



RY Management Co., Inc.

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

To Whom it May Concern:

Please be advised that the following will be required, either from seller or purchaser, in order to process the requested sale or transfer of a Condominium Unit.

1. The Condominium has a right of first refusal. Please provide all requested documents and information to the Management Company in order to obtain a waiver of right of first refusal from the Condominium. The Condominium reserves the right to require further documents or information and in no case guarantees that a waiver of right of first refusal will be given.
2. The Condominium requires that all purchasers sign a Unit Owner Power of Attorney at closing. The Management Company prior to closing will provide the form. A fully executed copy must be returned to the Management Company upon the conclusion of the closing.
3. A copy of the deed must be returned to the Management Company upon the conclusion of the closing.
4. The Condominium will not provide the purchaser with a copy of the Offering Plan or any of its amendments. It is the seller's obligation to provide these to the Purchaser.
5. The Condominium's Management Company receives a processing fee as specified in the Condominium's Offering Plan as **\$800.00 payable to R.Y Management**. The Management Company should be in receipt of this fee before filling out any appraisal forms, providing any verbal information about the Condominium or the Unit, providing information or documentation having to do with the Condominium's insurance policy or providing any of the other documents that may be reasonably requested before closing.
6. The Condominium's Management Company charges a fee of \$39.00 per purchaser payable to Tenant Data for running a credit check. The payment is made by credit card or debit card via the Credit Authorization Form.
7. Unit owners should be aware that they must be current on their common charges including any assessments or other charges in order to obtain a "Common Charge Letter".
8. Appraisers should e-mail all questionnaires to mmali@rymanageemnt.com and clearly marked with the Property Address and Unit Number.
9. All requests for proof of Condominium's insurance should be e-mailed to mmali@rymanagement.com clearly marked with the Property Address and Unit Number. They should contain the lender's "Mortgagee Clause" and, if required by lender, the loan number.
10. Prospective purchasers should fill out the enclosed application form and return it to the Management Company together with a copy of the Purchase Agreement. The Condominium reserves the right to request Financial Reference(s) as well as Personal Reference(s).
11. Prospective purchasers should be aware that it is their responsibility to insure their Unit as well as its contents.
12. Once a date for the closing has been set, all request for documents should be clearly marked with the closing date as well as the party to which the document(s) should be delivered.
13. See also the attached rules for move-ins and move-outs from Devon Condominium.



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CONDOMINIUM PURCHASE APPLICATION

(Please have the applicant fill out ALL names exactly as in the Purchase Documents)

Unit Number: _____ Unit Address: _____

Applicant's name: _____ S.S.# or EIN: _____

Co-applicant's name: _____ S.S.# or EIN: _____

Applicant's Attorney: _____ Telephone #: _____

Firm name: _____ e-mail: _____

Address: _____

Seller's Attorney: _____ Telephone #: _____

Firm name: _____ e-mail _____

Address: _____

Purchase Price: _____ Deposit: _____

Financing: Yes ___ No ___

Bank (First Mortgage): _____

Bank (Second Mortgage, if any): _____

Amount of Financing (First Mortgage): _____

Amount of Financing (Second Mortgage, if any): _____

Seller's Broker: _____ Agency: _____

Telephone #: _____

Purchaser's Broker: _____ Agency: _____

Telephone #: _____



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APPLICANT INFORMATION

Please complete a separate copy of these three pages for **each** purchaser listed on the contract and for the intended occupant (if different from purchaser). Complete all spaces.

Applicant's Name _____

(If the unit is being purchased by a company, corporation or partnership, list the principal's name above AND the name of the company, corporation or partnership and provide copies of organization documents).

D.O.B. ____/____/____

S.S.# ____/____/____

Driver's License # and State _____

This will be applicant's (check one):

- (a) _____ primary place of business
- (b) _____ investment property
- (c) _____ other (please explain: _____)

Current Home Address

Address _____ City _____

State _____ Zip _____ Telephone # () _____ - _____

Landlord _____ Tel # () _____ - _____

Rent Paid \$ _____



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APPLICANT INFORMATION, continued

Employment/Income

Business or employer _____

Employer Tel # () _____ - _____

Occupation / Position held _____

Reason for relocating or opening new business _____

Current Salary \$ _____

Describe proposed business _____

Hours of operation _____

Number of employees _____

Credit History – Bank References

Saving _____ Branch _____ Balance _____

Checking _____ Branch _____ Balance _____

Personal information

Schools and colleges attended:

Name(s) of anyone in the building known by Applicant: _____



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APPLICANT INFORMATION, continued

Please provide a copy of (a) the Purchase Agreement, (b) a letter of employment and (c) a statement of assets and liabilities (including all loans) for the principal and for the business with this application. The statement of assets and liabilities can exclude items worth less than 5% of the purchase price. If requested, please provide Financial Reference(s) and/or Personal Reference(s).

The Undersigned certifies that the foregoing is true and hereby authorizes R.Y. Management and its agents to obtain a consumer credit report and verify all references listed above. In addition, the undersigned releases all parties to provide such information as requested by R.Y. Management and its agents pertaining to this application.

Signed _____



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RE: CONDOMINIUM RULES FOR MOVE-INS AND MOVE-OUTS

Be aware the Board of Managers does not allow weekend moves or evening moves. All moves in or out should be completed no later than 4pm.

Please inform your superintendent as well as R.Y. Management at least 5 days before your scheduled move to avoid possible delays or cancellations. Feel free to e-mail me at mmali@rymanagement.com or give me a call at (212) 738-2803 or notify me in writing. Your super can be reached via the front desk of the building, (212) 689-8537.

Additionally, you will need to provide two checks for the following:

- 1) **\$1,000 refundable Moving Deposit** certified check payable to The Devon Condominium, to be held as a security deposit. Please notify me by e-mail (preferred), phone call or in writing after your move has been completed and, assuming there are no claims of damages, your security deposit will be returned to you within 15 days.
- 2) **\$350 non-refundable Moving Fee** certified check payable to The Devon Condominium for the use of the Service Elevator.

Please ask your movers to provide us with a certificate of insurance as follows:

Certificate holder:

R.Y. Management
50 Battery Place
New York, NY 10280

Additional insureds:

1. Devon Condominium and its Board of Managers
2. R.Y. Management as agent

Please e-mail certificates of insurance to me at mmali@rymanagement.com

Sincerely,

Monica Mali
Senior Property Manager

**THE DEVON CONDOMINIUM
C/O RY MANAGEMENT CO., INC.
50 battery Place
New York, New York 10280**

NOTICE OF INTENTION TO SELL OR LEASE CONDOMINIUM UNIT

The undersigned, being the owner of **The Devon Condominium, 333 East 34th Street, Unit # _____, New York, NY 10016**, 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 acknowledges that the Board has a 30-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 delivers 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 TO THE BOARD OF MANAGERS OF THE CONDOMINIUM IN CARE OF R.Y. MANAGEMENT CO., INC., LEASING OFFICE, 50 BATTERY PLACE, NEW YORK, NY 10280.

Contact Form

In order to ensure safe and efficient operation of our building, please complete this form and email or deliver to the superintendent.

Unit # _____

Owner's Name: _____

Occupant(s) Name: _____

Home Tel: _____ Business: _____

Mobile: _____ Mobile: _____

Email: _____

Email: _____

Mailing Address for Billing/Management

Correspondence: _____

Please Indicate the following: (circle all the apply)

Best point of contact:

Home Phone Business Phone Mobile Email

Intended use of my home:

Primary Residence Pied-a-Tierre Second Home Rental Unsure

THANK YOU FOR YOUR COOPERATION

Signature

Date

Please include any additional information as you see fit.

PURCHASE APPLICATION
FOR THE SALE OF A CONDOMINIUM

BASIC INFORMATION

Today's Date: _____

Condominium Name: _____ Number of units: _____

Unit #: _____

Is Source of Down payment a gift? ____ or Loan? ____ NO ____

Condominium Address: _____ Common Charges: _____

Purchase Price: _____ Telephone: _____

Proposed Closing Date: _____ Email: _____

Request Move in Date: _____

Managing Agent: _____

Address: _____

SELLER INFORMATION

Seller(s): _____

Address: _____

Home Tel: _____ Office Tel: _____ Cellphone: _____

Seller's Attorney: _____ Firm: _____

Firm Address: _____ Email: _____

Home Tel: _____ Office Tel: _____ Facsimile: _____

SELLER'S BROKER

Seller's Broker: _____

Office Tel: _____ Cell Tel: _____ Facsimile: _____

Email: _____

PURCHASER'S INFORMATION

Purchaser(s): _____

Present Address: _____

Home Tel: _____ Office Tel: _____ Cellphone: _____

Amount of Financing _____ Deposit on Contract: _____

If purchase is a corporate entity:

Name of Corporation: _____

Address of Corporation: _____

Telephone: _____

PURCHASER'S INFORMATION (continued)

Purchaser's Attorney: _____ Firm: _____

Firm Address: _____ Email: _____

Office Tel: _____ Cell Tel: _____ Facsimile: _____

Name(s) Condominium Unit would be held in (and type of ownership) (e.g. tenant in common, joint tenants with right of survivorship, or tenants by the entirety)

Mortgage Lender: _____

Attorney for Lender: _____ Email: _____

Office Tel: _____ Cell Tel: _____ Facsimile: _____

PURCHASER'S BROKER

Purchaser's Broker: _____

Office Tel: _____ Cell Tel: _____ Facsimile: _____

Email: _____

PERSONAL INFORMATION REGARDING APPLICANT(S)

APPLICANT

CO-APPLICANT

Name: _____

Residence Address: _____

Date of Residence: From ___/___/___ Present ___/___/___

From ___/___/___ Present ___/___/___

Prior Address: _____

(if less than 5 years at present address)

Date of Residence: From ___/___/___ Present ___/___/___

From ___/___/___ Present ___/___/___

Employee Status: Full-Time ___ Part-Time ___ Unemployed ___

Full-Time ___ Part-Time ___ Unemployed ___

Retired ___ Student ___

Retired ___ Student ___

Are you self-employed? Yes ___ No ___

Yes ___ No ___

Current Employer: _____

Employer Address: _____

Period of Employment: From ___/___/___ To ___/___/___

From ___/___/___ To ___/___/___

Years in Line of Work: _____

Supervisor's Name: _____

Business Tel: _____

Prior Employer

(if less than 3 Years in current job)

PURCHASER'S INFORMATION (continued)

Prior Employer Address: _____

Period of Employment: From ___/___/___ To ___/___/___ From ___/___/___ To ___/___/___

Prior Supervisor's Name: _____

Business Tel: _____

Income Estimate this Year: _____

Actual Income Last Year: _____

Education Background (optional) _____

Name(s) of all the persons who will reside in the Unit: **(NOTE if applicant is a corporate entity, a new lease package must be completed and sent to Board each time Occupancy Changes):**

Schools and years attended of occupants (if different from purchaser) [optional]:

Name of anyone in the building know to applicants:

Are there any pets to be maintained in the unit? If yes, note numbers and kind. **(NOTE: Please refer to building rules):**

Name of Organizations to which applicant belongs (club, societies, board memberships, etc.) [Optional]:

Will occupancy be: _____ Full-Time _____ Part-Time

If Part-Time, what is the approximate number of days per month you will use the unit?

Do you plan to lease your unit? _____ Yes _____ No **(NOTE: Please refer to building rules)**

Do you plan to perform any alterations to the unit? _____ Yes _____ No **(NOTE: Please refer to building Alteration Agreement).**

If yes, please describe the plans: _____

Will there be any business or profession conducted in the unit? Yes _____ No _____ **(NOTE: Please refer to building Alteration Agreement).**

If yes, please describe the nature of your business: _____

If you do not plan to receive mail at the unit, please notify where the monthly bill and correspondence should be sent to:

Address of any additional residences owned before: _____

Emergency Contact: _____

Office Tel: _____ Cell Tel: _____ Email: _____

APPLICANT'S HOUSING HISTORY

Current Landlord: _____ Landlord's Address: _____

Landlord's Tel: _____ Current Rent: _____

Reason for Moving: _____ Date of Occupancy: _____

BUSINESS AND PROFESSIONAL REFERENCES

APPLICANT

CO-APPLICANT

1. Name _____

Address: _____

2. Name _____

Address: _____

PERSONAL REFERENCES

APPLICANT

CO-APPLICANT

1. Name _____

Address: _____

2. Name _____

Address: _____

BANK AND CREDIT REFERENCES

APPLICANT

CO-APPLICANT

1. Bank Name _____

Address: _____

Account #: _____

Type: Checking _____ Saving _____ Loan _____

Checking _____ Saving _____ Loan _____

2. Bank Name _____

Address: _____

Account #: _____

Type: Checking _____ Saving _____ Loan _____

Checking _____ Saving _____ Loan _____

3. Stock Broker or CPA: _____

Firm: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Account #: _____

DECLARATIONS

APPLICANT

CO-APPLICANT

- | | | |
|--|-------------------|-----------------|
| 1. Are there any outstanding judgement against you? | Yes ___ No ____ | Yes ___ No ____ |
| 2. Have you been declared bankrupt in the last 7 years? | Yes ___ No ____ | Yes ___ No ____ |
| 3. Have you had a property fore closed upon or given title
or a deed in lieu thereof in the last 7 years? | Yes ___ No ____ | Yes ___ No ____ |
| 4. In the last 5 years, have you been a party to any lawsuit? | Yes ___ No ____ | Yes ___ No ____ |
| 5. Have you directly or indirectly been obligated on a loan that
resulted in foreclosure or transfer of a title in lieu of
foreclosure or judgement? | Yes ___ No ____ | Yes ___ No ____ |
| 6. Are you presently delinquent or in default on any federal debit
or any other loan, mortgage, financial obligation, bond, loan or
guarantee? | Yes ___ No ____ | Yes ___ No ____ |
| 7. Is any part of the downpayment borrowed or a gift? | Yes ___ No ____ | Yes ___ No ____ |
| 8. Do you intend to occupy the unit as a primary residence? | Yes ___ No ____ | Yes ___ No ____ |
| 9. Are you obligated to pay alimony or child-support? | Yes ___ No ____ | Yes ___ No ____ |
| 10. Do you or any member of your family have diplomatic status? | Yes _____ No ____ | Yes ___ No ____ |
| 11. Has any business you have controlled been the subject of
bankruptcy in the last 7 years? | Yes _____ No ____ | Yes ___ No ____ |
| 12. Are you a co-maker or endorser on a note? | Yes _____ No ____ | Yes ___ No ____ |
| 13. Have you ever been convicted of a felony or misdemeanor? | Yes _____ No ____ | Yes ___ No ____ |

THE DEVON CONDOMINIUM
C/O RY MANAGEMENT CO., INC.
50 battery Place
New York, New York 10280

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 Apartment No. _____ at **333 East 34th Street, New York NY 10016.**
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 sold separate as reported of the New York State Income Tax Returns as "Total Income" for the year 20____ was \$ _____.
(c) That 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 may be cause for termination of my lease or occupancy agreement and such other penalties as may be provided by law.

SIGNATURE

PRINT NAME

SOCIAL SECURITY # _____

Sworn to me before

This _____ day of _____ 20_____.

NOTARY PUBLIC

FINANCIAL STATEMENT

Name(s) _____

Address: _____

The following is submitted as being a true and accurate statement of the financial condition of the undersigned on the _____ of _____ 20____.

ASSETS			LIABILITIES		
	Applicant	Co-Applicant		Applicant	Co-Applicant
Cash in banks			Notes Payable		
Contract Deposit			To Banks		
Money Market Funds			To Relative		
Investments: Bonds and Stocks -see schedule			To Others		
Assessment in Own Business			Installment Account Payable:		
Account and Notes Receivable			Automobile		
Real Estate Owned -see schedule			Other		
Year Make Automotives:			Other Account Payable		
Personal Property & Furniture			Mortgage Payable on Real Estate		
Life Insurance Cash Surrender Value			-see Attached		
Retirement Funds/IRA			Unpaid Real Estate Taxes		
401K			Unpaid Income Taxes		
KOEGH			Chattel Mortgage		
Profit Sharing/Pension Plan			Loans on Life Insurance Policies		
Other Assets			(Include Premium Advances)		
TOTAL ASSETS			Outstanding Credit Card Loans		
			Other Debts- itemize		
			TOTAL LIABILITIES		
			NET WORTH		

COMBINED ASSESTS					
SOURCE OF INCOME			COMBINED		
	Applicant	Co-Applicant			

	Applicant	Co-Applicant	CONTINGENT LIABILITIES	
Base Salary			As Endorser or Co-maker on Notes	\$
Bonus & Commissions			Alimony Payment (Annual)	\$
Dividends and Interest Income			Child Support	\$
Real Estate Income (Net)			Are you defendand in any legal action?	
Other Income- itemize			Are there any unsatisfied judgement?	
TOTAL			Have you ever taken bankruptcy? Explain:	

GENERAL INFORMATION	Applicant	Co-Applicant	PROJECTED EXPENSES/MONTHLY	
Personal Bank Account at			Maintenance	
Saving & Loans Accounts at			Apartment Financing	
			Other Mortgage	
			Bank Loans	
Purpose of Loan			Auto Loan	
			TOTAL	



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THE APPLICATION, INCLUDING ALL PERSONAL AND FINANCIAL INFORMATION, HAS BEEN CAREFULLY PREPARED, AND THE UNDERSIGNED HEREBY SOLEMNLY DECLARE(S) AND CERTIFIES THAT ALL THE INFORMATION IS TRUE AND CORRECT AND THAT THE FINANCIAL INFORMATION SUBMITTED IS A TRUE AND ACCURATE STATEMENT OF THE UNDERSIGNED AS OF THE DATE SET FORTH BY EACH SIGNATURE. THE UNDERSIGNED ALSO AGREE(S) THAT IN PROCESSING THIS APPLICATION, THE MANAGING AGENT NAMED HEREIN AND ITS EMPLOYEES AGENTS NEITHER BEAR NOR ASSUME ANY RESPONSIBILITY WHATSOEVER FOR THE VERIFICATION OR COMPLETENESS OF THE INFORMATION CONTAINED HEREIN. IN ADDITION, THE UNDERSIGNED HEREBY AUTHORIZE(S) THE MANAGING AGENT AND THE CONDOMINIUM ASSOCIATION TO SHARE SUCH PORTIONS OF THE APPLICATION AS THEY MAY REASONABLY BELIEVE NECESSARY TO FULFILL THE PURPOSES OF THIS APPLICATION WITH ANY OTHER PARTIES, AND FURTHER AGREE TO HOLD THE MANAGING AGENT, ITS EMPLOYEES AND AGENTS HARMLESS FROM ANY ERROR OR OMISSION IN THE TRANSFER OF THE INFORMATION OR THE DISTRIBUTION OF SUCH INFORMATION OR THE DISTRIBUTION OF SUCH INFORMATION TO THIRD PARTIES.

APPLICATION NAME: _____ DATE: _____

CO- APPLICANT NAME: _____ DATE: _____

**COMMENCEMENT OF OCCUPANCY NOTICE FOR PREVENTION OF LEAD BASED
PAINT HAZARDS- INQUIRY REGARDING CHILD**

You are required by law to inform the owner if a child under six years of age resides or will reside in the dwelling or dwelling unit (dwelling/unit) for which you are signing this lease/commencing occupancy. Beginning January 1, 2020, the term "resides" means that a child under six routinely spends 10 or more hours per week in the dwelling/unit. If such a child resides or will reside in the dwelling/unit, the owner of the building is required to perform an annual visual inspection of the dwelling/unit to determine the presence of lead-based paint hazards. IT IS IMPORTANT THAT YOUR RETURN THIS FORM TO THE OWNER OR MANAGING AGENT OF YOUR BUILDING TO PROTECT THE HEALTH OF YOUR CHILD. If you do not respond to this notice, the owner is required to attempt to inspect the dwelling/unit to determine if a child under six years of age resides there.

If a child under six years of age does not reside in the dwelling/unit now, but does come to reside in it at any time during the year, you must inform the owner in writing immediately. If a child under six years of age resides in the dwelling/unit, you should also inform the owner immediately at the address below if you notice any peeling paint or deteriorated subsurface in the dwelling/unit during the year.

Whether or not a child under age six will reside in the dwelling/unit apartment, the owner of the building is also required to fix all lead-based paint hazards and underlying defect that may cause paint to peel, make floors, window sills, and window wells smooth and cleanable, remove or cover all lead-based paint on friction surfaces of doors and door frames, and remove or cover all lead-based paint on friction surfaces of windows or install window channels or slides. This work should be performed before you move in to the dwelling/unit, and the owner must properly clean the dwelling/unit after the work is completed.

Please complete this form and return one copy to the owner or his or her agent or representative when you sign the lease/commence occupancy of the dwelling/unit. Keep one copy of this form for your records. You should also receive a copy of a pamphlet developed by the New York City Department of Health explaining about lead based paint hazard when you sign your lease/commence occupancy.

CHECK ONE: A Child under six years of age resides in the dwelling or dwelling unit.

A child under six years of age does not reside in the dwelling or dwelling unit

_____ (occupant signature) _____ (date)

Print occupant's name, address and apartment number: _____

(NOT APPLICABLE TO RENEWAL LEASE) Certification by owner: I certify that I have complied with the provisions of 27-2056.8 of Article 14 of the Housing Maintenance Code and the rules promulgated thereunder relating to duties to be performed in the vacant units, and that I have provided a copy of the New York City Department of Health and Mental Hygiene pamphlet concerning lead-based paint hazards to the occupant.

_____ (Owner Signature)

RETURN THIS FORM TO:

Owner representative name: _____

Address: _____

OCCUPANT: KEEP ONE COPY FOR YOUR RECORD

OWNER COPY/ OCCUPANT COPY

ROOF DECK RULES

Hours: 9a.m.-10p.m. Maximum Capacity- 20 people; each resident may be accompanied by up to TWO guests.

A \$100 fee will be charged to any owner or tenant using the roof deck after hours or violating any of these rules. Second time offenders will be charged \$250.

The roof deck is for the quiet use and enjoyment of all residents and their guests. Only residents and their guests are permitted on the roof deck.

All music and other noise must not disturb other Devon Condominium Residents. Please keep all noise at a minimum level after 9p.m. Additionally, please be courteous to the residents who live on the upper floors – do not bang the stairwell doors or make loud noises on your way up to the roof deck.

Residents are responsible for their guests and for any damages they may cause while on the roof deck.

Please clean up after yourself; there are garbage cans on the roof for your convenience.

Minors are permitted on the roof deck only when accompanied by a parent or guardian. Small children must be supervised at all times.

No pets are permitted at any time on the roof.

The roof cannot be reserved to accommodate private gathering that exclude other residents from using it; if you wish to host a gathering with eight or more people, or with three or more guests, please notify your super or management company.

Barbequing is not permitted on the roof or any other part of the building. Sport of any kind are not permitted on the roof.

If you RENT your apartment or allow guests to your apartment, you will be held responsible for the actions of your tenants or guests!

I have read these roof deck rules:

Name

Name

Name

I am aware that be aware that New York City adopted Local Law 147 for the year 2017 that amends the administrative code to provide, amongst other things, that:

The Condominium's smoking policy shall be incorporated into all new agreements to rent or purchase a dwelling unit in the building,

It shall be unlawful for any unit owner who rents or lease a dwelling unit to another person to fail to disclose the smoking policy, or for any unit owner to fail to disclose the smoking policy in any contract to sell the unit.

A unit owner who fails to disclose the smoking policy in a lease or contract to sell shall, for a first violation, be liable for a civil penalty of not less than two hundred dollars nor more than four hundred dollars.

DEVON CONDOMINIUM SMOKING POLICY

The Units:

Smoking is generally allowed inside the units, and on private terraces, except to the extent that such smoking constitutes a nuisance or a source of annoyance to the residents or occupants of the condominium, or interferes with the peaceful possession or proper use of the property by its residents or occupants.

Common Areas:

Smoking (as defined below) is not allowed on the roof deck or in indoor common areas of the building including, but not limited to, the lobby, hallways, stairwells, mailroom, laundry rooms, and the cellar. Section 17-505 of Title 17 of the administrative code of New York City prohibits smoking in indoor common areas.

Smoking, as used above, including inhaling, exhaling, burning or carrying any lighted or heated cigar, cigarette, pipe, water pipe or hookah, whether for tobacco or non-tobacco smoking, or any similar for of lighted object or device designed for people to use to inhale smoke including electronic cigarettes (a/k/a "e-cigarettes").

In addition, residents who smoke or allow others to smoke in the Units shall be responsible for ensuring that the smoke does not infiltrate into other parts of the building. Residents must mitigate the possibility of the escape of second-hand smoke emanating from a Unit. In the event that smoke is allowed to migrate from a Unit, the resident will first be warned and requires to address the problem. The Board of Managers reserves the right to impose mitigation actions if residents fail to promptly and permanently resolve the issue.

(Owner/Landlord)

SPRINKLER DISCLOSURE LEASE RIDER

Pursuant to the New York State Real Property Law, Article 7, Section 231-a, effective December 3, 2014, all residential leases must contain a conspicuous notice as to the existence or non-existence of a Sprinkler System in the Leases Premises.

Name of tenant(s): _____

Lease Premises Address: _____

Apartment Number: _____ (the "Leased Premises")

Date of Lease: _____

CHECK ONE:

- 1. () There is NO Maintained and Operative Sprinkler System in the Leases Premises.
- 2. () There is a Maintained and Operative Sprinkler System in the Leases Premises.

A. The last date of which the Sprinkler System was maintain was and inspected on _____.

A "Sprinkler System" is a system of piping and appurtenances designed and installed in the accordance with generally accepted standards so that the heat from a fire will automatically cause water to be discharged over the fire area to extinguish it or prevent its further spread (Executive Law of New York, Article 6-C, Section 155-a(5)).

Acknowledge & Signature:

I, the Tenant, have rad the disclosure set forth above. I understand that this notice as to the existence or non-existence of a Sprinkler System is being provided to me to help me make an informed decision about the Leases Premises in accordance with New York Real Property Law Article 7, Section 231-a.

Tenant:

Name: _____ Date: _____

Signature: _____

Name: _____ Date: _____

Signature: _____

ANNUAL NOTICE REGARDING INSTALLATION OF STOVE COVERS

The owner of this building is required, by the administrative code 27-2046,4(a), to provide stove knob covers for each knob located on the front of each gas-powered stove to tenants in each dwelling unit in which a child under six years of age resides, unless there is no available stove knob cover that is compatible with the knob on the stove. Tenants may refuse stove knob covers by marking in the appropriate box on this form. Tenants may also request stove knob covers even if they do not have a child under the age of six residing with them, by marking the appropriate box on the form. **The owner must make the stove knob covers available within 30 days of this notice.**

Please also note that an owner is only required to provide replacement stove knob covers twice within any one-year period. You may request or refuse stove knob covers by checking the appropriate box on the form below, and by returning it to the owner at the address provided. If you do not refuse stove knob covers in writing, the owner will attempt to make them available to you.

Please complete this form by checking the appropriate box, filling out the information requested, and signing. Please return the form to the owner at the address provided by (INSERT DATE):

Yes, I want stove knob covers or replacement stove knob covers for my stove, and I have a child under the age six residing in my apartment.

Yes, I want stove knob covers or replacement stove knob covers for my stove, even though I do not have a child under the age six residing in my apartment.

No, I DO NOT want stove knob covers or replacement stove knob covers for my stove, even though I have a child under the age six residing in my apartment.

No, I DO NOT want stove knob covers or replacement stove knob covers for my stove, there is no child under the age six residing in my apartment.

_____ (Tenant Signature) _____ (DATE)

Print Name, Address, and Apartment Number:

Return this form to: (Owner address): _____

COMMERCEMENT NOTICE FOR INDOOR ALLERGEN HAZARDS

1. The Owner of this apartment is required, under New York City administrative code section 27-2017.1et seq., to make an annual inspection for indoor allergen hazards (such as mold, mice, rats, roaches) in your apartment. The owner must also inspect if you inform him or her that there is a condition in your apartment that has issued a violation requiring correction of an indoor allergen hazard in your apartment, the owner is required to fix it, using the safe work practices that are provided by the law. The owner must also provide new tenants with a pamphlet containing information about indoor allergen hazards.
2. The owner of this apartment is also required, prior to your occupancy as a new tenant, to fix all visible mold and pest infestation in the apartment, as well as any underlying defects, like leaks, using the safe work practices provides in the law. If the owner provides carpeting or furniture, he or she must thoroughly clean and vacuum it prior to occupancy. This notice must be designed by the owner or his or her representative, and state that he or she has complied with these requirements.

I, _____ (owner or representative name in print). Certify that I have complied with the requirement of the New York City administrative code section 27-2017.5 by removing all visible mold and pest infections and any underlying defects, and where applicable, cleaning and vacuuming any carpet and furniture that I have provided to the tenant. I have performed the required work using the safe work practices provided in the law.

Signed: _____

Date: _____

New York City Recycling Notice

New York City has a mandatory residential recycling program that requires all residents to source-separate designated material from their waste in their homes for recycling collection by the NYC Department of Sanitation.

Residential building owners/landlords must notify residents about recycling requirements, designate an accessible recycling area, and maintain signs explaining what and how to recycle.

Residents are required to keep the following designated material separate from regular garbage and discard them according to building management instructions in properly recycling receptacles. (For more info on what to recycle, call 311 or visit www.nyc.gov/recycle.)

WHAT TO RECYCLE: Paper & Cardboard

Newspapers, magazines, catalogs, white and colored paper (staples OK), mail and envelopes (window envelopes OK), paper bags, wrapping papers, soft-cover books (paperbacks, comics, etc.; no spiral bindings).

Cardboard egg cartons, cartons, and trays, smooth cardboard (food and shoes boxes, tubes, file folders, cardboard from product packaging), corrugated cardboard boxes.

WHAT TO RECYCLE:

Metal, glass, plastics, & Cartons (emptied and rinsed) Metal cans (soup, pet food, empty aerosol cans, dried-out paint cans etc.), bulk metal (large metal items, such as furniture, cabinets, large appliances, etc.).

Glass bottles & jars (and no other glass items).

Plastic bottles & jugs, rigid plastic caps & lids, rigid plastic food containers, (yogurt, deli, hummus, dairy tubs, "clear clamshell" containers, other plastic take-out containers), rigid plastic packaging ("blister-pak" and acetate boxes), rigid plastic housewares (crates, buckets, flower pots, furniture, toys, mixing bowls, plastic appliances, etc.).

Milk cartons & juices boxes (or any such cartons and aseptic packings for drinks: ice tea, soy milk, soup, etc.).

BUILDING RECYCLING PROCEDURES

Recycling bins are in compactor room on every floor. Metal cans, glass bottles/jars & plastic items as described above can be placed in the blue recycling bin. Cartons & newspapers can be placed in the basket provided in the compactor room. Larger cartons/boxes can be placed to the side of the bins. Kitchen trash (not including any recycling items) should be thrown down the trash chute in the compactor room.

This building has established the following procedures for handling designated recyclables that apply to all residents, housekeepers, guests, subtenants, homecare workers, and other visitors:

Please check all that apply:

I have been given information about designated recyclable materials that must be kept separate from my trash.

I know the location of the building recycling area(s) and the procedures for discarding designated recyclables.

I understand that recycling requirement apply to all residents, housekeepers, guests, subtenants, homecare workers, and other visitors.

Occupant name(s): _____

Occupant Signature(s): _____ Apt # _____

Occupant: Keep one copy for your records

**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 is set 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 in 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 and eradication measures were employed.
- During the past year the apartment had a bed infestation history and eradication measures were not employed.
- Other: _____

Signature of Tenant(s): _____ Dated: _____

Signature of Owner/Agent: _____ Dated: _____

**THE DEVON CONDOMINIUM
C/O RY MANAGEMENT CO., INC.
50 battery Place
New York, New York 10280**

PROCEDURES FOR TENANTS REGARDING SUSPECTED GAS LEAKS

The law requires the owner of the premises to advise tenants that when they suspect that a gas leak has occurred, they should take the following actions:

1. Quickly open nearby doors and windows and then leave the building immediately; do not attempt to locate the leak. Do not turn on or off any electrical appliances, do not smoke or light matches or lighters, and do not use house-phone or cell-phone within the building;
2. After leaving the building, from a safe distance away from the building, call 911 immediately to report the suspected gas leak;
3. After calling 911, call the gas service provider for the building as follows:

Con Edison **1-800-752-6633**

Provider	Number
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PROCEDIMIENTO PARA LOS INQUILINOS CUANDO HAY SOSPECHAS DE FUGA DE GAS

La ley requiere que el propietario de la casa o edificio informe a los inquilinos que cuando sospechan que se ha producido un escape de gas, deben tomar las siguientes medidas:

1. Abra rapidamente las puertas y ventanas cercanas y salga del edificio inmediatamente; No intente localizar el escape de gas. No encienda o apague electrodomestico, no fume ni encienda fosforos ni encendedores, y no utilice un telefono de la casa o un telefono celular dentro del edificio;
2. Despues de salir del edificio, a una distancia segura del edificio, llame al 911 inmediatamente para reportar sus sospechas;
3. Despues de llamar al 911, llame al proveedor del servicio de gas para este edificio, de la siguiente manera:

Con Edison **1-800-752-6633**

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

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessor must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor'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) _____ Lessor has no knowledge of lead-based and/or lead-based paint hazards in the housing.

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

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

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

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliances.

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

THE DEVON CONDOMINIUM

c/o R.Y. Management Co. Inc

50 Battery Place

New York NY 10280

212-786-2803

RULES AND REGULATIONS & BY-LAWS ACKNOWLEDGEMENT

Address: _____ Apt #. _____

I _____,

Have reviewed the By-Laws of The Devon 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.

Furthermore, I have received a copy of and will comply with all Rules and Regulations (Specifically attached hereto) and By-Laws of The Devon Condominium.

Applicant

Applicant

AUTOMATIC DEBIT NOTIFICATION

Please be advised if you signed up for automatic debit of your common charges through ClickPay or via www.rymanagement.com or any other automatic payment method it will be **YOUR** responsibility to discontinue the payments and close the account.

R.Y. Management Co. Inc., the condominium Association, The Condominium Board of Managers, ClickPay or any affiliates will NOT be responsible for any owner that does not fulfill their obligation to discontinue their payments. Furthermore, no refunds will be given if you fail to cancel a pending payment reimbursement must be provided by the purchaser.

If you are not signed up for automatic deposit, please check the box below and sign.

By signing below, I understand & acknowledge the contents listed in this notification.

Owner Signature _____ Date _____

Owner Signature _____ Date _____

I am not signed up for automatic debit.

THIS FORM MUST BE COMPLETED BY THE SELLER.