



RY Management
Co., Inc.

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OAK PARK AT DOUGLASTON CONDOMINIUM II
INFORMATION REQUIRED FOR LEASE APPLICATIONS

1. APPLICATION FOR WAIVER OF RIGHT OF FIRST REFUSAL AND APPLICATION FOR OCCUPANCY TO BE COMPLETED BY PROSPECTIVE TENANT(S)
2. AFFIDAVIT OF INCOME TO BE COMPLETED AND SIGNED BY PROSPECTIVE TENANT(S)
3. ENCLOSED FORMS NUMBERED 2, 3 AND 4 TO BE SIGNED BY PROSPECTIVE TENANT(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 \$300 PAYABLE TO R.Y. MANAGEMENT CO., INC.
6. A NON-REFUNDABLE MOVE IN FEE OF \$500 MADE PAYABLE TO OAK PARK AT DOUGLASTON CONDO II.
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 LEASE
9. TWO (2) PERSONAL REFERENCE LETTERS ON THE PROSPECTIVE UNIT TENANT(S)
10. ONE (1) BUSINESS REFERENCE LETTER ON THE PROSPECTIVE TENANT(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 OCCUPANCY: _____

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: _____

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 DOUGLSTON 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 DOUGLSTON 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 he 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

Rider #4

In the event the Board of Managers of Oak Park at Douglaston Condominium ("Board of Managers") shall not excuse its option pursuant to the BY-Laws of said condominium, to lease the unit covered by this Lease, then Landlords and Tenant agree for the benefit of the Board of Mangers as follows:

- a) Upon receipt by Tenant from the Board of Managers of a notice (or its agent or attorney) that Landlord has failed to make any payment due from Landlord to Board of Managers, Tenant shall make sum payment to Board of Managers up to the amount then or thereafter due from Tenant to Landlord under this Lease. A copy of such notice shall be sent to Landlord.
- b) Such payments shall reduce the liability of Landlord to the Board of Managers by the amount thus paid.
- c) Except to the extent expressly above provided, nothing contained in this Paragraph four (4) shall affect the rights of the Board of Managers against the Unit Owner.

_____ Landlord

_____ Landlord

_____ Tenant

_____ Tenant

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 CONDOMINUM

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

**NOTICE TO TENANT
DISCLOSURE OF BEDBUG INFESTATION HISTORY**

Pursuant to the NYC Housing Maintenance Code, an owner/managing agent of residential rental property shall furnish to each tenant signing a vacancy lease a notice that sets forth the property's bedbug infestation history.

Name of tenant(s): _____

Subject Premises: _____

Apt. #: _____

Date of vacancy lease: _____

BEDBUG INFESTATION HISTORY
(Only boxes checked apply)

- There is no history of any bedbug infestation within the past year in the building or in any apartment.
- During the past year the building had a bedbug infestation history that has been the subject of eradication measures. The location of the infestation was on the _____ floor(s).
- During the past year the building had a bedbug infestation history on the _____ floor(s) and it has not been the subject of eradication measures.
- During the past year the apartment had a bedbug infestation history and eradication measures were employed.
- During the past year the apartment had a bedbug infestation history and eradication measures were not employed.
- Other: _____

Signature of Tenant(s): _____ Dated: _____

Signature of Owner/Agent: _____ Dated: _____