# EXHIBIT A PURCHASE APPLICATION

### KENNEDY STREE QUAD LTD. BAYSIDE, NEW YORK 11360

#### **APPLICATION TO PURCHASE AN APARTMENT**

Date	MAIN	
Submit complete application to:	On-Site Management Offic Rear 18-75 Corporal Kenn 718-423-9385 Attn: Patricia Pethel	
Co-op Address		
Apt. #:	Number of Shares:	
Seller's Information:		
Seller's Names(s):		
Telephone #: Home:	Cell:	Work
Email:		
Seller's Attorney:		
Address:		
Telephone #:	Email:	
Purchase's Information:		
Purchaser's Names(s): (insert nam	e as it will appear on Stock Cert	ificate)
Address:		
Telephone #:	Email:	
Purchase's Attorney:		
Address:		
Telephone #:	Email:	

	<u>Relati</u>
***************************************	<del></del>
	<del></del>
	<del></del>
	<del></del>
Purchase Information:	•
Purchase Price:	
Cash Down Payment:	
Purchase Money Loan/Mortgage:	
,	
Name and Address of Bank or other Creditor for	
Name and Address of Bank or other Creditor for  Terms of Loan/Mortgage:	Purchase:
Name and Address of Bank or other Creditor for  Terms of Loan/Mortgage:  Payable in monthly payments of \$_	Purchase:
, , , , , , , , , , , , , , , , , , , ,	Purchase:
Name and Address of Bank or other Creditor for  Terms of Loan/Mortgage:  Payable in monthly payments of \$with interest at % per annum.	Purchase:
Name and Address of Bank or other Creditor for  Terms of Loan/Mortgage:  Payable in monthly payments of \$_ with interest at% per annum.  Monthly maintenance on apartment:	Purchase:
Name and Address of Bank or other Creditor for  Terms of Loan/Mortgage:  Payable in monthly payments of \$_ with interest at% per annum.  Monthly maintenance on apartment:  Broker of Sale:  Name:	Purchase:

#### CO-APPLICANT

Name;	Name:			
Social Security Number:				
Present Address:	Present Address:			
Number of Years: Own: Rent:	Number of Years; Own: Rent:			
Address:	Address:			
Monthly Rent/Mortgage:	Monthly Rent/Mortgage:			
Present Landlord's Name & Address:	Present Landlord's Name & Address:			
Former Address (if less than 3 years at present address):	Former Address (if less than 3 years at present address):			
Former Address:  Number of Years:  Own: Rent:	Former Address:  Number of Years:  Own: Rent:			
Dependents Name(s): Relationship	Dependents Name(s): Relationship			

#### CO-APPLICANT

GRUSS ANNUAL	INCOME:	GROSS ANNUAL	INCOME:
Base Income:	\$	Base Income:	\$
Overtime;	\$	Overtime:	\$
Bonuses:	\$	Bonuses:	\$
Commissions:	\$	. Commissions:	\$
Dividends/Interest:	\$	Dividends/Interest:	\$
Rental Income:	\$	Rental Income:	\$
Other Income:	\$	Other Income:	\$
TOTAL:	\$	TOTAL:	\$
Describe "Other Inc	ome " fully:	Describe "Other Inc	ome " fully:
**************************************	**********	** ***********************************	**********
1. Name:			
	WEBBARA		
Phone #:		Phone #:	
2. Name:		2. Name:	
Address:		Address:	
Phone #:		Phone #:	
3. Name:		3. Name:	
Address:		Address:	
Phone #:		Phone #;	

#### ADDENDA TO CO-OPERATIVE APARTMENT APPLICATION

#### PLEASE FILL OUT COMPLETELY:

1,	Have you any o	utstanding judg No	gments against you? Explain:	PARENCE
2,	Have you had p	oroperty foreclos	sed upon or given title Explain:	or deed in lieu thereof?
3,	Are you a co-ma	aker or endorse No	er of a note? Explain:	
4,	Are you a party Yes	in a lawsuit? No	Explain:	
5,			ny, child support or sep Explain:	parate maintenance?
6.	•	•		cash/market value, account name, etc
7.	Credit Cards, List Name 1) 2) 3) 4)			Account Number
8.	payment and mo	ns. Please spec onths left to pay	cify full amount of loan, v, unpaid balance.	name of lending institution, monthly
Ω				t of loan, name of lending institution,
	monthly paymer	nt and unpaid ba		
10.	List IRA's and T	ax Free Annulti	es, etc.	

11. Other Debts, Loans, etc. Plea	ase be specific.
12.Real estate owned. Specify l	ocation and market value.
13. Net worth of business owned	. Attach Financial Statement, providing specifics.
14. Net Worth. Supply letter of ce	ertified public accountant, if self-employed only.
15.Automobiles owned. Provide	
16, Other Assets. Itemize.	
17.Do you own a pet? If so, plea	ase describe.
18. Kennedy Street Quad forbids	all pets d States? Yes
I declare that I have exa statements, and to the best	nust submit proof that you are in this country legally.  Imined this application including accompanying schedules and of my knowledge and belief, it is true, correct and complete. I have nnedy Street Quad's guidelines for purchasing an apartment.
Date	Signature of Applicant
Sworπ to me on this d	
Notary Pu	iblic

#### CO-APPLICANT

#### ADDENDA TO CO-OPERATIVE APARTMENT APPLICATION

#### PLEASE FILL OUT COMPLETELY:

1,	Have you any or Yes	utstanding judg No	ments against you? Explain:	
2.	Have you had p	roperty foreclos No	sed upon or given title o Explain:	or deed in lieu thereof?
3.	Are you a co-ma	iker or endorse No	r of a note? Explain:	
4.	Are you a party Yes	in a lawsult? No	Explain:	
5.	Are you obligate Yes	d to pay alimor No	ny, child support or sep Explain:	arate maintenance?
6.		<u>*</u>		cash/market value, account name, etc
7.	Credit Cards. Lis Name 1)	st all cards:		Account Number
8.	payment and mo	onths left to pay	, unpaid balance.	name of lending institution, monthly
9,	Real Estate Loai	ns and Mortgag t and unpaid be	jes, Specify full amoun alance.	t of loan, name of lending institution,
10.	List IRA's and Ta	ax Free Annulti	es, etc.	
			-	

11.0	Other Debts, Loans, etc. Please be specific.
12.F	Real Estate owned. Specify location and market value.
	Net worth of business owned. Attach Financial Statement, providing specifics.
	Net Worth. Supply letter of certified public accountant, if self-employed only.
 15. <i>F</i> 	Automobiles owned, Provide make, model and year.
- 16.0 -	Other Assets. Itemize.
	Do you own a pet? If so, please describe.
18. K 19. A II I	Kennedy Street Quad, forbids all pets  Are you a citizen of the United States? Yes No  If you are not a citizen, you must submit proof that you are in this country legally.  If declare that I have examined this application including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I have fully read and understood Kenney Street Quad's guidelines for purchasing an apartment.
<b>,</b>	Date Signature of Applicant
Ş	Sworn to me on this day of, 20
	. Notary Public .

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#### 1. PLEASE TELL US ABOUT YOURSELF:

(Last Name)	(First Name)	(Middle Initial)	(Soc. Sec. #)
(Street Address)		(City, State, Zip Code	e) (Phone Number)
Mailing Address;			No. of Dependents:
Own Home:	Rent:	Other: `	Years there:
Monthly Payment:		_ Landlord/Mortgage H	lolder:
Previous Address	(if less than 3 ye	ears at present address	s):
Nearest Relative (	not living with yo	ou):	
List all other addre	sses in which yo	ou have applied for or b	seen granted credit:
YOUR EMPLOYM			
Name of current e	mployer:		
Address:			
Business Phone #	) 	Years th	ere:
		Annual Salary	
Name of previous	employer (if less	s than 2 years):	
Address:			
Business Phone #		Years th	өгө;
Position:	new workstablesseries over 1975 - Agistania - 1980 - 1980	Annual Salary	ß
OTHER INCOME:	•		
		l annument ar annoquet sac	aintenance payments – not to b

### 4. BANKING INFORMATION: Bank Name and Address: Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_ Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_ Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_ If self-employed, please provide Business Bank Account Information: 5. DEBTS INFORMATION: Outstanding Balance: Monthly Payment: Account: Creditor: 6. Have you ever filed for bankruptcy? 7. Have you or anyone who will reside in the apartment ever been convicted of a crime or misdemeanor other than a traffic violation? 8. Have you ever been in litigation with a present or past landlord? 9. Have you ever been refused by a co-op or condo? 10. Have you ever served in the Armed Forces of the United States and been discharged with other than an honorable discharge? (If you answered "Yes" to questions 8-10, please explain on the back of this sheet) 11. Are you aware that dogs are not allowed at Kennedy Street Quad? \_\_\_\_\_\_ 12. Are you aware that there will be a credit check?

The undersigned has filled out this application and understands that the information contained herein and all the other information submitted or furnished to the Board of Directors is essential in considering this application. The undersigned further understands that he/she hereby authorizes the Managing Agent and the Board to verify and exchange information on him/her, including, but not limited to, requesting reports from credit reporting agencies and any entity named in this application and/or other documents submitted or furnished to the Board of Directors.

The undersigned hereby represents and certifies that he/she shall, if approved, utilize the apartment to be purchased as and for his/her primary residence; that upon purchase of stock, he/she shall

reside in said apartment as his/her primary residence; and that the same is being purchased for no other reason. The undersigned further acknowledges that he/she understands that this agreement is a material representation and that a failure to move in and reside in said apartment, as and for his/her primary residence, constitutes a misrepresentation of this application to the extend that the Board of Directors, in its sole discretion, shall have the option to revoke an approval and deem the purchaser's failure to reside in said apartment as and for his/her primary residence as a material reach of their Proprletary Lease.

The undersigned does hereby certify that he/she has read the Cooperative Corporation's Offering Plan, By-Laws and House Rules and any Amendments thereto and that he/she understands and will fully comply with same.

Date:	*	
		Signature of Purchaser
State of New York County of	ss	
On thisand who executed the same.	day of to me known e foregoing instrume	, 20, before me personally came and known to me to be the individual described herein ent and acknowledged to me that he/she executed the
		Signature of Notary Public

#### CO-APPLICANT

#### 1. PLEASE TELL US ABOUT YOURSELF:

(Last Name)	(First Name)	(Middle Initial)	(Soc. Sec. #)
(Street Address)		(City, State, Zip Code)	(Phone Number)
Mailing Address:			No. of Dependents:
Own Home:	Rent:	Other: Ye	ears there:
Monthly Payment:		_ Landlord/Mortgage Ho	older:
Previous Address	(if less than 3 ye	ears at present address)	
Nearest Relative (	not living with yo	ou):	
List all other addre	sses in which yo	ou have applied for or be	
YOUR EMPLOYM	ENT HISTORY:		
Name of current e	mployer:		
Address:			
Business Phone #	· ·	Years the	re:
Position:		Annual Salary:	A STATE OF THE STA
Name of previous	employer (if less	than 2 years):	
Address;			
Business Phone #		Years the	re;
Position:		Annual Salary:	
OTHER INCOME:			
Include income fro revealed if you do	m allmony, child not choose to di	sclose such Income:	ntenance payments – not to b
revealed if you do	not choose to di	sciose such income.	

### 4. BANKING INFORMATION: Bank Name and Address: Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_ Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_ Account Number: \_\_\_\_\_ If self-employed, please provide Business Bank Account Information: 5. DEBTS INFORMATION: Monthly Payment: Outstanding Balance: Creditor: Account: 6. Have you ever filed for bankruptcy? 7. Have you or anyone who will reside in the apartment ever been convicted of a crime or misdemeanor other than a traffic violation? 8. Have you ever been in litigation with a present or past landlord? 9. Have you ever been refused by a co-op or condo? 10. Have you ever served in the Armed Forces of the United States and been discharged with other than an honorable discharge? \_\_\_\_\_ (If you answered "Yes" to questions 8-10, please explain on the back of this sheet) 11. Are you aware that dogs are not allowed at Kennedy Street Quad? 12. Are you aware that there will be a credit check?

The undersigned has filled out this application and understands that the information contained herein and all the other information submitted or furnished to the Board of Directors is essential in considering this application. The undersigned further understands that he/she hereby authorizes the Managing Agent and the Board to verify and exchange information on him/her, including, but not limited to, requesting reports from credit reporting agencies and any entity named in this application and/or other documents submitted or furnished to the Board of Directors.

The undersigned hereby represents and certifies that he/she shall, if approved, utilize the apartment to be purchased as and for his/her primary residence; that upon purchase of stock, he/she shall reside in said apartment as his/her primary residence; and that the same is being purchased for no other reason. The undersigned further acknowledges that he/she understands that this agreement is a material representation and that a failure to move in and reside in said apartment, as and for

his/her primary residence, constitutes a misrepresentation of this application to the extend that the Board of Directors, in its sole discretion, shall have the option to revoke an approval and deem the purchaser's failure to reside in said apartment as and for his/her primary residence as a material breach of their Proprietary Lease.

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The undersigned does hereby certify that he/she has read the Cooperative Corporation's Offering Plan, By-Laws and House Rules and any Amendments thereto and that he/she understands and will fully comply with same.

Date:					
		,	Signature	of Purchaser	
State of New York County of	\$\$				
On thisand who executed the same.	day of to me known a foregoing instrume	and known to nt and acknow	20, me to be wledged to	before me the individua o me that he	personally came al described herein she executed the
		Signature of No	otary Publ	ic	

# EXHIBIT B FINANCIAL STATEMENT

#### FINANCIAL STATEMENT

Name(s):	
\ddress;	
The following is submitted as being a true and accurate statement of the financial condition of the undersigned on the day of, 20´	

ASSETS	Applicant	Co-Applicant
Cash in Banks	_	
Money Market Funds		
Contract Deposit		
Investments: Bonds & Stocks - See Schedule		
Investment in Own Business		
Accounts & Notes Receivable		
Real Estate Owned - See Schedule		
Automobiles:		
Year: Make:		
Year: Make:		
Personal Property and Furniture		
Life Insurance: Cash Surrender Value		
Retirement Funds/IRA		
401K		
KEOGH		
Profit Sharing/Pension Plan		
Other Assets		
TOTAL ASSETS		
COMBINED ASSETS		
SOURCE OF INCOME	Applicant	Co-Applicant
Basic Salary		
Overtime Wages		
Bonus and Commission		
Dividends and Interest Income		
Real Estate Income (Net)		
Accounts & Notes Receivable		
Other Income		
- Please Itemize TOTAL		
	P. C.	
GENERAL INFORMATION	Applicant	Co-Applicant
Personal Bank Accounts at		
Savings and Loans Accounts at	· v-	

LIABILITIES	Applicant	Co-Applicant
Notes Payable:		
To Banks		
To Relative		
To Others		
Installment Accounts Payable:		
Automobile		
Olher		
Other Accounts Payable:		
Mortgage Payable on Real Estate - See Schedule		
Unpaid Real Estate Taxes		
Unpaid Income Taxes		
Chattel Mortgage		
Loans on Life Insurance Policies		
(Including Premium Advances) Outstanding Credit Loans		
Other Debts		
- Please itemize		
TOTAL LIABILITIES		
NET WORTH		
TOTAL LIABILITIES & NET WORTH		
COMBINED		
CONTINGENT LIABILITIES	Applicant	Co-Applicant
As Endorser or Co-Maker on Notes		
Other Obligations		
Are you defendant in any legal action?		
Are there any unsatisfied judgments?		
Have you ever taken bankruptcy?		
- Please explain		
PROJECTED EXPENSES	Applicant	Co-Applicant
(MONTHLY)		
Maintenance		
Apartment Financing		
Other Mortgages		
Bank Loans		
Auto Loans	· · · · · · · · · · · · · · · · · · ·	
TOTAL		

Harmonia State of the Control of the Control

SCHEDULE OF BOI	NDS	Applicant	Co-Applicant
AND STOCKS		STORY OF THE CONTRACT OF THE C	
Amount of Shares			
Description (Extended Valuation in C	olumn)		
Marketable Value			
Non-Marketable Value	garage Sarrage		
SCHEDULE OF REA	AL ESTATE	Applicant	Co-Applicant
Description and Location			
Cost Actual Value			
Mortgage Amount			
Maturity Date			·
			3/
SCHEDULE OF NOT PAYABLE Specify any assets pledged a		Applicant	Co-Applicant
17		Applicant	Co-Applicant
PAYABLE		Applicant	Co-Applicant
PAYABLE Specify any assets pledged a including the liabilities they s		Applicant	Co-Applicant
PAYABLE Specify any assets pledged a Including the liabilities they s To Whom Payable		Applicant	Co-Applicant
PAYABLE Specify any assets pledged a Including the liabilities they s To Whom Payable  Date		Applicant	Co-Applicant
PAYABLE Specify any assets pledged a Including the liabilities they s To Whom Payable  Date  Amount		Applicant	Co-Applicant
PAYABLE Specify any assets pledged a Including the liabilities they s To Whom Payable  Date  Amount  Due		Applicant	Co-Applicant
PAYABLE Specify any assets pledged a including the liabilities they s To Whom Payable  Date  Amount  Due  Interest  Pledged as Security  The foregoing applica	s collateral, ecure	carefully prepared, and the ur	ndersigned hereby solemnly
PAYABLE Specify any assets pledged a including the liabilities they s To Whom Payable  Date  Amount  Due  Interest  Pledged as Security  The foregoing applica	tion has been	carefully prepared, and the ur ation contained herein is true	ndersigned hereby solemnly

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# EXHIBIT C COPY OF SELLER'S STOCK CERTIFICATE

# EXHIBIT D CARPET REQUIREMENT AFFIDAVIT

### KENNEDY STYREET QUAD LTD. Bayside, New York 11360

#### CARPETING REQUIREMENTS

The undersigned	l purchaser of the	shares alloca		artment New York,	_ located at certifies that
forth in the Corpo purchaser will per notice to verify of	omply, within thirty (30) oration's House Rules mit the Corporation ar ompliance. Purchaser permit access constitut	, as same may nd/or its Agents t acknowledges t	be amended o inspect the hat fallure to	from time to apartment up comply with	time and that on reasonable the carpeting
	on is made knowing the considering approval of			Directors is re	lying upon this
to the Board of	further represent(s) that Directors of Kennedy /tenant's sublease.				
				Purchaser	
				Purchaser	<u> </u>
				Purchaser	
Datad	20	•			

# EXHIBIT E WASHING MACHINE/DRYER REPRESENTATION

#### KENNEDY STREET QUAD LTD. BAYSIDE, NEW YORK 11360

### WASHING MACHINE/DRYER REPRESENTATION

RE:	APARTMENT	#					
					, Baysic	le, NY 11360	
The	undersigned	proposed	purchaser(s)/s			Apartment at during my/o	a our occupancy
This	representation is	s made know	, I/we will not insing that the Cooporal of my/our oc	perative's Bo			
to the		ctors of Kenr	(s) that a breach nedy Street Quad e,				
				<del></del>		Applicant	<u></u>
						Applicant	
						Applicant	
Date	<b>d</b> :	, 20				·	

## EXHIBIT F PET REPRESENTATION

#### KENNEDY STREET QUAD LTD. BAYSIDE, NEW YORK 11360

energy and magnetic

#### PET REPRESENTATION

RE:	Apartment No	). 			
		<u></u>		, Bayside, NY 11360	
The	undersigned	proposed	purchaser(s)/subtenant(s)	of Apartment represent(s) that during r	_ a ny/ou
birds Coop	or any type of	pet animal ir	n the apartment, This repre	eve in with, or harbor any dogs sentation is made knowing the entation in considering appro	at the
to th		ectors of Ke	nnedy Street Quad, and c	ment is a material misrepreser onstitutes a breach of purch	
				Applicant	
			<del></del>	Applicant	
		•	V	Applicant	<b>₩</b>
Dated	<del>1</del> :	. 20	·	·	

# EXHIBIT G APPLICANT'S RELEASE

#### KENNEDY STREET QUAD, LTD. BAYSIDE, NEW YORK 11360

#### **APPLICANT'S RELEASE**

RE; A	PARTMENT #:	
<u></u>		Bayside, New York 11360
The und	dersigned applicant(s) is (are) submitting an appled apartment.	lcation to purchase/sublease the above
Applican applican	nt has submitted payment for certain fees inclu t's credit and to process the application.	ding but not limited to fees to check
approve discretio Whether	nt acknowledges that the application to purchase/sud by the Board of Directors of the Cooperative Cooperative Cooperative and that if the application is not approved, no retain the application is approved or not approved, certified described above will not be refunded to the approved.	eason for the disapproval need be given. tain costs and expenses will be incurred
for the re	elicant releases both the Cooperative Corporation a eturn of these funds incurred in processing the app at seeks recovery of such fees, the applicant sha ag attorney's fees) incurred by the Cooperative Corp	all be liable for all costs and expenses
		Applicant
	,	
		Applicant
Dated: _	, 20	

# EXHIBIT H CREDIT CHECK PERMISSION

### TENANT DATA VERIFICATION CO., INC.

APTIFF	10 miles
BUILDING ADDR	ESS:
AUTHOR	NIZATION TO OBTAIN A CREDIT REPORT
6.06 (A) OF THE AUTHORIZE Y	COMPLY WITH THE PROVISIONS OF SECTION FEDERAL FAIR CREDIT REPORTING ACT, I OUTO RETAIN A CREDIT REPORTING AGENCY CREDIT REPORT.
INSTITUTION A	EASE THE INDIVIDUAL, COMPANY OR AND ALL INDIVIDUALS CONNECTED ROM ALL LIABILITY FOR ANY DAMAGE INCURRED IN FURNISHING SUCH
Print Name:	
Date of Birth:	· ·
Social security#	
Signature :	
Date:	
Address :	The state of the s
City & State: _	ZipCode
Previous Address	
City & State :	Zip Code

### RELEASE OF INFORMATION AUTHORIZATION

#### AUTHORIZATION TO OBTAIN A CRIMINAL REPORT AND SEX OFFENDER REPORT

I HEREBY AUTHORIZE ANY IN	DIVIDUAL, COMPANY, OR	
INSTITUTION TO RELEASE TO	Kennedy Street Quad/ Metro Mgmt. Dev, Inc.	
AND/OR ITS REPRESENTATIVE	ANY AND ALL INFORMATION	
THAT THEY HAVE CONCERNIA	NG ANY CRIMINAL ACTIVITY AND	
SEX OFFENDER HISTORY		
I HEREBY RELEASE THE INDIV		
	DUALS CONNECTED THEREWITH	
FROM ALL LIABILITY FOR ANY		
INCURRED IN FURNISHING SUC	CH INFORMATION	
Print Namo:	Date Of Birth	
Signature:	According to the second second	
Address:		•
City:		
State :	Zip Code	
Social Security #:		1
•	<b>4</b> ,	1.0

### TENANT DATA VERIFICATION CO., INC.

APT.#1	PO-
BUILDING ADDI	RESS:
AUTHO	RIZATION TO OBTAIN A CREDIT REPORT
6.06 (A) OF THE AUTHORIZE Y	COMPLY WITH THE PROVISIONS OF SECTION E FEDERAL FAIR CREDIT REPORTING ACT, I OU TO RETAIN A CREDIT REPORTING AGENCY CREDIT REPORT.
INSTITUTION TREEFEWITH	EASE THE INDIVIDUAL, COMPANY OR AND ALL INDIVIDUALS CONNECTED FROM ALL LIABILITY FOR ANY DAMAGE INCURRED IN FURNISHING SUCH
Print Name:	
Date of Birth:	
Social security#	
Signature:	
Date:	
Address:	, , , , , , , , , , , , , , , , , , ,
City & States	ZipCode
Previous Address	
City & State:	Zip Code

### RELEASE OF INFORMATION AUTHORIZATION

### AUTHORIZATION TO OBTAIN A CRIMINAL REPORT AND SEX OFFENDER REPORT

I HEREBY AUTHORIZE ANY	INDIVIDUAL, COMPANY, OR	
INSTITUTION TO RELEASE 7	TO Kennedy Street Quad/ Metro Mgmt. Dev, Inc	
WINDLOK I 19 KEN KERENTAN TA	TADIMIA VIVIA COMPANIO DE CO. T T.	
THAT THEY HAVE CONCER!	NING ANY CRIMINAL ACTIVITY AND	
SEX OFFENDER HISTORY		
I HEREBY RELEASE THE INI		
INSTITUTION AND ALL INDI	IVIDUALS CONNECTED THEREWITH	
	ANY DAMAGE WHATSOEVER	
INCURRED IN FURNISHING	SUCH INFORMATION	
Print Name:	Date Of Birth	
Signature:		
Address:		
Clty:		
State :	Zip Code	
Social Security #:		) <sub>U</sub>
•	*•	~

## EXHIBIT I SELLER'S FORWARDING ADDRESS

#### KENNEDY STREET QUAD BAYSIDE, NEW YORK 11360

#### SHAREHOLDER FORWARDING ADDRESS

The seller must provide his/her/their forwarding address for billing purposes and/or in the event of an emergency.

Shareholder(s) Name(s):

Co-op Address:

Apartment Number:

Forwarding Address:

## EXHIBIT J LEAD PAINT AFFIDAVIT

### SALES DISCLOSURE INFORMATION ON LEAD-BASED PAINT AND LEAD-BASED PAINT HAZARDS

Premises:			
1978 is notified that such period that such period at risk of develoneurological damage, inclimpaired memory. Lead prin residential real property	terest in residential real peroperty may present exporting lead poisoning. Lead uding learning disabilities oisoning also poses a partis is required to provide the perceptions in the seller's topical and the seller's topi	property on which a residential desure to lead from lead-based pad poisoning in young children in a reduced intelligent quotient, to ticular risk to pregnant women. The buyer with any information of lead-based paint hazard	may produce permanent pehavioral problems and The seller of any interest ead-based paint hazards of any known lead-based
Seller's Disclosure (in	tial)		
(a) Prospage of lead-b	ased paint or paint haz	cards (check one below): aint hazards are present in th	e housing (explain):
(b) Records and report	ts available to the Selle ed the Purchaser with a	eaint and/or lead-based paint her (check one below): Il avallable records and report ards in the housing (list docur	ts pertaining to
hazards in the ho	using.	ng to lead-based paint and/or l	lead-based paint
(d) Purchase (e) Purchase □ Received a 10- assessment or in □ Waived the opp	r has received copies of r has received the pamp r has (check one below) day opportunity (or muti spection for the presence	ually agreed upon period) to c se of lead-based paint and/or l sk assessment or inspection fo	onduct a risk lead-paint hazards; or
Agent's Acknowledger (f) Agent has aware of h	ment (Initial) informed the Seller of ti is/her responsibility to e	ne Seller's obligation under 42 Insure compliance.	2 U.S.C. 4582(d) and is
Certification of Accura	cy have reviewed the inf	ormation above and certify, ded is true and accurate.	to the best of their
Seller	Date	Seller	Date
Purchaser	Date	Purchaser	Date
Agent	Date	Agent	Date

#### **EXHIBIT K**

### REFERENCE LETTERS

- K-1 EMPLOYER
- \* K-2 LANDLORD
- K-3 PERSONAL

### EXHIBIT K-1 EMPLOYER REFERENCE LETTERS

# EXHIBIT K-2 LANDLORD REFERENCE LETTERS

## EXHIBIT K-3 PERSONAL REFERENCE LETTERS

#### **EXHIBIT L**

LAST 2 YEARS SIGNED AND DATED FEDERAL TAX RETURNS & W-2 FORMS

#### **EXHIBIT M**

LAST 2 YEARS SIGNED AND DATED NEW YORK STATE TAX RETURNS

# EXHIBIT N BANK VERIFICATION/BROKERAGE STATEMENTS

### EXHIBIT O

EMPLOYER/PENSION AWARD LETTER (ON COMPANY LETTERHEAD)

# EXHIBIT P PAY STUBS FOR THE LAST TWO MONTHS

### EXHIBIT Q CONTRACT OF SALE

### **EXHIBIT** R

LOAN APPLICATION AND MORTGAGE COMMITMENT LETTER (IF APPLICABLE)