



RY Management
Co., Inc.

50 Battery Place, New York, NY 10280 p (212) 786-2803 f (212) 786-9075

www.rymanagement.com

**OAK PARK AT DOUGLASTON CONDOMINIUM I
INFORMATION REQUIRED FOR SALE APPLICATIONS**

1. APPLICATION FOR WAIVER OF RIGHT OF FIRST REFUSAL AND APPLICATION FOR OCCUPANCY TO BE COMPLETED BY PROSPECTIVE UNIT OWNER(S)
2. AFFIDAVIT OF INCOME TO BE COMPLETED AND SIGNED BY PROSPECTIVE UNIT OWNER(S)
3. ENCLOSED FORMS NUMBERED 2, 3, 4 AND 5 TO BE SIGNED BY PROSPECTIVE UNIT OWNER(S)
4. NOTICE OF INTENTION TO SELL OR LEASE CONDOMINIUM UNIT TO BE SIGNED BY CURRENT UNIT OWNER(S)
5. A NON-REFUNDABLE APPLICATION FEE IN THE AMOUNT OF \$350 PAYABLE TO R.Y. MANAGEMENT CO., INC.
6. A NON-REFUNDABLE MOVE IN FEE OF \$500 MADE PAYABLE TO OAK PARK AT DOUGLASTON CONDO I.
7. CREDIT REPORT AUTHORIZATION WITH CREDIT CARD INFORMATION TO PROCESS A CREDIT REPORT BY **TENANT DATA VERIFICATION**. THE FEE FOR THE REPORT IS \$38.02 AND WILL BE CHARGED TO THE CREDIT CARD INDICATED.
8. COPY OF EXECUTED CONTRACT OF SALE
9. TWO (2) PERSONAL REFERENCE LETTERS ON THE PROSPECTIVE UNIT OWNER(S)
10. ONE (1) BUSINESS REFERENCE LETTER ON THE PROSPECTIVE UNIT OWNER(S)

RETURN TO:

**R.Y. MANAGEMENT CO., INC.
50 BATTERY PLACE
NEW YORK, NEW YORK 10280
ATTN: LISA DRAGONE**

**APPLICATION FOR WAIVER OF RIGHT OF FIRST REFUSAL ON PROPOSED
CONDOMINIUM PURCHASE OR LEASE**

ALL QUESTIONS MUST BE ANSWERED BEFORE THE BOARD OF MANAGERS WILL REVIEW THE APPLICATION.

New York, New York _____
Date _____

UNIT OWNER INFORMATION

CONDOMINIUM UNIT NO.: _____ NAME OF UNIT OWNER: _____
ADDRESS OF OWNER: _____ TEL. NO.: _____
ATTORNEY FOR OWNER: _____ TEL. NO.: _____
ATTORNEY'S FAX NO.: _____ ATTORNEY'S E-MAIL ADDRESS: _____
ATTORNEY'S FIRM AND ADDRESS: _____

APPLICANT'S INFORMATION

APPLICANT: _____
APPLICANT'S ADDRESS: _____
APPLICANT'S TEL. NO.: _____ APPLICANT'S E-MAIL ADDRESS: _____
APPLICANT'S ATTORNEY: _____ TEL. NO.: _____
APPLICANT ATTORNEY'S FAX NO.: _____ APPLICANT ATTORNEY'S E-MAIL ADDRESS: _____
APPLICANT ATTORNEY'S FIRM AND ADDRESS: _____
APPLICANT'S BUSINESS ADDRESS: _____ TEL. NO.: _____
APPLICANT'S OCCUPATION: _____
(In the case of individual; In the case of a Corporation, a detailed summary of the exact nature of the business)
APPLICANT'S ANNUAL INCOME: _____
DATE AND PLACE OF CLOSING: _____

PROPOSED DATE OF _____

PURCHASE PRICE: \$ _____ MONTHLY RENTAL: \$ _____ LEASE TERM: _____
(If sale) (If Lease)

SPECIAL CONDITIONS: _____

IF A CORPORATION, NAME THE INDIVIDUAL DESIGNATED TO BE THE OCCUPANT OF THE APARTMENT UNIT AND STATE FOR HOW LONG A TERM. (Note: When and if designated occupant vacates the unit, another application must be filed and reference submitted before occupancy can be allowed to successor designated occupant.)

1. NAME OF DESIGNATED OCCUPANT: _____ RELATION TO APPLICANT: _____
LENGTH OF OCCUPANCY: _____

2. NAMES OF ALL PERSONS WHO WILL RESIDE IN THE APARTMENT AND IF CHILDREN, STATE NUMBER AND THEIR
APPROXIMATE AGES: _____

3. WILL THERE BE ANY EMPLOYEES LIVING OR WORKING IN THE UNIT? _____

4. IF SO, HOW MANY? _____
DOMESTIC: _____ BUSINESS: _____

5. DOES OCCUPANT WISH TO MAINTAIN ANY PETS? _____ IF SO, PLEASE SPECIFY: _____

6. IF A PRESENT RESIDENCE IS RENTED OR IS A COOPERATIVE OR CONDOMINIUM, STATE NAME AND ADDRESS OF
CURRENT LANDLORD OR AGENT: _____
_____ LENGTH OF OCCUPANCY: _____

REFERENCES

(BANK): _____

ACCOUNT NUMBER: _____

(BANK): _____

ACCOUNT NUMBER: _____

STOCK BROKER, C.P.A. _____

NAME AND ADDRESS OF PARTY TO BE CONTACTED FOR INFORMATION REGARDING APPLICANT'S CURRENT SOURCE OF
INCOME: _____

STATE THE NAME AND ADDRESS OF THREE ADDITIONAL REFERENCES:

1. _____

2. _____

3. _____

EXPLANATORY REMARK, IF ANY: _____

CITIZENSHIP OF APPLICANT OR PROPOSED OCCUPANT: 3 _____

NAME AND ADDRESS OF PERSON WHO IS AUTHORIZED TO ACCEPT SERVICE OF PROCESS IN ABSENCE OF APPLICANT:

PROSPECTIVE TENANT/OWNER

DATE: _____

PROSPECTIVE TENANT/OWNER

DATE: _____

OAK PARK AT DOUGLASTON CONDOMINIUM

APPLICATION FOR OCCUPANCY
(PLEASE PRINT)

Application for apartment at Apt. # Rent/Purchase Amount.

Desired date of occupancy Date 20

NAME

Date of Birth Social Security No.

CO-TENANT'S NAME

Date of Birth Social Security No.

In case of emergency notify: Name Address Phone

RESIDENCE HISTORY

A. Present Address Apt. # Phone How long

Present Landlord Phone

B. Previous Address Apt. # Phone How long

Previous Landlord Phone

C. Previous Address Apt. # Phone How long

Previous Landlord Phone

REFERENCES

CHARACTER REFERENCES: (Do not include relatives)

1. Name Address Phone

2. Name Address Phone

BUSINESS REFERENCES:

1. Name of CPA Address Phone

2. Name of Attorney Address Phone

ADDITIONAL INFORMATION

Table with 5 columns: OTHER RESIDENTS TO OCCUPY APT., SOCIAL SECURITY NO., RELATIONSHIP TO HEAD, SEX, AGE. Rows 1-5.

6. _____

NUMBER OF CARS (INCL. CO. CARS) _____ Driver's License No. _____ State _____

Make _____ Year _____ License _____

Make _____ Year _____ License _____

TRW Processing Fee (Non - Refundable) \$ _____

Processing Fee (Non - Refundable) \$ _____

SIGNATURE _____
Applicant

SIGNATURE _____
Applicant

OAK PARK AT DOUGLASTON CONDOMINIUM

AFFIDAVIT OF INCOME

The undersigned, being duly sworn, deposes and says the following:

1. That I reside at _____.
2. That I have heretofore signed an application for Unit No. _____ at _____
Oak Park Drive, Douglaston, New York, 11362.
3. (a) that my total income as reported in New York State Income Tax
Return as "Total Income" for the year 20__ was \$ _____;
- (b) that the combined income of all persons who will reside in said
apartment as reported on New York State Income Tax Returns as
"Total Income" for the year 20__ was \$ _____;
- (c) that it is reasonably anticipated that such total income (estimated by
the occupants during the current year) will be \$ _____.

4. That I certify that the statements herein contained and in my application are,
to my personal knowledge and belief, true, correct, and complete and that I understand that
any willful misrepresentation made herein and therein may be cause for termination of my
lease or occupancy agreement and such other penalties as may be provided by law.

SIGNATURE
Prospective Unit Owner/Tenant

PRINT NAME

SOCIAL SECURITY # _____

Sworn to before me

this ___ day of _____, 20__

NOTARY PUBLIC

Oak Park at Douglaston Condominium

Address: _____

I _____
have reviewed the By-Laws of Oak Park at Douglaston Condominium and agree to the fact that the unit will be used as my primary residence and will be occupied solely by myself and the persons listed on my application for occupancy.

I also understand that the unit must be used solely as a residence and not for any commercial purpose.

Prospective Unit Owner/Tenant

Prospective Unit Owner/Tenant

Oak Park at Douglaston Condominium

Address: _____

You will comply with all Rules and Regulations and By-Laws of Oak Park at Douglaston Condominium relating to use and occupancy of apartments, as such rules may now exist or hereafter be amended. It is your responsibility to ascertain and obtain copies of such Rules and By-Laws, and any changes thereto.

Prospective Unit Owner/Tenant

Prospective Unit Owner/Tenant

Oak Park at Douglaston Condominium

Address: _____

If purchasing a "B"eechwood unit, I/we understand that in accordance with the By-Laws, Article VIII, House Rules, paragraph (r), The floors for each Unit in all Beechwood Residences must be covered with rugs or carpeting, to the extent of at least eighty (80%) percent of the floor area of each room (including stairs) excepting only kitchen and baths.

Prospective Unit Owner/Tenant

Prospective Unit Owner/Tenant

CONDOMINIUM: OAK PARK AT DOUGLASTON CONDOMINIUM II

ADDRESS: DOUGLASTON PARKWAY

BOROUGH: QUEENS

AUTHORIZATION

I hereby authorize the Board of Managers to protest the Real Estate Tax Assessment levied on my unit and execute on my behalf the necessary Application for Correction and Petition to Review the said Assessment and retain the law firm of Goldberg, Weprin and Ustin for this purpose.

My unit is designated at Block 8310 Lot _____

Apartment # _____

Address _____

The Board of Managers shall have the authority to settle and accept on my behalf any reduction of the Assessment they deem fair and equitable.

DATED: _____

Print Name

Signature

NOTICE OF INTENTION TO SELL OR LEASE CONDOMINIUM UNIT

The undersigned, being the owner of _____ Oak Park Drive, Douglaston, Unit No. _____, New York, 11362 hereby notifies the Board of Managers in care of R.Y. MANAGEMENT CO., INC., Managing Agent, that the undersigned has received a bona fide offer to SELL () LEASE () said apartment unit from the below name prospective purchaser or lessee on the terms stated below, and that the undersigned intends to accept such offer.

NAME AND ADDRESS OF PROSPECTIVE PURCHASER OR LESSEE; (If a prospective purchaser or lessee is a corporation, name the designated officer, director, stockholder or employee of the corporation who will occupy the apartment unit and for how long a term. When and if designated occupant vacates the unit, another application must be filed and references submitted before occupancy can be allowed to successor designated occupant.)

TERMS OF PROPOSED SALE OR LEASE:

Attached is a true copy of the contract of sale or lease setting for the all of the terms of the agreement between the parties:

PURCHASE PRICE: \$ _____ PROPOSED CLOSING DATE _____
(if sale)

MONTHLY RENTAL: \$ _____ LEASE TERM _____
(if lease)

ANTICIPATED OCCUPANCY DATE OF SALE OR LEASE: _____

ATTACHMENTS:

1. Copy of contract of sale or lease setting forth all of the terms of the agreement between the parties.
2. Standard application form for purchase or lease must be completely filled in and signed by the prospective purchaser or lessee.
3. Originally signed references for the prospective occupant of the apartment unit must accompany the application form.

The undersigned represents that the sale or lease described above shall be made strictly in accordance with the provisions of the By-Laws of the Condominium and agrees to promptly deliver to the Board of Managers all such further information with respect to the offer as the Board may reasonably request.

The undersigned acknowledges that the Board has a 15-day period, commencing with the date of receipt of this notice as well as the delivery of such additional information concerning the offer as the Board may reasonably request, to exercise its right of first refusal to purchase or lease the apartment unit on the terms specified herein and in the By-Laws. The undersigned hereby requests that, if the Board elects to waive or release such right of first refusal, it deliver to the undersigned a certificate to that effect, pursuant to the provision of the By-Laws.

Name of Individual Owner or Corporation

Signature of Individual Owner or
Authorized Officer of the Board of Managers

Date: _____

THIS NOTICE IS TO BE FILLED OUT AS INDICATED AND DELIVERED BY REGISTERED OR CERTIFIED MAIL, RETURN RECEIPT REQUESTED TO THE BOARD OF MANAGERS OF THE CONDOMINIUM IN CARE OF R.Y. MANAGEMENT CO., INC., MANAGING AGENT, 1619 THIRD AVENUE, NEW YORK, NEW YORK 10128

OAK PARK AT DOUGLSTON CONDOMINIUM

Release of Information Authorization

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY OR INSTITUTION TO RELEASE TO TENANT DATA VERIFICATION AND/OR ITS REPRESENTATIVE ANY AND ALL INFORMATION THAT THEY HAVE CONCERNING MY CHARACTER, REPUTATION, MODE OF LIVING, EMPLOYMENT HISTORY AND CREDIT REPORT.

I HEREBY RELEASE THE INDIVIDUAL, COMPANY OR INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREIWITH FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION.

PROSPECTIVE UNIT OWNER/TENANT

FULL NAME (PRINT OR TYPE) DATE OF BIRTH

ADDRESS _____

SIGNATURE SOCIAL SECURITY NO. DATE

PROSPECTIVE UNIT OWNER/TENANT

FULL NAME (PRINT OR TYPE) DATE OF BIRTH

ADDRESS _____

SIGNATURE SOCIAL SECURITY NO. DATE

PAYMENT

NAME OF CREDIT CARD HOLDER: _____

SIGNATURE OF CARD HOLDER: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

INDICATE TYPE OF CARD: _____
VISA-MASTERCARD-AMERICAN EXPRESS