



# Garthchester Realty

www.GarthchesterRealty.com

440 Mamaroneck Ave., Suite S512  
Harrison, New York 10528  
(914) 725-3600 F:(914) 725-6453

98-20 Metropolitan Ave., Suite 1  
Forest Hills, New York 11375  
(718) 544-0800

## **199 BRONX RIVER ROAD** **APPLICATION FOR PURCHASE**

(rev 6/2024)

Return to: Garthchester Realty  
440 Mamaroneck Ave, S-512  
Harrison, NY 10528

### **INSTRUCTIONS**

1. Please complete all sections of the application\*. If a section is not applicable to you, so state.
2. Purchaser must provide **seven (7)** collated copies of the following documents prior to the Board considering the application.
  - a. Fully completed application with all attached forms signed.
  - b. A signed copy of your last two (2) years Federal tax returns with all schedules attached. Also, a copy of all W-2's submitted with the tax return, as well as last two pay stubs.
  - c. Copies of latest bank statements.
  - d. Two (2) personal letters of reference and two (2) professional letters of reference for each applicant.
  - e. Letter of reference from your past employer stating annual salary and length of employment.
  - f. Letter of reference from current landlord or managing agent.
  - g. Fully executed contract of sale, together with any riders thereto.
  - h. A copy of your bank mortgage commitment if financing.

*The information and forms provided on this website are subject to change and may, therefore, not be the most current versions. Accordingly, users of this site are advised to check the date of the forms to make sure it is the most current. Garthchester Realty hereby disclaims responsibility for the reliance by any users of this site on the information contained herein without independent verification of its accuracy*

3. The application, documents, and a non-refundable application fee, payable to **Garthchester Realty**, in the sum of Four Hundred and Fifty (\$450.00) Dollars **plus** One Hundred and Fifty (\$150.00) Dollars **per person** (for a credit check) must accompany your application. These fees are non- refundable.
4. A non-refundable application fee, payable to 199 Bronx River Owners Corp., in the sum of One Hundred Fifty (\$150.00) Dollars must accompany your application
5. The Board reserves the right to request additional information prior to considering your application.
6. By submitting this application for the Board's consideration, you are representing that all statements contained therein are true to the best of your knowledge and are authorizing the Board to verify all statement, including the Board obtaining a current credit report.
7. Where there is more than one purchaser, the information requested is to be answered by all purchasers.
8. **Purchasers must be buying for owner occupancy.** The purchaser(s) and all other persons to reside at the residence will be required to attend a personal interview with the members of the Admissions Committee of the Board of Directors prior to the committee's moving on the application.

**\*NO APPLICATIONS ACCEPTED ON FRIDAYS AFTER 12PM.**

**APPLICATION TO PURCHASE SHARES OF 199 BRONX RIVER OWNERS  
CORPORATION**

**NOTICE**

Article II of Chapter 700 of the Laws of Westchester County, known as the Westchester County Fair Housing Law, prohibits discrimination in housing accommodations on the basis of a person or persons' actual or perceived race, color, religion, age, national origin, alienage or citizenship status, ethnicity, familial status, creed, gender, sexual orientation, marital status, disability, source of income, or status as a victim of domestic violence, sexual abuse, or stalking.

Section 700.21-a of the Westchester County Fair Housing Law governs applications to purchase shares of stock in cooperative housing corporations, and applies to this application. Under this section, the cooperative housing corporation is required to comply with the following deadlines:

1. Within fifteen days of the receipt of this application, the cooperative housing corporation must either acknowledge that it has received a complete application, or shall notify you of any defect in the application.
2. If you are notified of any defect in the application, within fifteen days of the receipt of the corrected application the cooperative housing corporation must either acknowledge that it has received a complete application, or shall notify you any defect in the application.
3. Within sixty days of receipt of a complete application, the cooperative housing corporation must approve or deny your application, and provide written notice thereof.
4. If your application is denied, the cooperative housing corporation is required to provide notice to the Westchester County Human Rights Commission, including your contact information.



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## 199 BRONX RIVER ROAD YONKERS, NY

### Minimum Qualifications, as follow:

- (A) Minimum Down Payment: 10% of Purchase Price at Contract and 10% at Closing.
- (B) Financial Qualifications - Loan Amount- Equity Position: Financing limitation not greater than 80% of the purchase price.
- (C) Debt to Income Ratio: The Debt to Income Ratio for a purchase is the applicant may not spend more than 33% of the gross income on housing, including mortgage payments and maintenance charges. Income shall be considered current salary. Bonuses and commissions will be considered only with three (3) years prior documentation.
- (D) FICA Credit Score: The Board has established a minimum 700 FICA Score as a threshold for all applicants.
- (E) Minimum Net Worth/Total Asset Position: The Board has established a Minimum Net Worth/Total Asset Position for a Purchaser, as follows:  
The applicant must have documented funds in the minimum amount of \$30,000, one (1) year prior to closing, and \$30,000 after closing (including all closing payments and settlement charges).
- (F) Credit Report: The Board requires a favorable credit report, [without negative comments, derogatory remarks, late payments, write-offs, judgments or bankruptcy], which may constitute disqualifying factors.
- (G) Maintenance Guaranty: The Board may require the Purchaser to provide a financial responsible individual as a personal guarantor to guaranty the payment of the maintenance charges in the event of a default for a designated time period.
- (H) Maintenance Escrow Security Deposit: The Board may require the Purchaser to deposit with the Managing Agent an amount to be determined, usually equal to 12 months of maintenance payments, or a greater amount as determined by the Board, to be held in an escrow account for a designated time period in order to ensure timely payments by the Purchaser. The length of time that the maintenance escrow will be held may vary and generally require that the Purchaser establish a favorable record of timely payments as a condition precedent for the release of all or a portion of same.
- (I) **Purchasers must be buying for owner occupancy**  
The Board will agree to an interview only if above minimum criteria are met.
- (J) **The following is not permitted:**
- Smoking
  - Pets
  - Firearms stored or kept on premises
  - The use, storage or charging of lithium ion battery mobility devices in the apartment is prohibited unless medically necessary
  - The use of high intensity pot growing lights in the apartment

Please submit application to the Sales & Leasing Department of GARTHCHESTER REALTY

**GARTHCHESTER REALTY  
440 MAMARONECK AVE, S-512  
HARRISON, NY 10528**

Please note that an incomplete package will be mailed back to the purchaser.

**NOTE: ALL INFORMATION WILL BE HELD IN THE STRICTEST CONFIDENCE. HOWEVER, IT IS STRONGLY ENCOURAGED THAT ALL ACCOUNT NUMBERS AND SOCIAL SECURITY NUMBERS BE BLACKED OUT ON ALL THE COPIES OF THE APPLICATION. PLEASE DO NOT CROSS OUT SOCIAL SECURITY NUMBERS ON THE AUTHORIZATION FORMS TO OBTAIN A CREDIT REPORT AND A BACKGROUND CHECK.**

All Statements made herein are supplementary information or documents are to be true and correct. Applicant(s) understands and agrees that any misstatement of fact will be grounds for denial of the application.

The Board reserves the right to require additional evidence of financial responsibility as to each prospective purchaser(s).

No transfer of shares shall be deemed consented to unless it's authorized by a resolution of the board and thereafter a written consent is signed by the President or other officer of the Corporation. The Managing Agent will inform all parties involved in the transaction of the Board's decision. No closing should or will be scheduled until approval has been given. No one will be allowed to move into an apartment without board approval.

**Closing Procedures:**

Please note when approval of the Board to a proposed sale has been granted a closing should be arranged through the offices of HIMMELFARB & SHER, LLP ("the Transfer Agent"). At least 10 Business days are required in order for the transfer agent to be ready to close the sale.

Closing fees will be released after the closing date has been determined.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**GARTHCHESTER REALTY  
440 MAMARONECK AVE, S-512  
HARRISON, NY 10528**

**IMPORTANT INFORMATION REGARDING YOUR SOCIAL SECURITY NUMBER**

**PROTECTING YOUR PRIVACY**

**IN ORDER TO PROTECT YOUR PRIVACY PLEASE REMOVE/BLACK OUT YOUR SOCIAL SECURITY NUMBER FROM EACH FINANCIAL INSTITUTION DOCUMENT INSERTED INTO THE APPLICATION.**

**FINANCIAL CONDITION (NET WORTH)**

**TAX RETURNS**

**PERSONAL LOANS**

**BANK STATEMENTS**

**IRA STATEMENTS**

**CD'S**

**SAVINGS, ETC.**

**THE CREDIT AGENCY AUTHORIZATION FORM AND THE AUTHORIZATION FORM FOR A BACKGROUND CHECK ARE THE ONLY FORMS THAT REQUIRE THE SOCIAL SECURITY NUMBER. ONLY SEND ONE EACH OF THESE FORMS.**

**IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT THE SALES AND LEASING DEPARTMENT AT GARTHCHESTER REALTY.**

**IMPORTANT NOTE**

**Due to the large volume of calls and applications received by this office, we kindly ask that you refrain from calling for an update, during the first 3 weeks after an application has been delivered to our office. When an update is ready, we will contact your point person, which we recommend should be your Real Estate broker, or in the absence of a broker your Attorney. Please advise all parties involved and provide them with the brokers and/or attorney's contact information.**

**In an effort of fairness, we must process applications on a first come first serve basis.**

**If you are concerned about the receipt of the package, please use a method of return receipt, via USPS, Fed Ex, messenger service or hand delivery, etc.**

**Please provide a name of the contact person an e-mail address below to act as the point person (main contact) to be contacted when there is an update to be provided about this application.**

**Name \_\_\_\_\_, Title \_\_\_\_\_ Phone \_\_\_\_\_**

**Email \_\_\_\_\_**



## **Purchase Application**

### **Table of Contents:**

**Cooperative Application**

**Financial Statement (Net Worth)**

**Supporting Documentation to Financial Statement**

- a) **Bank & brokerage Statements**
- b) **Retirement and Pension**
- c) **Social Security Award Letter (If applicable)**
- d) **Personal loans**

**Contract of Sale**

**Financing Information**

- a) **Commitment letter**
- b) **Loan application to bank**
- c) **Appraisal**

**If not financing need- letter explaining where funds are coming from to purchase.**

**Federal Tax Returns**

**Letter from Previous Landlord and/or Management Company**

**Reference letters**

- a) **Personal**
- b) **Business**
- c) **Landlord**
- d) **Employment**

PLEASE DONT STAPLE ANY OF THE APPLICATION ITEMS



## Emergency Contact Form

Apt Number \_\_\_\_\_ Address \_\_\_\_\_

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

Work Number: \_\_\_\_\_ / Home Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

Work Number: \_\_\_\_\_ / Home Number \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**In the event of an emergency when a shareholder or owner cannot be reached, please provide the names of a person to contact:**

Name \_\_\_\_\_

Work Number: \_\_\_\_\_ / Home Number: \_\_\_\_\_

**Additional Information:**

Pets \_\_\_\_\_

**Emergency Information we should know: If applicable:** \_\_\_\_\_

**Other Relevant Information you think we should know in case of an emergency:**

\_\_\_\_\_  
\_\_\_\_\_







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Please provide the following information with your application in order to send the information for closing:

## **Seller's Attorney**

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

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

Fax Number: \_\_\_\_\_

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

## **Buyer's Attorney**

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

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

Fax Number: \_\_\_\_\_

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





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Re: **APPLICANTS RELEASE**

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

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

The undersigned applicant(s) is (are) submitting an application to purchase/sublease the above referenced apartment.

Applicant has submitted payment for certain fees including but not limited to fees to check applicants' credit, background and to process this application.

Applicant acknowledges that the application to purchase/sublease the apartment may or may not be approved by the Board of Directors of the Cooperative Corporation owning building in its sole discretion and that if the application is not approved; no reason for the disapproval needs to be given. Whether the application is approved or not approved, certain costs and expenses will be incurred, and the fees described above will not be refunded to the applicant(s).

The applicant releases both the cooperative corporation and the managing agent from any liability for the return of these funds incurred in the processing of the application and agrees that in the even the applicant seeks recovery of such fees, the applicant shall be liable for all costs and expense (including attorney's fees) incurred by the cooperative corporation and/or managing agent.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

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



**199 BRONX RIVER OWNER'S CORP.  
C/O GARTHCHESTER REALTY  
440 MAMARONECK AVE  
HARRISON, NY 10528**

I/We, the undersigned, have read and understand the House Rules for 199 Bronx River Owner's Corp., located at 199 Bronx River Road Yonkers, NY 10704, and agree to abide by these house rules and any amendments made to the rules, while a resident in Apartment: \_\_\_\_\_  
199 Bronx River Owner's Corp.

New Shareholder Acknowledgement:

Please Print:

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

New Shareholders Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please Print:

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

New Shareholders Signature \_\_\_\_\_ Date: \_\_\_\_\_



**199 Bronx River Owner's Corporation  
199 Bronx River Road  
Yonkers, NY 10704**

**Profile**

The Corporation consists of 2 buildings of 38 apartments each built in 1950 and converted to a Cooperative in 1988.

**Located:**

Yonkers, NY Westchester County

**Each building has the following:**

6 floors with 6 units, 3-1 & 3-2 bedrooms  
1 elevator  
1 compactor hopper per floor  
Laundry and garbage rooms in basement

**Amenities:**

Financially secure	Well maintained
Groomed landscaping	Cablevision, FIOS and Master Antenna
Upgraded electric service	Upgraded brick facade and roof
Renovated lobbies	Heat & Hot water-included
Intercom	Flip Tax, \$3.00/share
Modernized Elevators	Modernized Coinless Laundry Rooms

**Policies Strictly Enforced:**

House Policies

The Corporation does **not** permit Subletting or Pets

Alteration Agreement

Parking Waiting List

Wall to Wall 40oz carpet with ½” thick padding

Pre-Sale unit inspection required

Open House, Lockbox Policy-Speak with

Management Agent “Service Entrances: For Moving

In/Out or Deliveries 199 Bronx River Road and 103

Glen Road Only”

199 Bronx River Owner's Corp is close to major highways, public transportation, shopping, schools, medical facilities and houses of worship.

**“A Cooperative Residence”**

**For the Seller:**

We are sorry that you are moving, but please supply your forwarding information. This is important should the cooperative have to contact you after you have moved, re: correspondence yearly tax statement, lost mail, etc.

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

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

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

I have read and understand the apartment sale procedures and acknowledge same:

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

\_\_\_\_\_

Transfer Agent: Name: \_\_\_\_\_

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

\_\_\_\_\_

**199 BRONX RIVER OWNER'S CORP.  
C/o GARTHCHESTER REALTY**

**APPLICATION FOR PURCHASE OF COOPERATIVE APARTMENT**

Apt.      Shares      Rooms      Bed Room(s)      Bath(s)

**APPLICANT**

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

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

**City, State, Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Business Phone:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**CO-APPLICANT**

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

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

**City, State, Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Business Phone:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**CURRENT OWNER**

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

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

**City, State, Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Business Phone:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_ **Social Security No.:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**PURCHASE PRICE:** \$ \_\_\_\_\_ **IS THIS PURCHASE FINANCED?** YES \_\_\_ NO \_\_\_

**IF YES: AMOUNT OF MORTGAGE:** \$ \_\_\_\_\_

**LENDING INSTITUTION:** \_\_\_\_\_

**BROKER:** \_\_\_\_\_ **Telephone:** (\_\_\_\_) \_\_\_\_\_

**Applicant's Attorney:** \_\_\_\_\_ **Telephone:** (\_\_\_\_) \_\_\_\_\_

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

**Seller's Attorney:** \_\_\_\_\_ **Telephone:** (\_\_\_\_) \_\_\_\_\_

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



**FINANCIAL PROFILE OF PURCHASER**

PURCHASER NAME: \_\_\_\_\_

PURCHASING BLDG/APT. \_\_\_\_\_

**Please list total cash assets:**

Savings acct # \_\_\_\_\_, Current bal. \$ \_\_\_\_\_

Bank name \_\_\_\_\_ Branch \_\_\_\_\_

Checking acct # \_\_\_\_\_ Current bal. \$ \_\_\_\_\_

Bank name \_\_\_\_\_ Branch \_\_\_\_\_

Other acct. \_\_\_\_\_, Current bal. \$ \_\_\_\_\_

Bank name \_\_\_\_\_ Branch \_\_\_\_\_

Is the down payment listed in the Contract of Sale included in the total cash assets listed above? Yes \_\_\_\_\_ No \_\_\_\_\_

List below all credit cards, loans, child support payments, alimony, etc.:

Card/Company	Acct #	Total Owed	monthly payment
--------------	--------	------------	-----------------


If more space is needed, please use other side.

**Note: It is understood that this application is subject to rejection by the Board of Directors for any reason. I hereby authorized Garthchester Realty to obtain consumer reports, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to credit history, civil and criminal information, records of arrest, rental history, employment/salary details, and/or any other necessary information. I understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection with respect or in connection with the rental or lease of a residence for which application was made. I hereby expressly release Garthchester Realty and any procurer or furnisher of information from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of co-applicant \_\_\_\_\_ Date \_\_\_\_\_

**199 BRONX RIVER OWNER'S CORP.**

Income to Debt Schedule

(use back or an additional sheet for additional information)

<u>Monthly Income:</u>	<u>Purchaser</u>	<u>Co-Purchaser</u>
Employer Pay Gross	\$ _____	\$ _____
Employer Pay Net	\$ _____	\$ _____

<u>Additional:</u>		
Alimony	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Disability Insurance	\$ _____	\$ _____
Pension	\$ _____	\$ _____
<u>Other:</u>	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

<u>Total Income:</u>	\$ _____	\$ _____
(Less Net Pay)		

<u>Liabilities:</u>		
Maintenance	\$ _____	\$ _____
Mortgage/Interest	\$ _____	\$ _____
Alimony	\$ _____	\$ _____
Child <b>Support</b>	\$ _____	\$ _____
Homeowners Insurance	\$ _____	\$ _____
Gas/Electric	\$ _____	\$ _____
Phone	\$ _____	\$ _____
Cell Phone	\$ _____	\$ _____
Internet	\$ _____	\$ _____
Cable	\$ _____	\$ _____
Vehicle Insurance	\$ _____	\$ _____
Transportation	\$ _____	\$ _____
Student Loan	\$ _____	\$ _____
CarLoan	\$ _____	\$ _____
CCdebt list	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
<u>Other:</u>	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____

Total Debt:	\$ _____	\$ _____
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# COMPLIANCE AFFIDAVIT

I/We, \_\_\_\_\_, am aware of and agree to abide by the **199 BRONX RIVER OWNER'S CORP.** (hereinafter referred to as the "Corporation") House rules, including the Floor Covering Rule, Pet Prohibition Policy and Washer/Dryer Prohibition Policy, which provides as follows.

## **Carpeting 100% Floor Covering Rule:**

All apartments must be carpeted and padded to the extent that at least **100%** of the floor area of each room should be covered. **Carpeting to be minimally 40-60oz in weight and will require ½" padding, (6lb Jute type or ½" thick).** This would exclude kitchens, bathrooms and closets. Special attention should be given to high traffic areas (i.e., hallways). This policy is for all apartments. Prior to occupying an apartment, each new resident is required to give the cooperative a move in/damage deposit of \$750.00, which is held by the Managing Agent (as Trustee for the Corporation), and to ensure the installation of the required carpeting and padding. Once the proper carpeting has been installed, the Resident's premises will be inspected for compliance before the monies are returned. If the required carpeting is not satisfactorily installed with-in 30 days of occupancy, the deposit will be forfeited, and the Board of Directors may commence proceedings to terminate the Proprietary Lease. Rug inspections may be necessary from time to time at all other apartments if the Board of Directors receives a noise complaint. If an apartment is found at that time to be in non-compliance with this policy, the Resident will have thirty (30) days to procure the appropriate carpeting before a fee of \$50.00 per day is enacted. If any resident has exercise equipment in an apartment extra foam padding must be put under the machine. If the machine is a disturbance to other Residents, then the machine must be removed from the apartment.

## **Pet Prohibition Policy:**

A Shareholder is strictly prohibited from harboring any pet in the Premises or permitting a visiting pet of any type, without the prior written consent and approval of the Board of Directors.

## **Washer/Dryer Prohibition Policy:**

A Shareholder is strictly prohibited from installing, permitting or maintaining any type of washing machines and/or dryers, without the prior written consent and approval of the Board of Directors.

Date \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Revised 11/04



# COMPLETE ONE PER APPLICANT

## AUTHORIZATION FOR THE RELEASE OF CONSUMER CREDIT REPORT INFORMATION TO THE FOLLOWING COMPANY OR CORPORATION

I \_\_\_\_\_ hereby authorize Garthchester Realty and the agencies used by this company or corporation, the release of, and/or permission to obtain and review, full consumer credit report information from the credit reporting agencies and/or their *vendors*. Without exception this authorization shall supersede and retract any prior request or previous agreement to the contrary. Copies of this authorization, which show my signature, have been executed by me to be as *valid* as the original release signed by me.

Compliance by the Subscriber with all provisions of the Federal Fair Credit Reporting Act (Public Law 91-508, 15 U.S.C. Section 1681ET SEQ., 604-615) and the Consumer Credit Reporting Act (California Civil Code Sec. 1785.1-1785.34) or other jurisdictional requirements. Information will be requested only for the Subscriber's exclusive use, and the Subscriber will certify for each request the purpose for which the information is sought and that the information will be used for no other purposes.

X  BY WRITTEN AUTHORIZATION OF THE CONSUMER TO WHOM IT RELATES

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Address:

\_\_\_\_\_  
\_\_\_\_\_

# **199 BRONX RIVER OWNER'S CORPORATION PURCHASE**

## **APPLICATION – PART 1**

In applying for consent to this proposed sale, the undersigned understands that such consent is required by the terms of the proprietary lease. The undersigned also understand that the information outlined below is essential to this application. If an inspection of the undersigned's present place of residence is required, applicant agrees to arrange said inspection. The undersigned has also been advised that the purchaser of a cooperative apartment takes, subject to provisions of the proprietary lease and assumes all of the seller's obligations there under and is obligated to sign such documents to accomplish such purposed as the corporation may require.

The Board of Directors reserves the right, based upon information submitted with the application and obtained at the personal interview, to request additional information that it considers pertinent and this application shall not be deemed complete until all information requested by the Board of Directors or list agent has been supplied.

All Statements made herein and on supplementary information or documents are to be true and correct. Applicant understands and agrees that any misstatement of fact will be grounds for denial of the application.

The undersigned offers to purchase \_\_\_\_\_ number of shares of stock and the proprietary lease for Apartment \_\_\_\_\_ in the premises located at \_\_\_\_\_

Financing: NO \_\_\_\_\_ YES \_\_\_\_\_ If yes, please state AMOUNT \$ \_\_\_\_\_  
(I), (WE), the undersigned give \_\_\_\_\_  
and its agents the right and permission to verify any and all of the above information.

(I), (WE), understand that this application is not binding on 199 Bronx River Owners Corporation or it agent, and all the fees paid upon application are not refundable in the event (I), (WE), do or do not become resident.

(I), (WE), have attached hereto authentic copies of (my), (our) last two (2) years Federal Income Tax Returns as filed with the U.S. Internal Revenue Service.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Co-Applicant \_\_\_\_\_

# 199 BRONX RIVER OWNER'S CORPORATION

## APPLICATION FOR PURCHASE OF SHARES – PART II

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

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

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

Co-Applicant's Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

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

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

# of years at present address \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ (at present address)

### Present Landlord

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

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

Telephone # \_\_\_\_\_

If less than two years at present address:

Former Address \_\_\_\_\_ # of years at former address \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ (at former address)

**FORMER LANDLORD**

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

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

Telephone # \_\_\_\_\_

Number of Person to Reside at Apartment: \_\_\_\_\_

Please List: Purchaser must be an Occupant

Name

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**FINANCIAL:**

1. Bank: \_\_\_\_\_ Account # \_\_\_\_\_

(Savings)

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

2. Bank: \_\_\_\_\_ Account # \_\_\_\_\_

(Checking)

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

3. Business: \_\_\_\_\_

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

**Real Estate Owned**

**Location:** \_\_\_\_\_ **Equity:** \_\_\_\_\_

**Description:** \_\_\_\_\_ **Mortgage:** \_\_\_\_\_

**% Owned:** \_\_\_\_\_

**Mortgage Holder:** \_\_\_\_\_

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

**Telephone #** \_\_\_\_\_

(Attach additional sheets if necessary)

**Apartment you are applying for: #** \_\_\_\_\_

**Number of Shares:** \_\_\_\_\_

**Price of Apartment:** \_\_\_\_\_

**Amount of Down Payment:** \_\_\_\_\_

**Down Payment % of Sale Price** \_\_\_\_\_

**Amount of Mortgage:** \_\_\_\_\_ **Mortgage Rate** \_\_\_\_\_

**Monthly Payments:** \_\_\_\_\_

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

**Attorney's Name:** \_\_\_\_\_

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

**Telephone #** \_\_\_\_\_

**Number of Persons to reside in apartment who are currently employed:** \_\_\_\_\_

Please List

	Employer's Name	Address	Position	How Long	Present Salary	Rate Next Year
1.	_____					
2.	_____					
3.	_____					
4.	_____					

If employed less than two (2) years please list:

	Previous Name	Address	Position	How Long From/To	Salary
1.	_____				
2.	_____				

If self-employed, please list name of CPA below.

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

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

Telephone # \_\_\_\_\_

PLEASE ANSWER (YES OR NO) TO ALL QUESTIONS BELOW  
(IF YES, PLEASE EXPLAIN ON A SEPARATE SHEET.)

	APPLICANT	CO-APPLICANT
Have you any outstanding judgments?	_____	_____
Have you declared bankruptcy in the past seven (7) years?	_____	_____
Have you had property foreclosures or given title or deed in lieu of?	_____	_____
Are you a co-signer or endorser on a note or a loan?	_____	_____
Have you ever been convicted of criminal wrongdoing?	_____	_____
Do you have any lawsuits pending?	_____	_____
Do you pay alimony, child support, or separate maintenance? (If so, state amount \$ _____)	_____	_____
Is any part of the down-payment borrowed? (If so, state amount \$ _____)	_____	_____

In case of emergency, notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

***I RECOGNIZE THAT NO PURCHASE OF SHARES CAN BE FINALIZED WITHOUT THE WRITTEN CONSENT OF THE BOARD OF DIRECTORS AND CONSENT IS CONTINGENT ON AN INTERVIEW BY THE ADMISSIONS COMMITTEE.***

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Signature \_\_\_\_\_



**199 BRONX RIVER OWNER'S CORPORATION**

**MOVE-IN PROCEDURES (Buyer)**

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Dear Resident(s):

Welcome to 199 Bronx River Owner's Corp. In order to help you move in a safe and convenient manner, please take time to review the following procedures:

1. All moving can only take place on Monday through Friday between the hours of 8:30 a.m. and 4:30 p.m. There will be no exceptions.
2. We require 7 days notice of date of move-in, with confirmation 48 hours prior to move-in.
3. No moving can take place on legal holidays.
4. **USE BASEMENT ENTRANCE ONLY. ELEVATOR PADS MUST BE IN PLACE BEFORE MOVING STARTS. ELEVATOR CAR MUST BE ON SERVICE. SEE OFFICE OR SUPERINTENDENT UPON ARRIVAL.**
5. **MOVERS MUST TAKE ALL REASONABLE PRECAUTIONS TO ENSURE THAT NO DAMAGE OCCURS TO ANY PORTION OF THE BUILDING.**
6. A move-in deposit of \$750.00 (certified check, payable to 199 Bronx River Owner's Corp.) will be collected at closing to secure performance of the above rules and regulations. After the move-in is completed, an inspection of the building will be made and provided that there has been no damage, the move-in deposit will be refunded. In the event there has been damage to the building, the move-in deposit will be applied towards the repairs, and the balance, if any, will be refunded. If the damage to the building exceeds the move-in deposit, the resident will be required to pay the excess.
7. **Failure to notify agent/superintendent will automatically result in forfeiture of move-in fee.**
8. **Moving shall be one time and not piece by piece over days or at night. To do so will result in the forfeiture of the move in fee.**

I have read and understand the above rules and regulations.

Moving Co. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact: \_\_\_\_\_ Copy of Ins. \_\_\_\_\_

\_\_\_\_\_ I plan on moving in myself.

I have read and understand the above rules and regulations.

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

Apt. # \_\_\_\_\_ Building: \_\_\_\_\_

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

**199 BRONX RIVER OWNER'S CORPORATION**

**MOVE-OUT PROCEDURES (Seller)**

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Dear Resident(s):

In order to help you move in a safe and convenient manner, please take time to review the following procedures.

1. All moving can only take place on Monday through Friday between the hours of 8:30 a.m. and 4:30 p.m. There will be no exceptions.

2. We require 7 days notice of date of move-out, with confirmation 48 hours prior to move-out.

3. No moving can take place on legal holidays.

**4. USE BASEMENT ENTRANCES ONLY 199 BRONX RIVER ROAD OR 103 GLEN ROAD. ELEVATOR PADS MUST BE IN PLACE BEFORE MOVE STARTS. ELEVATOR CAR MUST BE IN SERVICE. SEE OFFICE OR SUPERINTENDENT UPON ARRIVAL.**

**5. MOVERS MUST TAKE ALL REASONABLE PRECAUTIONS TO ENSURE THAT NO DAMAGE OCCURS TO ANY PORTION OF THE BUILDING.**

5. A move-out deposit of \$750.00 (certified check, payable to 199 Bronx River Owner's Corp.) will be collected at closing to secure performance of the above rules and regulations. After the move-out is completed, an inspection of the building will be made, and provided that there has been no damage, the move-out deposit will be refunded. In the event there has been damage to the building, the move-out deposit will be applied towards the repairs, and the balance, if any, will be refunded. If the damage to the building exceeds the move-out deposit, the resident will be required to pay the excess.

**6. Failure to notify agent/superintendent will automatically result in forfeiture of move-out fee.**

**7. Moving shall be one time, not piece by piece over days or at night. You will forfeit your move out fee.**

Moving Co. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact: \_\_\_\_\_ Copy of Ins. \_\_\_\_\_

\_\_\_\_\_ I plan on moving out myself.

I have read and understand the above rules and regulations.

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

Apt. # \_\_\_\_\_ Building: \_\_\_\_\_

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

**199 BRONX RIVER OWNER'S CORP.  
C/o GARTHCHESTER REALTY**

**PET POLICY**

**I/We agree that we will not harbor any animals in the building at any time during our residency. While we may see some pets in the building, we understand that they have been grandfathered.**

**Apt # \_\_\_\_\_**

**\_\_\_\_\_  
Applicant**

**\_\_\_\_\_  
Date**

**\_\_\_\_\_  
Applicant**

**\_\_\_\_\_  
Date**



**ACKNOWLEDGEMENT**

I AM IN RECEIPT OF, UNDERSTAND AND AGREE TO ABIDE BY THE HOUSE POLICIES FOR 199 BRONX RIVER OWNER'S CORP.

I UNDERSTAND THAT I WILL HAVE TO BRING THEM TO THE INTERVIEW WITH THE BOARD OF DIRECTORS FOR DISCUSSION

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

Please sign and return this acknowledgement along with your application.



**199 Bronx River Owner's Corporation**  
*A Cooperative Residence*

Welcome to Glen Terrace Apartments. We appreciate that you have chosen to make your home here with us. In an effort to make your stay happy and healthy, we ask that you review and apply the limited listed policies that govern the Corporation below. These policies help maintain the existing **Quality of Life** as well as the **Quiet Enjoyment** of all residents.

Please review the House Policies of the Corporation. If you need a copy, one will be provided to you. Should you need a copy or have questions, please call 199 JV Associates (914-761-4488) or Garthchester Realty (914-725-3600).

**Some limited policies to bear in mind:**

- No pets of any type at any time or may/stay within the buildings
- No washing machines-dryers in the Apt.
- 100% of floors carpeted minimally w/40oz, and 6lb. jute padding or better
- Disturbances: music, TV, radio, instrument, etc.
- Odors from cooking-smoking
- No smoking in common areas \*.
- Moving in/out/deliveries through 199 or 103 entrances only and as directed by Superintendent/Mgr.
- Household garbage in chute/cans in basement-rinse containers, recycle.
- Rid of bulk garbage yourself. Boxes to be flattened and tied.
- No loitering in front of or within the building or grounds.
- Deposit junk mail in can or compactor chute.
- Emergency info: name, phone, key on file with agent.
- Cable or master antenna available (cable above drop ceiling).
- Laundry room hours of operation 8AM-10PM.
- Window treatments shall have white or beige backings which face the street.
- Proper size and installation of a/c.
- Name in directory.
- Help us maintain the property.
- Basic consideration of neighbors - be aware of time, frequency and duration of events.

**\* Common area shall not be limited to hallway, stairwell, lobby, laundry room, garbage room, elevator, lawn, parking/garage areas, grounds of bldg.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Unit

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Unit

***Glen Terrace Apartments***  
*Welcome Home*

**Please list the name/relation/age of all residents to occupy the Apt.**

<b><u>Name</u></b>	<b><u>Relationship</u></b>	<b><u>Age</u></b>
--------------------	----------------------------	-------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***“Please be advised that you may be liable for all fees, legal or other, based on the information provided being fraudulent, misrepresented or factually incorrect.”***

**Child Guards:**

       ***I do not have a need for Child Guards.***

       ***Yes, I have a child/children under the age of 10 and will require Child Guards.***

***The cost of Child Guards is the responsibility of the unit shareholder and will be billed as such. Installation will be provided free of charge.***

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**199 BRONX RIVER OWNER'S CORP.**

**AIR CONDITIONER INSTALLATION PROCEDURE**

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The Board of Directors of 199 BRONX RIVER OWNER'S CORP. has established and implemented an Air Conditioner Installation Procedure.

This Procedure is to ensure the proper installation of existing and new air conditioners as well as provide for the safety of the shareholders.

Please follow the following guideline procedure when installing air conditioners:

1. Air conditioners can only be installed after written notification to the Management Office.
2. The manufacturer's installation instructions must be followed. Treated wood blocking should be installed and exterior wall brackets used when directed and/or recommended by the unit manufacturer (smaller units may not require brackets). Our window frame units may require blocking to raise the air conditioner above the window frame at the bottom of the window. Failure to do so may result in damage to the window frame across the sill and may require replacement of a very expensive window frame if not installed properly.
3. Air-conditioning units at a fire escape window can only be installed if another window in the apartment allows access to the fire escape. Air-conditioning units on fire escape windows cannot extend beyond the sill line in conformity with Fire Department Regulations.

Your cooperation is appreciated in order to ensure safety. Should you have any questions or comments, please feel free to contact the Managing Agent, Jenna Guiliano at Garthchester Realty at (914) 725-3600 ext. 107.

Very truly yours,

**THE BOARD OF DIRECTORS OF 199  
BRONX RIVER OWNER'S CORP.**

**HOUSE RULES**  
**199 BRONX RIVER OWNERS' CORPORATION**

1. The public halls, stairways & entrances of the building shall not be obstructed or used for any purpose other than ingress (entering) to and egress (exiting) from the apartments in the building and the fire towers shall not be obstructed in any way.
2. Residents shall not play in/on the public halls, courts, stairways, fire towers/escapes or elevators. At no time shall residents enter upon the roof.
3. Public halls of the building shall not be decorated or furnished by any Lessee in any manner. Nor shall apartment doors be decorated without written approval by Board of Directors.
4. No Lessee shall make or permit any disturbing noises in the building or do or permit anything to be done therein, which will interfere with the rights, comfort or convenience of other Lessees. No Lessees shall play upon or suffer to be played upon any musical instrument or permit to be operated audio equipment, radio, television or loudspeaker in such Lessee's apartment between the hours of ten o'clock PM and the following eight o'clock AM if the same shall disturb or annoy other occupants of the building. No construction, repair work or other installation involving noise shall be conducted in any apartment except on weekdays (M-F, not including legal holidays) and only between the hours of 8:30 am and 5:00 PM pursuant to the alteration agreement and Board approval.
5. No article shall be placed in the halls or on the staircase landings or fire towers/escapes, nor shall anything be hung or shaken from the doors, windows or placed upon the windowsills or fire escapes of the building.
6. No awnings, window air conditioning units or ventilators shall be used in or about the building except such as shall have been expressly approved by the Lessor or the managing agent, nor shall anything be projected out of any window of the building without similar approval. Air conditioners shall be installed based on manufacturer's recommendations. Exterior building walls shall not be penetrated into at any time. No window gates, alarms, inclusive of alarm tape to be installed on windows nor stickers of any type affixed to apartment doors.
7. No loitering, trespassing, playing or soliciting in the buildings, grounds or parking areas.
8. No sign, notice, advertisement or illumination or flag shall be inscribed or exposed on or at any window or other part of the building, except such as shall have been approved in writing by the Lessor or the managing agent.
9. No tricycles, bicycles, scooters, baby carriages or similar vehicles, nor shall shoes- boots, umbrellas, shovels, sleds, shopping carts or any other personal item(s), etc. be allowed to stand in the public halls, passageways, areas or courts of the building.
10. Messengers and trades people shall use such means of ingress and egress as shall be designated by the Lessor.



11. Moving in/out or deliveries of any kind are permitted only at the service entrance of the building and through the service elevator to the apartment when such elevator is in operation. Service entrance shall mean 199 Bronx River Road or 103 Glen Road. Activity is to be coordinated with managing agent and elevator pads installed.
12. Trunks and heavy baggage shall be taken in or out of the building through the service entrance.
13. Garbage and refuse from the apartments shall be disposed of only at such times and in such manner as the superintendent of the managing agent of the building may direct.
14. Water closets (Toilets) and other water apparatus (Plumbing drains) in the building shall not be used for any purposes other than those for which they were constructed, nor shall any sweepings, rubbish, rage or any other article be thrown into the water closets. The Lessee in whose apartment it shall have been caused shall pay for the cost of repairing any damage resulting from misuse of any water closets or other apparatus.
15. No pet of any type shall be kept or harbored in the building at any time for any purpose. Any pet that is "Grand fathered" in current residence may remain. In the event that any pet may expire etc., the lessee many not acquire a replacement pet. Any lessee that does not currently own a pet may not do so. In no event shall dogs be permitted on elevators or in any part of the public portions of the building unless carried or on a leash. No pigeons or other birds or animals shall be fed from the windowsills or in the yard, court spaces or public portions of the building, or on the sidewalks or street adjacent to the building.
16. No radio, television or cable-satellite dish/antenna or any such device shall be attached to or hung from any portion, interior or exterior, of the building.
17. No vehicles belonging to a Lessee or to a member or guest, subtenant or employee of a Lessee shall be parked in such manner as to impede or prevent ready access to any entrance of the building, lot or garage area by another vehicle. Vehicles will be towed at owner's expense.
18. The Lessee shall use the available laundry facilities only upon such days and during such hours as may be designated by the Lessor or the managing agent. Washers & dryers are not permitted in resident units.
19. The Lessor shall have the right from time to time to curtail or relocate any space devoted to storage or laundry purposes.
20. Unless expressly authorized by the Board of Directors in each case, the floors of each apartment must be covered with carpeting and padding or equally effective noise reducing material to the extent of at least 80% of the floor area of each room excepting only kitchens, bathrooms or closets. Carpeting shall be minimally 40 ounce in weight and padding shall be minimally 1/2" thick or greater. Oriental type rugs are not acceptable. Store bought "Area rugs" or rugs "off the shelf" shall not suffice as they do not meet the size or weight requirement. Floor coverings from stores like Pier 1, Pottery Barn, Crate & Barrel, or mail order are not permissible. You need to have the carpet cut to satisfy the 80% rule.

21. No group tour, open house or exhibition of any apartment or its contents shall be conducted, nor shall any auction sale be held in any apartment without the consent of the Lessor or its managing agent.
22. The Lessee shall keep the windows of the apartment clean. In case of refusal or neglect of the Lessee during 10 days after notice in writing from the Lessor or the managing agent to clean the windows, such cleaning may be done by the Lessor, which shall have the right, by its officers or authorized agents, to enter the apartment for the purpose and to charge the cost of such cleaning to the Lessee.
23. Complaints regarding the service of the building shall be made in writing to the managing agent of the Lessor.
24. Any consent or approval given under these House Rules by the Lessor shall be revocable at any time.
25. Parking lessees shall comply with all provisions of the Parking and Proprietary Leases with Lessor.
26. The following rules shall be observed with respect to refuse disposal:
  - i. All wet debris is to be securely wrapped or bagged in small package size to fit easily into the compactor hopper panel.
  - ii. Debris should be completely drip-free before it leaves the apartment and carried to the compactor hopper in a careful manner and in a drip-proof container; then placed into the compactor hopper so it will drop into the compactor for disposal.
  - iii. No bottles, cans or glass containers shall be dropped down the compactor hopper. Residents are required to follow recycling policies as stated by the City of Yonkers.
  - iv. Cartons, boxes, crates, sticks of wood, window shades or blinds, hypodermic needles (sharps), other medical waste or other solid matter shall not be stuffed into compactor hopper panel. The compactor is to be used for all standard household debris. All other debris shall be properly contained, tied and placed in the appropriate container located in the basement garbage room. Boxes shall be broken down and tied.
  - v. Under no circumstances should carpet sweepings containing naphthalene, camphor balls or flakes-soaked rags, empty paint or aerosol cans or any other
  - vi. inflammable, explosive, highly combustible or noxious substances or lighted cigarettes or cigar stubs be thrown into the compactor hopper
  - vii. Vacuum cleaner bags must never be emptied into the flue. Such dust, dirt, etc., should be wrapped in a securely tied bag or package and then be placed through compactor hopper door panel.
  - viii. The superintendent shall be notified of any drippings, or moist refuse appearing on compactor hopper door, floor and walls.
27. Lessee shall not install any plants, containers or planters, wind chimes, etc., on the windowsills or fire escapes.

28. The agents of the Lessor, and any contractor or workman authorized by the Lessor, may enter any apartment at any reasonable hour of the day for the purpose of inspecting such apartment to ascertain whether measure are necessary or desirable to control or exterminate any vermin, insects or other pests and for the purpose of taking such measures as may be necessary to control or exterminate any such vermin, insects or other pests. If the Lessor takes measures to control or exterminate any infestation, the cost thereof may be payable by the Lessee, as additional rent.
29. These house rules may be added to, amended or repealed at any time by resolution of the Board of Directors of the Lessor.
30. No employee of Lessor may be used by any Lessee for the private business of any Lessee without the prior written consent of the Board of Directors having first been obtained in each instance. Nor shall any Lessee send any employee of the Lessor out of the building on any private business of a Lessee.
31. Smoking is not permitted within any public area of the building or grounds at any time. Nor shall smoke be permitted to transmit into surrounding units or common halls.
32. Window treatments that face the street must be either white or beige (neutral) in color at all times. When colored draperies/sheers/curtains are used they are to be lined (white/beige) to prevent color trespass to the street.
33. Bulk garbage removal is the responsibility of the resident. Bulk garbage shall mean all large items inclusive, but not limited to: mattresses, box springs, appliances, furniture, air conditioners, renovation debris, computer equipment, etc. Said items may not be left or stored in the common areas or garbage rooms and must be properly discarded by the Lessee.
34. The Corporation complies with all State, County, City and local ordinances where applicable,
35. In the event of dispute resolution, the Board of Directors or its designee's decision shall be final and binding. Additionally, any costs associated with any action may be charged to offending parties.
36. The Corporation has the following Agreements in effect: No Pets, No Subletting, Move In/Out, Parking and Alteration. These agreements may be changed or added to by the Board of Directors at any time. Please contact the managing agent for copies or clarification when necessary.
37. Any alterations to the apartment unit must be performed by licensed and insured contractors. All local-state building codes must be met, and any permits must be obtained from the Yonkers building department before any work is started. See alteration agreement.
38. Bathtubs may be replaced with same or lesser water storage capacity models. Jacuzzis or stand-alone shower stalls are not permitted. See alteration agreement.
39. Co-op insurance policy is to be fully executed and in effect at all times.

## Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

### Lead Warning Statement

*Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.*

### Seller's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

(ii) \_\_\_\_\_ Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the seller (check (i) or (ii) below):

(i) \_\_\_\_\_ Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_

(ii) \_\_\_\_\_ Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

### Purchaser's Acknowledgment (initial)

(c) \_\_\_\_\_ Purchaser has received copies of all information listed above.

(d) \_\_\_\_\_ Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home*.

(e) Purchaser has (check (i) or (ii) below):

(i) \_\_\_\_\_ received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or

(ii) \_\_\_\_\_ waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

### Agent's Acknowledgment (initial)

(f) \_\_\_\_\_ Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

### Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____ Seller	_____ Date	_____ Seller	_____ Date
_____ Purchaser	_____ Date	_____ Purchaser	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date

# Receiving your monthly invoices just got easier



## Register for eBills

### Simplify your life... Go paperless

Receive your invoice  
online:

- View current invoices
- Review past invoices  
anytime
- Update your email

### Register just once at: [garthchesterrealty.reviewmyinvoice.com](http://garthchesterrealty.reviewmyinvoice.com)

1. Click on the 'Register Now' button
2. Complete the registration form (you will need the WebReg# from your invoice)
3. Click the 'Create your account' button
4. You will receive an email shortly thereafter requiring you to click on the 'Complete your activation' button to finish the process

It couldn't be easier! Simply visit [garthchesterrealty.reviewmyinvoice.com](http://garthchesterrealty.reviewmyinvoice.com) to register

\* Registrations after the 18th of the month may take effect the following month



Garthchester Realty



National Cooperative Bank

## How to Make Monthly Maintenance Payments:

### (1) ACH, E-Check or Credit Card via our website:

Payments via the website - [www.garthchesterrealty.com](http://www.garthchesterrealty.com) - will require you to register and setup an online user profile. You will need to input your **Resident Account Number**. *The statement sample below indicates how to locate your Resident Account Number.* (an administrative fee will be charged for credit card payments)

### (2) Bill Pay Account via Your Bank:

Please note the bill payment service provided by your bank produces a manual check that is sent directly to NCB's lockbox at the address below. *Please initiate the payment 3-5 days prior to the due date to ensure the payment will be processed in a timely manner. Please indicate your Resident Account Number on the memo line (Ex. 63/XX).*

### (3) Mail a Check payable to:

Name of Property  
Garthchester Realty  
PO Box 5089  
White Plains, NY 10602-5089

### SAMPLE STATEMENT

BOB SMITH  
123 MAIN STREET #1D  
SCARSDALE, NY 10583



DATE	12/01/21
ACCOUNT NO.	63/XX
AMOUNT DUE	\$654.87

Please Remit Payment To:

GARTHCHESTER REALTY  
P.O. BOX 5089  
WHITE PLAINS, NY 10602-5089

Make Check Payable To:

NAME OF PROPERTY  
\_\_\_\_\_

07130313104000000 0 090116 0065487 000 0

*Please note with cut backs at the United States Postal Service (USPS) any payments sent after business hours on Friday or anytime during the weekend or holidays will not be picked up until the following business day. In addition any documents in transit may not be delivered during that same period. Payments by paper check or bill pay service may experience delayed arrival. Normal business days for USPS delivery are Monday through Friday except for Holidays.*

# COMPLETE APPLICATION



# EMERGENCY CONTACT FORM





FINANCIAL  
STATEMENTS  
FOR LAST 3  
MONTHS



CREDIT  
REPORT  
AUTHORIZATION



2 PERSONAL  
REFERENCE  
LETTERS



# 2 BUSINESS REFERENCE LETTERS



CURRENT  
LANDLORD  
REFERENCE  
LETTER



# EMPLOYMENT LETTER



# 2 MONTHS OF PAYSTUBS



LAST 2  
YEARS OF  
W2'S AND  
TAX RETURNS





FULLY  
EXECUTED  
CONTRACT  
OF SALE



# COMMITMENT LETTER



# LOAN APPLICATION



HOUSE

RULES

ACKNOWLEDGEMENT



# COPY OF APPRAISAL

