

KYROUS REALTY GROUP, INC.

263 West 38th Street ♦ Suite 15E ♦ New York, NY 10018

Phone: 212.302.1500 ♦ Fax: 212.302.3855

Chatham 44 Condominium-Purchase Application and Required Documents

The following is a list of the items you are required to submit for the board to review your application. Please be sure to provide all the information requested. All of the required documents must be assembled into a complete package of one (1) original and one (1) PDF copy and delivered to Kyrour Realty Group, Inc., 263 West 38th Street, Suite 15E, New York, NY 10018. **DO NOT DUPLICATE HOUSE RULES.** Please retain the copy included in this package for your information.

Copies of all Financial Materials will be returned to the applicant or destroyed.

Upon receipt of a completed package and after verification of all financial data and references, the application will be submitted to the Board of Directors for review.

1. Purchase Application (enclosed)
 2. Executed Contract of Sale
 3. Notice of Intention to Sell Condominium Unit, to be signed by Unit Owner(s)
 4. Net Worth Statement. Provide supportive documentation
 5. Last two (2) year's Income tax Returns (include W-2's)
 6. Financial Statement
 7. Signed Credit Report Release
 8. Letter from current landlord/management agent verifying status of tenancy
 9. Letter from current employer verifying salary, position length of employment and likelihood of continued employment.
 10. Two (2) personal letters of recommendation for each person to be named on the proprietary lease.
 11. Letter of financial reference
 12. Signed & Notarized Power of Attorney (By Purchaser(s))
 13. Signed House Rule Acknowledgement
 14. Copies of Checking & Savings Account Statement for past three (3) months
 15. New York City: Window Guard/Lead Paint Notice
-

Schedule of Fees-Due with Application

1. Move-in Deposit: \$1000.00 Check payable to Chatham 44 Condominium. This check will be returned to the seller after the move-in is complete. In case of damage to the building, the cost of repairs will be deducted from this deposit. This check must be in the form of a certified check or money order.
2. Application Processing Fee: \$700.00 certified check or money order payable to Kyrour Realty Group, Inc.
3. Condominium Processing Fee: \$275.00 certified check or money order payable to Chatham 44 Condominium.
4. Credit Check Fee: \$100.00 per applicant. This check is non-refundable and made payable to Kyrour Realty Group, Inc. This check must be certified check or money order.

Please note that application packages must contain all required documentation. Items missing will only delay the Managing Agent's review and submission to the Board.

KYROUS REALTY GROUP, INC.

263 West 38th Street ♦ Suite 15E ♦ New York, NY 10018

Phone: 212.302.1500 ♦ Fax: 212.302.3855

IMPORTANT NOTICE

Please Read Carefully

Kyrous Realty Group, Inc. realizes that this application contains sensitive personal information. We require the social security number for each applicant (and each other adult occupant of the apartment) on the authorization to obtain Credit Report Information (see Credit Report Release). This is the only place on the application requiring a social security number, but social security numbers may be contained on other documents that you are submitting (e.g. tax returns, contracts of sale). Before submitting these documents, please blacken out or otherwise obliterate the social security number as Kyrous Realty Group, Inc. cannot be responsible for the security of this information if it is included in these documents.

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Kyrour Realty Group, Inc. realizes that this application contains sensitive personal information.

We require the social security number for each applicant (and each other adult occupant of the apartment) on the Authorization to Obtain Consumer Reports Form. This is the only place on the application requiring a social security number, but social security numbers may be contained in other documents that you are submitting (e.g. tax returns, contracts of sale).

Before submitting these documents, please black out or otherwise obliterate the social security number as Kyrour Realty Group, Inc. cannot be responsible for the security of this information if it is included in these documents.

Signature of Applicant: _____

Signed on: _____

PART 1 - INFORMATION FOR PURCHASE

Chatham 44 Condominium

Unit #:

464 West 44th Street, New York NY 10036

Applicant: _____

Co-Applicants: _____

In accordance with the laws of New York City, Applicant is advised that information provided by Applicant may be used to obtain a tenant screening report (also known as a Consumer Report) from a Consumer Reporting Agency. The name and address of the Consumer Reporting Agency is:

TenantAlert.com

Consumer

Relations

23801 Calabasas Rd, Suite 1022

Calabasas, CA 91302

Telephone: (866) 272-8400

In addition, on behalf of the Owner of the Building for which this application is being accepted (the "Owner"), we are notifying Applicant that, pursuant to federal and state law:

1. If the Owner takes an adverse action against Applicant on the basis of information contained in a tenant screening report, we must notify Applicant that such action was taken and supply the name and address of the consumer reporting agency that provided the tenant screening report on the basis of which such action was taken;
2. Any Applicant against whom adverse action is taken based on information contained in a tenant screening report has the right to inspect and receive a free copy of such report by contacting the consumer reporting agency;
3. Every Applicant is entitled to one free tenant screening report from each national consumer reporting agency annually in addition to a credit report that should be obtained from www.annualcreditreport.com; and
4. Every Applicant may dispute inaccurate or incorrect information contained in a tenant screening report directly with the consumer reporting agency.

Purchase Application Information

Today's Date: _____

Requested Move-in Date: _____

Proposed Closing Date: _____

Number Of Shares (Coop Only): _____

Unit Number: _____

Percent Of Common (Condo Only)%: _____

Building Name: _____

Building Address: _____

Borough: _____

Purchase Price: _____

Amount Financed: _____

Down Payment

Down Payment Source

Savings
From Family
From Friends
Other

Additional Cash

Additional Cash Source

Savings
From Family
From Friends
Other

Mortgage Payment: _____

Common/Maint. Charges: _____

Special Conditions: _____

**Management Company
(office use only)**

Kyrous Realty Group, Inc.
263 West 38th Street, STE 15E
New York, NY 10018
T: (212) 302-1500
F: (212) 302-3855

Applicant(s) Information

Company: _____

Name: _____

Work Phone: _____

Address: _____

Cell Phone: _____

City: _____

Home Phone: _____

State: _____ Zip: _____

Fax Number: _____

E-mail: _____

Occupied From: _____ To: _____

U. S. Citizen? Yes No

Applicant's Attorney

Applicant's Attorney

Attorney	Phone
Firm Name	Cell
Address	Fax
City	
ST	Zip
E-mail	

Applicant's Broker

Applicant's Broker

Broker	Phone
Firm Name	Cell
Address	Fax
City	
ST	Zip
E-mail	

Applicant's Mortgage Lender

Lender	Phone
Contact	Cell
E-mail	Fax

Housing History

Current Landlord: _____
E-mail Address: _____
Phone: _____ Fax: _____
Occupied on: _____ Mo. Payment: _____
Reason for Moving: _____

Previous Landlord
E-mail Address: _____
Phone: _____ Fax: _____
Occupied on: _____ Mo. Payment: _____
Reason for Moving: _____

Employment History

Employment Status: Full-time Part-time Unemployed Retired Student

Nature of Business: _____

Self-Employed? Yes No If Yes, How Long?

If Self-employed enter "Self" in Current Employer field.

Current Employer

Employer's Address:

City:

ST:

Zip:

Employed From:

To:

Job Title:

Supervisor's Name:

Phone:

Years in This Line of Work:

Previous: Employer:

Employer's: Address:

City:

ST:

Zip:

Employed From:

To:

Title:

Supervisor's: Name:

Phone:

Estimated Income This Year \$

Actual Income Last Year \$

Education

Highest Education Level: Elementary School, High School, College, Graduate School

Last School Attended: _____

From: _____

To: _____

List Club, Society, Fraternity or board Memberships

Other Information

Have you ever been convicted of a felony? Yes, No

If Yes Explain: _____

Will Occupancy Be? Part-time, Full-time, Investment

Only you will lease the unit? Yes, No

Do you have pets? Yes, No

If yes list number and type: _____

Occupants

List Names and Relationships of all Occupants 18 years old and over not otherwise listed as Applicants or Co-applicants
Please make sure all adult occupants are also setup as application parties under Step 1: Review Parties

Relationship	Occupant Name
Spouse	
Parent	
Child	
Grandparent	
Other Relative	
Significant Other	
Friend	
Pre-existing Tenant	

List names and ages of all occupants younger than 18 years old other than applicant or co-applicants.

Occupant Name	Age
---------------	-----

I, _____, agree, as a condition of processing this application, that Kyroux Realty Group, Inc., its employees neither bear nor assume any responsibility whatsoever for the verification or completeness of the Applicant Information.

In addition, I authorize Kyroux Realty Group, Inc. to share the Applicant Information, or portions of it, with any other parties they may reasonably believe necessary to fulfill the purposes of this application.

Transfer of the Applicant Information may be made in any form, including but not limited to mail, overnight courier, facsimile, email or posting on a secure/password protected web site.

I further agree to hold Kyroux Realty Group, Inc. harmless from any error or omission in the transfer of the Applicant Information or from the consequences of the distribution of the Applicant Information to third parties.

Signature: _____

Signed on: _____

Unit Owner Information

Chatham 44 Condominium Unit #: _____

464 West 44th Street, New York NY 10036

Applicant: _____

Co-Applicants: _____

Unit Owner(s) / Shareholder(s) Information

Unit Owner's Information

Company or Estate	
Name	
Address	
City	
ST	Zip
Mailing Address (if different)	
Business Phone	Cell
Home Phone	E-mail

Unit Owner's / Shareholder's Attorney

Unit Owner's Attorney

Attorney		Phone
Firm Name		Cell
Address		Fax
City		
ST	Zip	
E-mail		

Unit Owner's / Shareholder's Broker

Unit Owner's Broker

Broker		Phone
Firm Name		Cell
Address		Fax
City		
ST	Zip	
E-mail		

PART 2 - APPLICANT FINANCIAL INFORMATION

Chatham 44 Condominium

464 West 44th Street, New York NY 10036

Monthly Income & Expense

Be sure to report MONTHLY Income and Expenses. For example if you are paid every two weeks multiply your gross pay by 26 and divide by 12 and enter the result in the Monthly Income field. If you are paid an annual bonus divide the annual amount by 12 and enter the result in the Bonus field.

Other expenses should only include those expenses directly related to Housing or Debt. Do not include any personal expenses.

"Current Expenses" are those expenses you are currently paying and include monthly expenses for mortgage payments, maintenance, hazard insurance and real estate taxes, which are automatically filled in from the entries you make in Schedule A - Real Estate, located above. You must complete schedule A for all real estate you owned prior to this transaction.

You must complete the "Proposed" monthly expense column. Only include expenses that you will have to pay after you complete the transaction pertaining to this application. For example, if you are currently renting but you are buying a home pertaining to this application do not include your rent payment in the "Proposed" monthly expense column. If this is a lease application and you were renting previously don't include your old rent but do include your new rent in the "Proposed" column.

If you have any questions about how to complete this section of the Financial Statement please contact at or . Shaded fields contain formulas and CANNOT be changed.

If a particular income or expense item does not pertain to you enter - 0 -.

Schedule A - Real Estate

Enter real estate currently owned by you. If this is a purchase application do not include the real estate pertaining to this application. If you own more than one property click Add New below to add another property. IMPORTANT NOTE - If property is held jointly please record it only once under the primary applicant.

Property Address		Type	Market Value
			\$
Mortgage Balance	Mortgage		
\$	\$		
Maintenan	Real Estate Taxes	Insurance	
\$	\$	\$	

MONTHLY INCOME

MONTHLY EXPENSES
Current Expenses

Proposed

Monthly Salary

\$ _____

Overtime

\$ _____

Bonuses

\$ _____

Commissions

\$ _____

Dividends and Interest

\$ _____

Net Rental Income

\$ _____

Other Income

\$ _____

TOTAL INCOME

\$ _____

Rent

\$ _____

Maintenance (Sched A)

\$ _____

Mortgages (Sched A)

\$ _____

Other Loans

\$ _____

Hazard Ins (Sched A)

\$ _____

R E Taxes (Sched A)

\$ _____

Other Expenses

\$ _____

TOTAL EXPENSES

\$ _____

Explain all "Other Income" and "Other Expenses"

IF YOU ARE A PRINCIPAL OR ARE EMPLOYED BY A FAMILY BUSINESS, PLEASE COMPLETE THIS SECTION.

Dividend or Partnership Income (Present Year) \$ _____

Dividend or Partnership Income (Prior Year) \$ _____

Dividend or Partnership Income (Second Prior Year) \$ _____

I have entered all monthly income and expenses, both current and proposed, accurately and completely. I understand that I have omitted any material items of income or expense or inaccurately entered such items it will delay review of this application.

Yes No

ASSETS

Cash Equivalents (Sched \$ _____
 Contract Deposit \$ _____
 Stocks and Bonds (Sched \$ _____
 Investment In Business \$ _____
 Accounts Receivable \$ _____
 Real Estate (Sched A) \$ _____
 Automobiles \$ _____
 Personal Property \$ _____
 Life Insurance (Cash \$ _____
 Retirement Plans (Sched \$ _____
 KEOGH \$ _____
 Profit Sharing or Pension \$ _____
 Other Assets (Sched E) \$ _____
 TOTAL ASSETS \$ _____

LIABILITIES

Notes Payable to Banks \$ _____
 Notes to Relatives \$ _____
 Notes to Others \$ _____
 Install Accts Payable \$ _____
 Automobiles \$ _____
 Other Accts Payable \$ _____
 Mortgages Payable (Sched \$ _____
 Unpaid Real Estate Taxes \$ _____
 Unpaid Income Taxes \$ _____
 Chattel Mortgages \$ _____
 Loans on Life Ins \$ _____
 Credit Card Debt \$ _____
 Other Debts \$ _____
 TOTAL LIABILITIES \$ _____

I have entered all assets and liabilities accurately and completely. This includes completing all appropriate schedules and uploading required documents. I understand that if I have omitted any material assets or liabilities or inaccurately entered such items it will delay review of this application.

Yes No

Declarations

1. Are there any outstanding judgments against you? Yes No
2. Have you been declared bankrupt in the past 7 years? Yes No
3. Have you had a property foreclosed upon or given title or deed in lieu thereof in the past 7 years? Yes No
4. Are you a party to a lawsuit? Yes No
5. Have you been obligated on any loan that resulted in foreclosure? Yes No
6. Are you obligated to pay alimony, child support or sep maint? Yes No
7. Is any part of the downpayment borrowed? Yes No
8. Are you a co-maker or endorser on a note? Yes No
9. Do you intend to occupy the property as your primary residence? Yes No
10. Have you had ownership interest in a property in last 3 yrs? Yes No
11. If yes what type of property did you own? Commercial
Residential
12. How did you own title?

The foregoing application has been carefully prepared, and I, _____, hereby solemnly declare and certify that all information contained herein is true and correct. The information is submitted as being a true and accurate statement of the financial condition of Sample Applicant.

Signature: _____

Signed on: _____

AUTHORIZATION TO OBTAIN CONSUMER REPORT

The undersigned is/are purchasing/subletting/leasing/occupying/refinancing apartment (the "Apartment") in 464 West 44th Street (the "Building") managed by Kyrous Realty Group Inc.. The undersigned understand that in order to be considered for occupancy in the Apartment, Kyrous Realty Group, Inc., as the managing agent for the owner of the building, may obtain a Consumer Report(s) for the purpose of evaluating the undersigned from a Consumer Reporting Agency.

The undersigned hereby authorize Kyrous Realty Group, Inc. to obtain a Consumer Report(s) on the undersigned (or each of them), including but not limited to: (i) Credit Report (ii) Criminal History (iii) Housing Court Records (iv) Employment Records and (v) other pertinent information, including records of public agencies and personal interviews of people who know the undersigned. The undersigned understand that these Consumer Reports may contain information about the undersigned's character, general reputation, personal characteristics and mode of living. The undersigned understand that upon request, the undersigned is/are entitled to a disclosure of the nature and scope of the investigation to be requested by you of the Consumer Reporting Agency.

The undersigned forever release and waive any claims the undersigned may have against Kyrour Realty Group, Inc., the owner of the building and their directors, officers, shareholders, unit owners and employees (the "Indemnified Parties") related to the use of the information contained in the Consumer Reports in making the decision on the Application for the Apartment the undersigned is/are submitting. Further, the undersigned agree(s) to indemnify and hold harmless the Indemnified Parties from any claim or demand of any kind whatsoever by any third party related to the Consumer Reports that are obtained.

I have a US Social Security # or Tax ID Yes No

Social Security #: _____ Date of Birth (MM/DD/YYYY): ____ / ____ / ____

Street # (eg: 123)	Direction (eg: North)	Street Name (eg: Main)	Street Type (eg: Street)	Apt # (eg: 7)
--------------------------	-----------------------------	------------------------------	--------------------------------	---------------------

*City *State *Zip Code Country

Signature for Adult Occupant (18 or Older):

Signed on:

Background Check Summary

FICO

Score Multi-State

Criminal Search Multi-

State Sex Offender

Auto-generate Consumer Report

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Street # (eg: 123)	Direction (eg: North)	Street Name (eg: Main)	Street Type (eg: Street)	Apt # (eg: 7)
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*City *State *Zip Code Country

Signature for Adult Occupant (18 or Older):

Signed on:

Background Check Summary

FICO

Score Multi-State

Criminal Search Multi-

State Sex Offender

Auto-generate Consumer Report

Personal References

Please provide one personal reference

Name

Phone

Address

Email

Attach Personal Reference Letter

Professional References

Please provide one professional reference

Name	Phone
Address	
Email	
Attach Professional Reference Letter	

Income Verification Letter

Please provide a letter from your employer stating your annual salary, position held and length of employment. In addition, attach pay stubs for the past 30 days.

If you are self-employed, please submit a letter from your CPA or accountant stating your annual income, as well as, a copy of your Audited Financial Statement.

Please note Kyrus Realty Group, Inc. does not subscribe to the Work Number. If your company utilizes The Work Number please call the customer service department at The Work Number and obtain a one time employment/salary verification letter or an "Employment Data Report" and attach below.

Employment Status: Full-time, Part-time, Unemployed, Retired

Student Self Employed? Yes No

Attach Employment Verification Letter or CPA Letter

Attach Audited Financial Statement

CONTRACT OF SALE

The Contract of Sale must be signed and dated by all parties and include all riders.

Attach Contract of Sale

Is this unit being purchased as an investment with a tenant already in place. If you answer Yes please upload a fully executed Assignment of Lease below.

Yes No

Attach Assignment of Lease

LOAN COMMITMENT LETTER

Chatham 44
Condominium 464
West 44th Street

Unit:

I hereby confirm that I

am not requesting
financing. am
requesting financing.

This form must be provided if you are financing any portion of the purchase and must include the monthly mortgage payment and interest rate.

If you have not locked in your rate yet, in addition to the Loan Commitment you may upload a Good Faith Estimate (GFE) stating your monthly mortgage payment and interest rate.

Please make sure the Loan Commitment Letter is signed by all parties.

Institution Name	Name on Commitment	Loan Type
		1st Mortgage
		2nd Mortgage
		Seller Financing
		Loan from Family or Friends
Upload Commitment Letter		

PHOTO ID FORM

Please attach a copy of a photo identification. Examples include Driver's License, Non-driver Identification, Alien Registration Card, Valid U.S. Passport or a foreign Passport with Valid U.S. Visa.

Attach Photo Identification

CORE ACKNOWLEDGEMENT FORM

To: Board of Chatham 44 Condominium (the
"Board") Re: Unit
464 West 44th Street, New York NY 10036

The undersigned, in order to induce the Board to act favorably on the application related to the above referenced Unit, does hereby affirm and acknowledge as follows:

Applicant(s) Acknowledgements

Non-Refundable Fees

I have or will submit payment of certain fees in connection with the consideration of the application to the Board of Directors/Managers of Chatham 44 Condominium, including but not limited to fees to check my credit and for the processing of the application. I acknowledge that there are certain costs incurred in the processing of this application, including the fees described herein, and that the aforementioned fees will not be refunded. I release Chatham 44 Condominium, Kyrous Realty Group, Inc. from the return of any of these fees incurred in processing the application, and agree if I seek recovery of any of these fees, I shall be liable for all costs and expenses incurred by Chatham 44 Condominium or Kyrous Realty Group, Inc.

House Rules

I have been provided with a full and complete copy of the House Rules for Chatham 44 Condominium and have read the same. I agree that I will abide by such House Rules as now in effect and as the same may be amended during the period of my ownership of and/or tenancy in the referenced unit.

Smoke Detector

I have inspected Unit and an operational smoke detector(s) is installed. If I am approved as a purchaser or lessee of Unit , I will be responsible for the maintenance and repair of such detector(s) and for replacing any such detector(s) which are stolen, removed, missing or rendered inoperable during Applicant's occupancy.

Carbon Monoxide Detector(s)

An operational carbon monoxide detector(s) is installed in Unit such that there is not less than one such detector within fifteen (15) feet of the primary entrance to each room used for sleeping purposes, and that if I am approved as purchaser or lessee of Unit and do purchase or lease Unit , I will be responsible for the maintenance and repair of such detector(s) and for replacing any such detector(s) stolen, removed, missing or rendered inoperable during my occupancy of Unit . I have received from the Unit Owner, or will receive prior to taking occupancy, written information regarding the testing and maintenance of the detector(s).

Signature for Applicant:

Signed on:

(Adult_Occupant (18 or Older))

CORE ACKNOWLEDGEMENT FORM

To: Board of Chatham 44 Condominium (the
"Board") Re: Unit
464 West 44th Street, New York NY 10036

The undersigned, in order to induce the Board to act favorably on the application related to the above referenced Unit, does hereby affirm and acknowledge as follows:

Applicant(s) Acknowledgements

Non-Refundable Fees

I have or will submit payment of certain fees in connection with the consideration of the application to the Board of Directors/Managers of Chatham 44 Condominium, including but not limited to fees to check my credit and for the processing of the application. I acknowledge that there are certain costs incurred in the processing of this application, including the fees described herein, and that the aforementioned fees will not be refunded. I release Chatham 44 Condominium; Kyrous Realty Group, Inc. from the return of any of these fees incurred in processing the application, and agree if I seek recovery of any of these fees, I shall be liable for all costs and expenses incurred by Chatham 44 Condominium or Kyrous Realty Group, Inc.

House Rules

I have been provided with a full and complete copy of the House Rules for Chatham 44 Condominium and have read the same. I agree that I will abide by such House Rules as now in effect and as the same may be amended during the period of my ownership of and/or tenancy in the referenced unit.

Smoke Detector

I have inspected Unit and an operational smoke detector(s) is installed. if I am approved as a purchaser or lessee of Unit , I will be responsible for the maintenance and repair of such detector(s) and for replacing any such detector(s) which are stolen, removed, missing or rendered inoperable during Applicant's occupancy.

Carbon Monoxide Detector(s)

An operational carbon monoxide detector(s) is installed in Unit such that there is not less than one such detector within fifteen (15) feet of the primary entrance to each room used for sleeping purposes, and that if I am approved as purchaser or lessee of Unit and do purchase or lease Unit , I will be responsible for the maintenance and repair of such detector(s) and for replacing any such detector(s) stolen, removed, missing or rendered inoperable during my occupancy of Unit . I have received from the Unit Owner, or will receive prior to taking occupancy, written information regarding the testing and maintenance of the detector(s).

Signature for Adult Occupant (18 or Older):

Signed on:

CORE ACKNOWLEDGEMENT FORM

To: Board of Chatham 44 Condominium (the
"Board") Re: Unit
464 West 44th Street, New York NY 10036

The undersigned, in order to induce the Board to act favorably on the application related to the above referenced Unit, does hereby affirm and acknowledge as follows:

Unit Owner Acknowledgement

Non-Refundable Fees

I have or will submit payment of certain fees in connection with the consideration of the application to the Board of Directors/Managers of Chatham 44 Condominium, including but not limited to fees to the processing of the application. I acknowledge that there are certain costs incurred in the processing of this application, including the fees described herein, and that the aforementioned fees will not be refunded. I release Chatham 44 Condominium, Kyrous Realty Group, Inc. from the return of any of these fees incurred in processing the application, and agree if I seek recovery of any of these fees, I shall be liable for all costs and expenses incurred by Chatham 44 Condominium or Kyrous Realty Group, Inc.

Signature for Unit Owner:

Signed on:

PET ACKNOWLEDGEMENT

To: Board of Chatham 44 Condominium (the

"Board") Re: Unit

464 West 44th Street, New York NY 10036

The undersigned, in order to induce the Board to act favorably on the application related to the above referenced Unit, does hereby affirm and acknowledge as follows:

To Whom It May Concern:

I agree that any birds, animals or other pets shall only be kept or harbored in Unit in accordance with the rules and regulations of the Chatham 44 Condominium.

If there is a breach of the Rules and Regulations of the Chatham 44 Condominium regarding pets, the owner/lessee may be subject to legal action by Chatham 44 Condominium at the owner/lessee's expense.

Check One: I have Pets I have no Pets

If you have pets, please list below:

TYPE:	BREED:	WEIGHT

Signature for Applicant:

Signed on:

Rules and Regulations of Chatham 44
Condominium

1. The sidewalks, entrances, passages, public halls, vestibules, corridors and stairways of or appurtenant to the Building shall not be obstructed or used for any purpose other than ingress to and egress from the residential units. No vehicle belonging to a Residential Unit Owner, to a family member of a Residential Unit Owner, or to a guest, tenant, subtenant, licensee, invitee, employee, or agent of a Residential Unit Owner shall be parked in such a manner as to impede or prevent ready access to any entrance to, or exit from the building.
2. No baby carriages, bicycles, scooters, or similar vehicles shall be allowed to stand in the public halls, passageways, or other public areas of the Building.
3. No article (including, but not limited to, garbage cans, bottles, or mats) shall be placed or stored in any of the halls or on any of the staircases of the Building, nor shall any fire exit thereof be obstructed in any manner.
4. Nothing shall be hung or shaken from any doors, windows, balconies or terraces, or placed upon the exterior window sills, of the Building, and no Residential Unit Owner shall sweep or throw, or permit to be swept or thrown, any dirt, debris or other substance therefrom.
5. There shall be no playing or lounging in the elevator, entrances, passages, public halls, vestibules, corridors, or stairways, of the Building, except in designated recreational areas, if any, or other areas designated as such in the Declaration or by the Board.
6. The Board or the Managing Agent may, from time to time, curtail or relocate any portion of the Common Elements and/or General Residential Units' Limited Common Elements that may be devoted to storage, recreation, or service purposes in the Building.
7. Nothing shall be done or kept in any Residential Unit or in the Limited Common Elements that are designated for the exclusive use of an individual Residential Unit that will increase the rate of insurance of the Building or the contents thereof, without the prior written consent of the Board. No Residential Unit Owner shall permit anything to be done or kept in their Residential Unit or in the Limited Common Elements that are designated for the exclusive use of an individual Residential Unit, that will result in the cancellation of insurance on the Building, or the contents thereof, or that would be in violation of any Law. No Residential Unit or Common Areas any inflammable, combustible, or explosive fluid, material, chemical, or substance, except as shall be necessary and appropriate for the permitted uses of such Residential Unit or the Limited Common Elements that are designated for the exclusive use of an individual Residential Unit.

8. No Residential Unit Owner shall make, cause, or permit any unusual, disturbing, or objectionable noises or odors to be produced upon or to emanate from their Residential Unit or the Limited Common Elements that are designated for the exclusive use of an individual Residential Unit or permit anything to be done therein that will interfere with the rights, comforts, or conveniences of the other Residential Unit Owners. No Residential Unit Owner shall play upon or suffer to be played upon any musical instrument, or shall operate or permit to be operated a phonograph, radio, television set, or other loudspeaker in such Residential Unit Owner's Unit between midnight and the following 8:00 A.M., if the same shall disturb or annoy other occupants of the Building, and in no event shall any Residential Unit Owner practice or suffer to be practiced either vocal or instrumental music between the hours of 10:00 P.M. and the following 9:00 A.M. No construction, repair work, or other installation involving noise shall be conducted in any Residential Unit except on weekdays (not including legal holidays) and only between the hours of 8:00 A.M. and 5:00 P.M., unless such construction or repair work is necessitated by an emergency or approved by the Board of Managers.
9. No Residential Unit Owner shall install any plantings in the Common Elements or the individual Residential Limited Common Elements that are for the exclusive use of an individual Residential Unit without prior written approval of the Board. It shall be the responsibility of the Residential Unit Owner to maintain all plantings in the Residential Unit Owners shall pay the cost of any repairs rendered necessary, or damage caused, by such plantings.
10. In the event that any Residential Unit shall be used for home occupation or professional purposes in conformance with the Declaration and the By-Laws and applicable zoning, no patients, clients, or other invitees shall be permitted to wait in any lobby, public hallway, or vestibule.
11. No window guards or other window decorations shall be used in or about any Residential Unit, except such as shall have been approved in writing by the Board or the Managing Agent, which approval shall not be unreasonably withheld or delayed. In no event, however, shall any exterior glass surface of any windows at the Property be colored or painted.
12. No ventilator or air conditioning device shall be installed in any Residential Unit without the prior written approval of the Board, which approval may be granted or refused in the sole discretion of the Board.
13. No sign, notice, advertisement, or illumination (including, without limitation, "For Sale," "For Lease", or "For Rent" signs) shall be inscribed or exposed on or at any window or other part of the Building, except such as are permitted pursuant to the terms of Declaration and/or By-Laws or shall have been approved in writing by the Board or the Managing Agent. Nothing shall be projected from any window of a Residential Unit without similar approval.

14. All radio, television, or other electrical equipment of any kind or nature installed or used in each Residential Unit shall fully comply with all rules, regulations, requirements, or recommendations of the New York Board of Fire Underwriters and the public authorities having jurisdiction, and the Residential Unit Owner alone shall be liable for any damage or injury caused by any radio, television, or other electrical equipment.
15. No television or radio antenna or any other type of receiving or transmitting antenna or structure shall be erected on the exterior of a Residential Unit without prior written consent of the Board of Managers. The Board of Managers may adopt such rules and regulations pertaining to antenna so as to comply with the Federal Communications Commission rules adopted on October 14, 1996
16. Water-closets and other water apparatus in the Building shall not be used for any purpose other than those for which they were designed, and no sweepings, rubbish, rags or any other article shall be thrown into the same. Any damage resulting from the misuse of any water-closets or other apparatus in a Residential Unit shall be repaired and paid for by the owner of such Residential Unit.
17. Each Residential Unit Owner shall keep their Residential Unit and any individual Residential Limited Common Elements that are for the exclusive use of an individual Residential Unit in a good state of preservation, condition, repair and cleanliness in accordance with the terms of the By-Laws.
18. The agents of the Board or the Managing Agent, and any contractor or workman authorized by the Board or the Managing Agent, may enter any room in a Residential Unit at any reasonable hour of the day, on at least one day's prior notice to the Residential Unit Owner, for the purpose of inspecting such Residential Unit for the presence of any vermin, insects, or other pests and for the purpose of taking such measures as may be necessary to control or exterminate any such vermin, insects, or other pests; however, such entry, inspection and extermination shall be done in a reasonable manner so as not to unreasonably interfere with the use of such Residential Unit for its permitted purposes.
19. The Board or the Managing Agent may retain a pass-key to each Residential Unit. If any lock is altered or a new lock is installed, the Board or the Managing Agent shall be provided with a key thereto immediately upon such alteration or installation. If the Residential Unit Owner is not personally present to open and permit an entry to their Residential Unit at any time when an entry therein is necessary or permissible under these Rules and Regulations or under the By-Laws, and has not furnished a key to the Board or the Managing Agent, then the Board or Managing Agent or their agents (but, except in an emergency, only when specifically authorized by an officer of the Condominium or an officer of the Managing Agent) may forcibly enter such Residential Unit without liability for damages or trespass by reason thereof (if, during such entry, reasonable care is given to such Residential Unit Owner's property).

20. If any key or keys are entrusted by a Residential Unit Owner, by any family member thereof, or by their agent, tenant, servant, employee, licensee, or visitor to an employee of the Condominium or of the Managing Agent, whether for such Residential Unit Owner's Unit or an automobile, trunk, or other item of personal property, the acceptance of the key shall be at the sole risk of such Residential Unit owner, and neither the Board nor the Managing Agent shall (Except as provided in Rule (18) above) be liable for injury, loss, or damage of any nature whatsoever, directly or indirectly resulting there from or connected therewith.
21. No occupant of the Building shall send any employee of the Condominium or of the Managing Agent out of the Building on any private business.
22. Any Residential Unit Owner who mortgages or sells their Residential Unit shall immediately notify the Board of Managers, providing the name and address of the new mortgagee or new Residential Unit Owner.
23. The Board of Managers shall, at the request of the mortgagee of the Residential Unit, report any delinquent assessments due from the Owner of such Residential Unit.
24. Every Residential Unit Owner shall be liable for any and all damage to the Common Elements, which shall be caused by said Residential Unit Owner, the Residential Unit Owner's permitted lessees and occupants of Residential Units, their respective family members and guests and such other person for whose conduct the Residential Unit Owner is legally responsible.
25. There shall be no barbecuing on any patios, balconies or terraces or any Common Elements except as may be permitted by the Board of Managers in compliance with any New York City Health or fire codes and regulations.
26. Residential Unit Owners will faithfully observe the procedures established from time to time by the Board of Managers or the Managing Agent with respect to services provided and the management of the Building
27. Any consent or approval given under these Rules and Regulations may be amended, modified, added to, or repealed at any time by resolution of the Board. Further, any such consent or approval may, in the discretion of the Board or the Managing Agent, be conditional in nature.
28. Complaints regarding the service of the Condominium shall be made in writing to the Board or the Managing Agent.
29. No storage of flammables are permitted in the Storage Units.

KYROUS REALTY GROUP, INC.
Real Estate Management

August 30, 2018

All Unit Owners
Chatham 44 Condominium
464 West 44th Street
New York, NY 10013

Re: Local Law 147

Dear Unit Owner:

In August 2017, New York City passed Local Law 147, which requires residential buildings with three or more residential units to create and enforce a policy on smoking and to notify all Owners and residents. This guide explains the purpose of this law and offers recommendations on how to meet its requirements. This law went into effect on August 28th, 2018.

Local Law 147 seeks to protect residents from the dangers of secondhand smoke, so they may make informed decisions about where to live. Secondhand smoke is smoke that comes from burning any products used for smoking or that is exhaled by smokers.

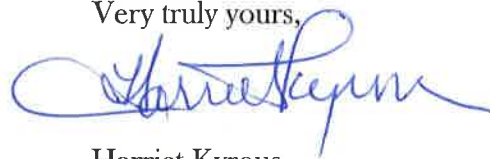
The law requires that owners of buildings with three or more residential units:

- Create a policy on smoking and periodically notify the residents and owners of the policy.
- Identify where smoking is and is not allowed on the property, including all indoor and outdoor locations. (The Smoke-Free Air Act bans smoking tobacco or non-tobacco products and using e-cigarettes in common indoor areas.)
- Provide an annual notification of the policy on smoking to residents.
- Provide a notice to residents if the policy on smoking changes.

The enclosed Amendment to the Rules and Regulations of the Condominium has been duly adopted by the Board of Managers and will go into effect as required.

Thank you and contact our office with any questions.

Very truly yours,



Harriet Kyrour
Kyrour Realty Group

Enclosure

Chatham 44 Condominium
464 West 44th Street
New York, NY 10013

NOTICE OF AMENDMENT TO RULES AND REGULATIONS

TO: ALL UNIT OWNERS
FROM: BOARD OF MANAGERS
DATE: August 29, 2018

PLEASE TAKE NOTICE THAT THE CONDOMINIUM BOARD HAS AMENDED THE CONDOMINIUM RULES AND REGULATIONS: THE FOLLOWING IS A NEW RULE #30 WHICH WILL BE EFFECTIVE THIRTY DAYS FROM THE DATE SET FORTH ABOVE.

30. As of the date of adoption of this rule, smoking is prohibited in all of the common areas of the building as required by all applicable laws, including in the elevators, hallways, stairways, lobby, amenity facilities, as well as in areas within 25 feet of any entrance to or egress from the building. No person shall smoke in the areas where smoking is prohibited by this rule or permit smoking by any occupant, agent, tenant, invitee, guest, friend, or family member in such areas.

Provided that it does not create unreasonably disturbing secondhand smoke that interferes with the rights, comforts, or conveniences of other residents, and subject to applicable law and the condominium's governing documents, smoking is currently permitted inside a resident's individual apartment unit. The unit owner is responsible for any secondhand smoke entering the common areas or other apartment units from the resident's individual apartment unit and has an obligation to put into effect measures to ensure secondhand smoke does not enter into common areas or other apartment units.

The smoking of illegal substances is prohibited in all areas of the building.

The term "smoking" as used in this rule includes inhaling, exhaling, burning, carrying or otherwise handling or controlling any lit, heated or smoldering cigar, cigarette, electronic cigarette, herbal cigarette or non-tobacco smoking product, water pipe, vaping device, pipe, or any form of lighted object or device which contains tobacco or tobacco products.

A notice setting forth this smoking policy will be displayed prominently in the building's lobby. The building's board reserves the right to revise and/or amend this current smoking policy.

Tax Information Authorization

- Go to www.irs.gov/Form8821 for instructions and the latest information.
► Don't sign this form unless all applicable lines have been completed.
► Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165
For IRS Use Only
Received by: _____
Name _____
Telephone _____
Function _____
Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address	Taxpayer identification number(s)	
	Daytime telephone number	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ► ☐

Name and address	CAF No. _____
	PTIN _____
	Telephone No. _____
	Fax No. _____
	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax Information. Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

☐ By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 ► ☐

5 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ► ☐

Note. Appointees will no longer receive forms, publications, and other related materials with the notices.

b If you don't want any copies of notices or communications sent to your appointee, check this box ► ☐

6 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. ► ☐

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, partnership representative, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

► DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature _____

Date _____

Print Name _____

Title (if applicable) _____

Instructions for Form 8821

(Rev. January 2018)



Department of the Treasury
Internal Revenue Service

Tax Information Authorization

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions

Future Developments

For the latest information about developments related to Form 8821 and its instructions, such as legislation enacted after they were published, go to IRS.gov/Form8821.

What's New

Intermediate Service Providers. A checkbox has been added to line 3 to allow the taxpayer to authorize the designated appointee(s) to access the taxpayer's IRS records via an Intermediate Service Provider. See [Authority to access electronic IRS records via Intermediate Service Providers](#), later, for more information.

Partnership representatives. For partnership tax years beginning after December 31, 2017, the Bipartisan Budget Act of 2015 has eliminated the role "Tax Matters Partner" and replaced it with "Partnership Representative." See [Partnership representative](#), later, for more information.

Authentication Alert. When an appointee with a Tax Information Authorization calls the IRS on your behalf, they must pass authentication procedures prior to the IRS speaking to them about your tax information.

Purpose of Form

Form 8821 authorizes any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive your confidential information verbally or in writing for the type of tax and the years or periods you list on Form 8821. Form 8821 is also used to delete or revoke prior tax information authorizations. See the instructions for line 6, later.

You may file your own tax information authorization without using Form 8821, but it must include all the information that is requested on Form 8821.

Form 8821 doesn't authorize your appointee to speak on your behalf; to execute a request to allow disclosure of return or return information to another third party; to advocate your position with respect to federal tax laws; to execute waivers, consents, closing agreements; or represent you in any other manner before the IRS. Use Form 2848, Power of Attorney and Declaration of Representative, to authorize an individual to represent you before the IRS. The appointee may not substitute another party as your authorized designee.

Authorizations listed on prior Forms 8821 are automatically revoked unless you attach copies of your prior Forms 8821 to your new submissions.



Your appointee is never allowed to endorse or negotiate a taxpayer's refund check or receive a taxpayer's refund via direct deposit.

Need a copy of tax return information? Go to IRS.gov/Transcripts and click on either "Get Transcript Online" or

Where To File Chart

IF you live in...	THEN use this address...	Fax number*
Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, or West Virginia	Internal Revenue Service Memphis Accounts Management Center 5333 Getwell Road, Stop 8423 Memphis, TN 38118	855-214-7519
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, or Wyoming	Internal Revenue Service 1973 Rulon White Blvd., MS 6737 Ogden, UT 84201	855-214-7522
All APO and FPO addresses, American Samoa, nonpermanent residents of Guam or the U.S. Virgin Islands**, Puerto Rico (or if excluding income under Internal Revenue Code section 933), a foreign country: U.S.-citizens and those filing Form 2555, 2555-EZ, or 4563.	Internal Revenue Service International CAF Team 2970 Market Street MS 4-H14.123 Philadelphia, PA 19104	855-772-3156 304-707-9785 (Outside the United States)

* These numbers may change without notice. For updates, go to IRS.gov/Form8821 and search under "Recent Developments."

**Permanent residents of Guam should use Guam Department of Revenue and Taxation, P.O. Box 23607, GMF, GU 96921; permanent residents of the U.S. Virgin Islands should use V.I. Bureau of Internal Revenue, 6115 Estate Smith Bay, Suite 225, St. Thomas, V.I. 00802.

"Get Transcript by Mail" to order a copy of your transcript. IRS transcripts of your tax return are often used instead of a copy of the actual tax return to validate income and tax filing status for mortgage applications, student and small business loan applications, and during tax preparation.

You may also request transcript information by mail by completing Form 4506-T, Request for Transcript of Tax Return, or Form 4506T-EZ, Short Form Request for Individual Tax Return Transcript. Alternatively, you may call 1-800-908-9946 to order a transcript over the phone.

If you want a photocopy of an original tax return, use Form 4506, Request for Copy of Tax Return. There is a fee for each return ordered, which must be paid with your request.

When a properly executed Form 8821 is on file with the IRS, your appointee can also get online tax information through [IRS.gov/eServices](https://www.irs.gov/eServices).

Form 56. Use Form 56, Notice Concerning Fiduciary Relationship, to notify the IRS of the existence of a fiduciary relationship. A fiduciary (trustee, executor, administrator, receiver, or guardian) stands in the position of a taxpayer and acts as the taxpayer, not as a representative. A fiduciary may authorize an individual to represent or perform certain acts on behalf of the person or entity by filing a power of attorney that names the eligible individual(s) as representative(s) for the person or entity. Because the fiduciary stands in the position of the person or entity, the fiduciary must sign the power of attorney on behalf of the person or entity.

When To File

If you are submitting Form 8821 to authorize disclosure of your confidential tax information for a purpose other than addressing or resolving a tax matter with the IRS (for example, for income verification required by a lender), the IRS must receive the Form 8821 within 120 days of the taxpayer's signature date on the form. This 120-day requirement doesn't apply to a Form 8821 submitted to authorize disclosure for the purpose of assistance with a tax matter with the IRS.

Where To File

If you check the box on line 4, mail or fax Form 8821 to the IRS office handling the specific matter. Otherwise, mail or fax Form 8821 directly to the IRS address according to the [Where To File Chart](#).

Taxpayer Identification Number (TIN)

A TIN is used to confirm the identity of a taxpayer and identify the taxpayer's return and return information. It is important that you furnish your correct name, social security number (SSN), individual taxpayer identification number (ITIN), and/or employer identification number (EIN).

Partnership Items

Tax matters partner. For partnership tax years beginning prior to January 1, 2018, a tax matters partner is authorized to perform certain acts on behalf of an affected partnership. Rules governing the use of Form 8821 don't replace any provisions of law concerning the tax treatment of partnership items.

Partnership representative. For partnership tax years beginning after December 31, 2017, unless the partnership is an eligible partnership that has elected out of the centralized partnership audit regime, the partnership is required to designate a partnership representative. The partnership representative (as defined in section 6223(a)) has the sole authority to act on behalf of the partnership under the centralized partnership audit regime. The partnership representative doesn't have to be a partner; however, his actions will bind the partnership and all partners of such partnership in dealings with the IRS under the centralized partnership audit regime.

Appointee Address Change

If your appointee's address changes, a new Form 8821 isn't required. The appointee can provide the IRS with the new information by sending written notification of the new address to the location where the Form 8821 was filed. Your appointee must sign and date the written notice of address change.

Specific Instructions

Line 1. Taxpayer Information

Individual. Enter your name, TIN, and your street address in the space provided. Don't enter your appointee's name or address information in the Taxpayer information box. If a return is a joint return, the appointee(s) identified will only be authorized for you. Your spouse, or former spouse, must submit a separate Form 8821 to designate an appointee.

Corporation, partnership, or association. Enter the name, EIN, and business address.

Employee plan or exempt organization. Enter the name, address, and EIN or SSN of the plan sponsor/plan name, exempt organization or bond issuer. Enter the three-digit plan number when applicable. If you are the plan's trustee and you are authorizing the IRS to disclose the tax information of the plan's trust, see the instructions relating to the trust.

Trust. Enter the name, title, and address of the trustee, and the name and EIN of the trust.

Estate. Enter the name and address of the estate. If the estate doesn't have a separate identification number, enter the decedent's SSN or ITIN.

Line 2. Appointee

Enter your appointee's full name. Use the identical full name on all submissions and correspondence. Enter the nine-digit CAF number for each appointee. If an appointee has a CAF number for any previously filed Form 8821 or power of attorney (Form 2848), use that number. If a CAF number has not been assigned, enter "NONE," and the IRS will issue one directly to your appointee. The IRS doesn't assign CAF numbers to requests for employee plans and exempt organizations.

If you want to name more than one appointee, check the box on line 2, and attach a list of appointees to Form 8821. Provide the address, and requested numbers for each appointee named.

If Form 8821 is being submitted for the sole purpose of updating the appointee's address or telephone/fax number, check the applicable box.

Line 3. Tax Information

Authority to access electronic IRS records via Intermediate Service Providers. Your appointee is not authorized to use an Intermediate Service Provider to retrieve your confidential tax information indirectly from the IRS unless you check the box on line 3. If you don't authorize the use of an Intermediate Service Provider, your appointee can obtain your tax information directly from the IRS by using the IRS e-Services Transcript Delivery System.

Intermediate Service Providers are privately owned companies that offer subscriptions to their software and/or services that your authorized appointee can use to retrieve, store, and display your tax return data (personal or business) instead of obtaining your tax information directly from the IRS through the IRS e-Services Transcript Delivery System. Intermediate Service Providers are independent of, and not affiliated in any way with, the IRS, and the IRS has no involvement in your appointee's choice to obtain your tax information directly from the IRS or use an Intermediate Service Provider to indirectly obtain your tax information from the IRS.

Columns (a)–(c). Enter the type of tax information, the tax form number, the years or periods, and the specific matter. For example, you may list "Income, 1040" for calendar year "2017" and "Excise, 720" for "2017" (this covers all quarters in 2017).

For multiple years or a series of inclusive periods, including quarterly periods, you may enter, for example, "2015 thru 2017" or "2nd 2016-3rd 2017." For fiscal years, enter the ending year and month, using the YYYYMM format.

Don't use a general reference such as "All years," "All periods," or "All taxes." Any tax information authorization with a general reference will be returned.

You may list the current year/period and any tax years or periods that have already ended as of the date you sign the tax information authorization. You may also list future tax years or periods. **However, the IRS will not record on the CAF system future tax years or periods listed that exceed 3 years from December 31 of the year that the IRS receives the tax information authorization.**



Centralized Partnership Audit Regime. Partnerships under the centralized partnership audit regime are required to designate a partnership representative for each tax year, therefore, it is recommended that a separate Form 8821 be completed for each tax year.

Note. A Form 8821 for a future year will not be allowed since a PR would not have been designated yet in a filed Form 1065.

You must enter the description of the matter, the tax form number, and the future year(s) or period(s). If the matter relates to estate tax, enter the date of the decedent's death instead of the year or period. If the

matter relates to an employee plan, include the plan number in the description of the matter.

If you appoint someone only with respect to a penalty and interest due on that penalty, enter "civil penalty" in column (a), and if applicable, enter the tax year(s) for the penalty. Enter "NA" (not applicable) in column (b). You don't have to enter the specific penalty.

If the taxpayer is subject to penalties related to an individual retirement account (IRA) enter "IRA civil penalty" in column (a).

Note. If Form W-2 is listed on line 3, then the appointee is entitled to receive taxpayer notices regarding any civil penalties and payments related to that Form W-2. A Form 8821 that lists a particular tax return will also entitle the appointee to receive the taxpayer notices regarding any return-related civil penalties and payments. For example, if Form 1040 is listed, the appointee is entitled to receive taxpayer notices regarding the section 5000A individual shared responsibility payment. Specific reference to those penalties and payments isn't required. However, any civil penalty or healthcare-related payment that isn't return-related, such as the section 4980H employer shared responsibility payment, the annual fee for branded prescription drug sales under section 9008 of the Affordable Care Act (ACA), or health insurance provider fee under section 9010 of the ACA, isn't covered by the Form 8821 unless column (a) references "civil penalties" or the name of a specific penalty or payment.

Column (d). Enter any specific information you want the IRS to provide. Examples of column (d) information: lien information, balance due amount, a specific tax schedule, section 4980H employer shared responsibility payment information, or a tax liability.

Enter "not applicable" in column (d) if you are not limiting your appointee's authority to inspect and/or receive all confidential tax information described in columns (a), (b), and (c).

For requests regarding Form 8802, Application for United States Residency Certification, enter "Form 8802" in column (d) and check the specific box on line 4. Also, enter the appointee's information as instructed on Form 8802.

Line 4. Specific Use Not Recorded on CAF

Generally, the IRS records all tax information authorizations on the CAF system. However, authorizations relating to certain issues aren't recorded. Check the box on line 4 if Form 8821 is being submitted for a specific use that the IRS will not record on the CAF. Examples of specific uses not recorded include but are not limited to the following:

1. Requests to disclose information to loan companies or educational institutions.
2. Requests to disclose information to federal or state agency investigators for background checks.
3. Requests for information regarding the following forms:
 - a. Form SS-4, Application for Employer Identification Number;
 - b. Form W-2 Series;

- c. Form W-4, Employee's Withholding Allowance Certificate;
- d. Form W-7, Application for IRS Individual Taxpayer Identification Number;
- e. Form 843, Claim for Refund and Request for Abatement;
- f. Form 966, Corporate Dissolution or Liquidation;
- g. Form 1096, Annual Summary and Transmittal of U.S. Information Returns;
- h. Form 1098, Mortgage Interest Statement;
- i. Form 1099 Series;
- j. Form 1128, Application To Adopt, Change, or Retain a Tax Year;
- k. Form 2553, Election by a Small Business Corporation; or
- l. Form 4361, Application for Exemption From Self-Employment Tax for Use by Ministers, Members of Religious Orders and Christian Science Practitioners.

If you check the box on line 4, your appointee should mail or fax Form 8821 to the IRS office handling the matter. Otherwise, your appointee should bring a copy of Form 8821 to each appointment to inspect or receive information. A specific-use tax information authorization will not revoke any prior tax information authorizations.

Line 5. Disclosure of Tax Information

The IRS will send copies of notices and communications to no more than two appointees. If you check the box for line 5a and the IRS has a prior Form 2848 or 8821 from you that authorized other appointees to receive copies of notices and communications for the same tax and tax years, the IRS will stop sending notices and communications to the appointees designated on the prior Form 2848 or 8821.

Line 6. Retention/Revocation of Prior Tax Information Authorizations

If the line 4 box is checked, skip line 6. If line 4 isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you instruct otherwise. If you don't want a prior tax information authorization submission to be revoked, you must attach a copy of the tax information authorization that you want to retain and check the line 6 box.

Revocation request. If you want to revoke a prior tax information authorization without submitting a new authorization, write "REVOKE" across the top of the particular authorization that you want to revoke. Provide a current taxpayer signature and date under the original signature that was provided on line 7.

If you don't have a copy of the tax information authorization you want to revoke, send a notification to the IRS. In the notification:

1. State that the authority of the appointee is revoked,
2. List the name and address of each appointee whose authority is being revoked,
3. List the tax matters and tax periods, and
4. Sign and date the notification.

If you are completely revoking the authority of the appointee, state "revoke all years/periods" instead of listing the specific tax matters, years, or periods.

To revoke a specific use tax information authorization, send the tax information authorization or notification of revocation to the IRS office handling your case, using the above instructions.

Line 7. Signature of Taxpayer

Individual. You must sign and date the authorization. If a joint return has been filed, your spouse must execute his or her own authorization on a separate Form 8821 to designate an appointee.

Corporation. Generally, Form 8821 can be signed by:

1. An officer having authority under applicable state law to bind the corporation,
2. Any person designated by the board of directors or other governing body,
3. Any officer or employee on written request by any principal officer and attested to by the secretary or other officer, and
4. Any other person authorized to access information under section 6103(e)(1)(D), except for a person described in section 6103(e)(1)(D)(iii) (bona fide shareholders of record owning 1% or more of the outstanding stock of the corporation).

Partnership. Generally, Form 8821 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8821. See *Partnership Items*, earlier. If the Form 8821 covers more than one tax year or tax period, the person must have been a member of the partnership for all or part of each tax year or period covered by Form 8821.

If the Form 8821 covers matters under the centralized partnership audit regime, Form 8821 can be signed by the partnership representative.



For partnership tax years beginning after December 31, 2017, the Bipartisan Budget Act of 2015, which repealed the TEFRA partnership audit and litigation procedures and the rules applicable to electing large partnerships and replaced them with a new centralized partnership audit regime, has eliminated the role of "tax matters partner" and replaced it with "partnership representative." Pursuant to Treasury Regulation section 301.9100-22T, a partnership can elect to have the new regime apply to partnership returns for tax years beginning after November 2, 2015, and before January 1, 2018.

Employee plan. If the plan is listed as the taxpayer on line 1, a duly authorized individual having authority to bind the taxpayer must sign and that individual's exact title must be entered.

Trust. A trustee having the authority to bind the trust must sign with the title of trustee entered. If the trust hasn't previously submitted a completed Form 56, Notice Concerning Fiduciary Relationship, identifying the current trustee, the trust must submit a Form 56 to identify the current trustee.

Estate. An executor having the authority to bind the estate must sign. A Form 56 should be filed to identify the executor. If there is more than one executor, only one co-executor having the authority to bind the estate is required to sign. See Regulations section 601.503(d).

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. Form 8821 authorizes the IRS to disclose your confidential tax information to the person you appoint. This form is provided for your convenience and its use is voluntary. The information is used by the IRS to determine what confidential tax information your appointee can inspect and/or receive. Section 6103(c) and its regulations require you to provide this information if you want to designate an appointee to inspect and/or receive your confidential tax information. Under section 6109, you must disclose your identification number. If you don't provide all the information requested on this form, we may not be able to honor the authorization. Providing false or fraudulent information may subject you to penalties.

We may disclose this information to the Department of Justice for civil or criminal litigation, and to cities, states,

the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 6 min.; **Learning about the law or the form**, 12 min.; **Preparing the form**, 24 min.; **Copying and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 8821 simpler, we would be happy to hear from you. You can send your comments from [IRS.gov/FormComments](https://www.irs.gov/FormComments). Or you can send your comments to the Internal Revenue Service, Tax Forms and Publications, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Don't** send Form 8821 to this office. Instead, see the [Where To File Chart](#).

WINDOW GUARD ACKNOWLEDGEMENT



THE CITY OF NEW YORK
DEPARTMENT OF HEALTH

Notice to Tenant or Occupant

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

OR

If you ask him to install window guards at any time (you need not give a reason).

It is a violation of law to refuse, interfere with installation, or remove window guards where required, or to fail to complete and return this form to your landlord. If this form is not returned promptly, an inspection by the landlord will follow.

CHECK WHICHEVER APPLY:

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 EVEN THOUGH I HAVE NO CHILDREN 10 YEARS OF AGE

OR YOUNGER WINDOW GUARDS ARE INSTALLED IN ALL WINDOWS*

WINDOW GUARDS ARE NOT INSTALLED IN ALL

WINDOWS* WINDOW GUARDS NEED MAINTENANCE

OR REPAIR WINDOW GUARDS DO NOT NEED

MAINTENANCE OR REPAIR

Tenant's Name(s):

Signature for Applicant:

Signed on:
