

***Transfer of Cooperative
Apartment
Application:***

**Rocky Hill Tenants Corp.
215-37 48th Avenue
Bayside, N.Y. 11364**

Contact Information:

**Ms. Susan Rubin
Transfer Agent
Kaled Management Corp.
7001 Brush Hollow Road
Westbury, NY 11590**

(516) 876-4800x313

Bldg. # 460

Requirements for the transfer of a cooperative apartment at Rocky Hill Tenants Corp.

Packages will not be processed without one (1) original & five (5) copies

All transfers will require shareholder(s) to obtain legal counsel.

**Transfer will take place: Kaled Management Corp.
7001 Brush Hollow Road
Westbury, New York 11590**

Dear Shareholder:

In response to your request for consent by the Board of Directors of Rocky Hill Tenants Corp. to transfer of an apartment in the above referenced building, please be advised that we require certain personal and financial information to be provided by you for their review.

1. Transfer application
2. Financial statement of Assets & Liabilities (enclosed)
3. Credit Check (attached)
4. Two (2) years recent income tax returns with schedule and W2 forms (complete)
5. Window Guard Rider
6. (2) Two Personal letters of reference
7. (2) Two Financial/Business Letters of reference
8. Pet Rider (attached) must be notarized

If this is an Estate Transfer, the following documents are also required and must be forwarded for review.

1. Death Certificate
2. Certificate of Letters Testamentary (must be dated (6) six months to closing).
3. New York Estate Tax Waiver (Form ET-117)
4. United States Certificate Discharging property subject to Estate Tax (IRS Form 792)
5. Complete copy of the decedent's will. The will should be attorney certified to state: This is complete copy of the will admitted to probate by the New York Surrogate's Court (or other court) on (date); under surrogate's Court (file number) and that it has not been amended.
6. Affidavit of Debts & or Domicile.

FEEES FOR TRANSFER

1. Change of Name(s) on stock and lease (between Spouses, Relatives, Etc.) \$400.00 payable to Kaled Management Corp.
2. Transfer by Estate to Beneficiary \$400.00 payable to Kaled Management Corp.
3. Closing fee of \$500.00 & \$.05 tax stamp per share payable to Kaled Management Corp.

Send the completed package and appropriate copies to the attention of Susan Rubin-Transfer Agent
Kaled Management Corp. 7001 Brush Hollow Road Westbury, NY 11590

TRANSFER APPLICATION

Applicant(s) Name: _____

Applicant(s) Attorney: _____ **Telephone Numbers: ()** _____

Attorney Firm and Address: _____

Shareholder(s) Name: _____

Attorney Firm and Address: _____

Apartment #: _____ **in the building located at** _____

Monthly Maintenance \$ _____ **Shares:** _____

Special Conditions, if any _____

Information Regarding Applicant

Home Address: _____

Telephone: _____

Employment & Position: _____

Address: _____

Telephone: _____

Name of All person(s) who will reside in the apartment and if children, state number and age

Name of all clubs and society memberships, fraternities and honorary societies to which applicant belongs _____

Schools and colleges attended by husband/wife & children

Name of all residents in the building known by applicant _____

REFERENCES

Present Landlord or Agent _____

Address _____

Approximate Length of Occupancy _____

Address _____

Previous Landlord or Agent _____

Address of previous residence and approximate length of occupancy _____

FINANCIAL

A. (Bank-Personal Account) _____

Address _____

B. (Bank) _____

Address _____

C. Stock Broker, CPA, Executor if any _____

Address _____

D. For information regarding sources of income contact _____

Address _____

PERSONAL

1. Name _____

Address _____

2. Name _____

Address _____

3. Name _____

Address _____

4. Name _____

Address _____

SPECIAL REMARKS

Please give any additional information which may be pertinent or helpful

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

I declare that I have examined this application and to the best of my knowledge, it is true, correct and complete.

Signature of Owner: _____ Date: _____

Signature of Owner: _____ Date: _____

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 _____ day of _____ 20____.

ASSETS			LIABILITIES		
	Applicant	Co-Applicant		Applicant	Co-Applicant
Cash in banks			Notes Payable:		
Money markets Funds			To Banks		
Contract Deposit			To Relative		
Investments: Bonds & Stocks -see schedule			To Others		
Investment in Own Business			Installment Accounts Payable:		
Accounts and Notes Receivable			Automobile		
Real Estate Owned - see schedule			Other		
Year Make			Other Accounts Payable		
Automobiles:			Mortgages Payable on Real		
Personal Property & Furniture			Estate - see schedule		
Life Insurance			Unpaid Real Estate Taxes		
Cash Surrender Value			Unpaid Income Taxes		
Retirement Funds/IRA			Chattel Mortgages		
401K			Loans on Life Insurance Policies		
KEOGH			(Include Premium Advances)		
Profit Sharing/Pension Plan			Outstanding Credit Card Loans		
Other Assets			Other Debts - itemize		
TOTAL ASSETS			TOTAL LIABILITIES		
COMBINED ASSETS			NET WORTH		
SOURCE OF INCOME					
	Applicant	Co-Applicant	COMBINED		
Base Salary			CONTINGENT LIABILITIES		
Overtime Wages			As Endorser or Co-maker on Notes	\$	
Bonus & Commissions			Alimony Payments (Annual)	\$	
Dividends and Interest Income			Child Support	\$	
Real Estate Income (Net)			Are you defendant in any legal action?		
Other Income - itemize			Are there any unsatisfied judgments?		
TOTAL			Have you ever taken bankruptcy? Explain:		
GENERAL INFORMATION					
	Applicant	Co-Applicant			
Personal Bank Accounts at			PROJECTED EXPENSES / MONTHLY		
			Maintenance		
Savings & Loans Accounts at			Apartment Financing		
			Other Mortgages		
			Bank Loans		
Purpose of Loan			Auto Loan		
			TOTAL		

SCHEDULE OF BONDS AND STOCKS

Amount of Shares	Description (Extended Valuation in Column)	Marketable Value	Non-Marketable Value

SCHEDULE OF REAL ESTATE

Description and Location	Cost	Actual Value	Mortgage Amount	Maturity Date

SCHEDULE OF NOTES PAYABLE

Specify any assets pledged as collateral, including the liabilities they secure:

To Whom Payable	Date	Amount	Due	Interest	Pledged as Security

The foregoing financial statement has been carefully prepared, and the undersigned hereby solemnly declare(s) and certify(s) that all the information contained herein is true and correct.

Date _____ 20 ____ Signature _____

Date _____ 20 ____ Signature _____

APPENDIX A

Re: Apartment:
Building:

WINDOW GUARDS REQUIRED
LEASE NOTICE TO TENANT

You are required by law to have window guards installed if child 10 years of age or younger lives in your apartment.

Your Landlord is required by law to install window guards in your apartment.

- ❖ If you ask him to put in window guards at any time (you need not give a reason).

OR

- ❖ If a child 10 years of age or younger lives in your apartment.

IT IS A VIOLATION OF LAW to refuse, interfere with installation, or remove window guards where required.

CHECK ONE:

- CHILDREN 10 YEARS OF AGE OR YOUNGER LIVE IN MY APARTMENT
- NO CHILDREN 10 YEARS OF AGE OR YOUNGER LIVE IN MY APARTMENT
- I WANT WINDOW GUARDS IN MY APARTMENT EVEN THOUGH I HAVE NO CHILDREN 10 YEARS OR YOUNGER IN MY APARTMENT.

TENANT (PRINT AND SIGN)

TENANT (PRINT AND SIGN)

FOR FURTHER INFORMATION CALL:
Window Falls Prevention Program
New York City Department of Health
125 Worth Street, Room 222 A
New York, New York 10013
(212) 566 - 8082

Re: TRANSFER OF APARTMENT # _____

CREDIT CHECK AUTHORIZATION

NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

HOME ADDRESS:
(LAST SEVEN YEARS): _____

In connection with my transfer/ purchase/sublet of property. I authorize the procurement of a credit report on myself. I further authorize all credit agencies, banks, lending institutions and persons to release information they may have about me and release them from any liability and responsibility doing so. This authorization, in original or copy form, shall be valid for this and any future reports that may be requested, Further information may be available upon written request within a reasonable period of time.

Signature

Dated

Re: TRANSFER OF APARTMENT # _____

CREDIT CHECK AUTHORIZATION

NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

HOME ADDRESS:
(LAST SEVEN YEARS): _____

In connection with my transfer/ purchase/sublet of property. I authorize the procurement of a credit report on myself. I further authorize all credit agencies, banks, lending institutions and persons to release information they may have about me and release them from any liability and responsibility doing so. This authorization, in original or copy form, shall be valid for this and any future reports that may be requested, Further information may be available upon written request within a reasonable period of time.

Signature

Dated

Release of Information Authorization

Authorization to obtain criminal, credit/litigation report

In order to comply with the provisions of section 6.06 (A) of the Federal Fair Credit Reporting Act, I hereby authorize any individual, company, or institution to release to Kaled Management Corp. and/or its representative any and all information that they have concerning any criminal/litigation activity.

I hereby release the individual, company, or institution and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information.

Print Name: _____ Date of Birth: _____

Signature: _____

Print Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____

Zip code: _____

Social Security # _____ Social Security # _____

Rocky Hill Tenants Corp.

"WE UNDERSTAND AND ACKNOWLEDGE THAT ROCKY HILL TENANTS CORP. DOES NOT ALLOW PETS AND AT NO TIME DURING OWNERSHIP OF THE APARTMENT. WE WILL NOT HARBOR ANY DOGS IN THE APARTMENT."

BY: _____

BY: _____

State: of New York

County:

Notary _____