

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**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:** \_\_\_\_\_

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.

- checkbox You must notify your landlord in writing if a child under 7 comes to live with you during the year.
checkbox If a child under 7 lives with you, your landlord must inspect your apartment and provide you with the results of these paint inspections.
checkbox Always report peeling paint to your landlord. Call 311 if your landlord does not respond.
checkbox 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).

- checkbox 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.
checkbox 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.
checkbox 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.

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

Last Name First Name Middle Initial

Street Address Apt. # City State Zip Code Telephone Number

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: \_\_\_\_\_