

# KYROUS REALTY GROUP, INC.

263 West 38<sup>th</sup> Street ♦ Suite 15E ♦ New York, NY 10018

Phone: 212.302.1500 ♦ Fax: 212.302.3855

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## 325 WEST 21 ST INC.–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 the required documents must be e-mailed to [carine@kyrousrealtygroup.com](mailto:carine@kyrousrealtygroup.com). DO NOT DUPLICATE HOUSE RULES. Please retain the copy included in this email for your information.

Copies of all Financial Materials furnished will be returned to 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. Net Worth Statement. Provide supportive documentation
4. Last two (2) year's Income tax Returns (include 1040's)
5. Signed Credit Report Release
6. Letter from current landlord/management agent verifying status of tenancy
7. Letter from current employer verifying salary, position length of employment and likelihood of continued employment.
8. Two (2) personal letters of recommendation for each person to be named on the proprietary lease.
9. Letter of financial reference
10. If financing is involved, copies of the loan application, commitment letter and three (3) original AZTECH Recognition Agreements signed by the lender. The Recognition Agreements MUST include the bank's address and telephone number of loan department for notices. (Any information not provided will hold up Refinancing process.)
11. Copies of Checking & Savings Account Statement for past three (3) months
12. New York City: Window Guard/Lead Paint Notice

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### Schedule of Fees–Due with Application

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1. A \$400.00 refundable Move-in/out Deposit: payable to 325 WEST 21 ST. INC. This check will be returned to the seller after the move-out 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: \$450.00 certified check or money order payable to Kyrous Realty Group, Inc.
3. Credit Check Fee: \$150.00 per applicant. This check is non-refundable and made payable to Kyrous Realty Group, Inc. This check must be certified check or money order.

\*Minimum financing permitted to twenty percent (20%) of purchase price.

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.

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Application: 325 WEST 21 ST. INC.

# KYROUS REALTY GROUP, INC.

263 West 38<sup>th</sup> Street ♦ Suite 15E ♦ New York, NY 10018

Phone: 212.302.1500 ♦ Fax: 212.302.3855

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## Closing Fees:

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- All fees must be paid by Certified Check, Money Order, or Attorney Escrow Checks.
- All closings take place at the office of the Managing Agent:

Kyrous Realty Group, Inc.  
263 West 38<sup>th</sup> Street, Suite 15E  
New York, NY 10018

- Processing fee for Recognition Agreements: \$200.00 Payable to Kyrous Realty Group, Inc.
- Managing Agent's fee for preparation of closing documents, and for representing the interest of the Coop at closing \$700.00 payable by Seller. Payable to Kyrous Realty Group, Inc.
- Flip Tax: one percent (1%) of purchase price, payable by the seller. Payable to 325 West 21 St. INC.

Please note that there are additional fees for messenger service, etc.

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## Applicant Information

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Na(s): \_\_\_\_\_  
\_\_\_\_\_

SS#: \_\_\_\_\_

SS#: \_\_\_\_\_

Present  
Address: \_\_\_\_\_  
\_\_\_\_\_

Apartment to be occupied by:  
Applicant(s) • Yes  No

Occupants \_\_\_\_\_  
\_\_\_\_\_

Years at this address: \_\_\_\_\_

Do you own your present residence?  
Yes  No

Relationship \_\_\_\_\_  
\_\_\_\_\_

### CURRENT EMPLOYER INFORMATION:

Employer: \_\_\_\_\_

Business  
Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Position: \_\_\_\_\_

### PREVIOUS EMPLOYER INFORMATION:

Annual Salary: \$ \_\_\_\_\_

Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Business  
Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

### SPOUSE'S EMPLOYER INFORMATION:

Length of Employment: \_\_\_\_\_

Employer: \_\_\_\_\_  
\_\_\_\_\_

Office Phone: \_\_\_\_\_

Business  
Address: \_\_\_\_\_

Position: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_

Length of Employment: \_\_\_\_\_

### BROKER INFORMATION:

Name: \_\_\_\_\_

### ATTORNEY INFORMATION:

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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## 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.

KYROUS REALTY GROUP, INC.  
Applicant Information  
Page 2 of 4

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Are there any outstanding judgments against you? Yes  No

If yes, please explain:

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Do you have any diplomatic immunity or other special status? Yes  No

If yes, please explain:

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Have you ever declared bankruptcy or are involved in a bankruptcy procedure? Yes  No

If yes, please explain: \_\_\_\_\_

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Names of all clubs and society memberships, fraternities and honorary societies to which applicant belongs:

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Application: 325 WEST 21 ST. INC.

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Schools and colleges attended by husband, wife and children:

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Names of all residents in the building known by the applicant: \_\_\_\_\_

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Does applicant wish to maintain any pets in the apartment, and if so, please specify with full information:

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Do you own or rent another residence, and if so, where?

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**PERSONAL & BUSINESS REFERENCES**

PERSONAL REFERENCE#1:

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Relationship: _____	Relationship: _____

Person to verify Applicant's Employment or Applicant's Supervisor

BUSINESS REFERENCES

Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

PERSONAL REFERENCE#2:

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FINANCIAL REFERENCES

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PERSONAL ACCOUNTS: CHECKING

Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Applicant Signature \_\_\_\_\_

Applicant Signature \_\_\_\_\_

PERSONAL ACCOUNTS: CHARGE CARD#1

Account Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

PERSONAL ACCOUNTS: SAVINGS

Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_

PERSONAL ACCOUNTS: CHARGE CARD#3

Account Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

PERSONAL ACCOUNTS: CHARGE CARD#2

Account Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

BUSINESS ACCOUNTS: CHECKING

Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_

PERSONAL ACCOUNTS: CHARGE CARD#4

Account Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

CLOSEST LIVING ADULT RELATIVE  
*(Not intending to reside with Applicant)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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EMERGENCY CONTACT INFORMATION  
APPLICANT INFORMATION:

Application: 325 WEST 21 ST. INC.

Person to call in the event of an emergency

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

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The following is submitted as being a true and accurate statement of the financial condition of the undersigned on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Address:

Attach additional pages if necessary.

ASSETS	Applicant	Co-Applicant	LIABILITIES	Applicant	Co-Applicant
Cash in banks			Notes Payable:		
Money Market Funds			To Banks		
Contract Deposit			To Relatives		
Investments: Bonds & Stocks <i>(See schedule)</i>			To Others		
Investment in Own Business			Installment Accounts Payable:		
Accounts and Notes Receivables			Automobile		
Real Estate Owned <i>(See schedule)</i>			Other		
Automobiles: Year: Make:			Other Accounts Payable		
Personal Property & Furniture			Mortgages Payable on Real Estate <i>(see schedule)</i>		
Life Insurance Cash Surrender Value			Unpaid Real Estate Taxes		
Retirement Funds/IRA			Unpaid Income Taxes		
401K			Chattel Mortgages		
KEOGH			Outstanding Credit Card Loans		
Profit Sharing/Pension Plan			Other Debts <i>(itemize)</i>		
Other Assets			<b>TOTAL LIABILITIES</b>		
<b>TOTAL ASSETS</b>			<b>NET WORTH</b>		
<b>COMBINED ASSETS</b>			<b>COMBINED NET WORTH</b>		

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Application: 325 WEST 21 ST. INC.

SOURCE OF INCOME	Applicant	Co-Applicant	CONTINGENT LIABILITIES	Applicant	Co-Applicant
Base Salary			Endorser or Co-maker on Notes		
Overtime Wages			Alimony Payments (Annual)		
\$Bonus & Commissions			Child Support		
\$Dividends and Interest Income			Defendant in any legal action?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Income ( <i>itemize</i> )			Any unsatisfied judgments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>TOTAL</b>			Ever filed for bankruptcy	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>COMBINED TOTAL</b>			<b>Explain</b>		

PROJECTED COMBINED MONTHLY EXPENSES	Applicants
Maintenance	
Apartment Financing	
Other Mortgages	
Bank Loans	
Auto Loan	
<b>TOTAL</b>	

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

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## CREDIT REPORT RELEASE

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I (we) hereby authorize Kyrus Realty Group, Inc., on behalf of 325 West 21 ST. INC., to request and receive any and all information from any credit bureaus, previous employers, law enforcement agencies, and references.

I (we) will hold harmless and/or release Kyrus Realty Group, Inc. and 325 West 21 ST. INC., from any and all claims and liability which may arise now or in the future with regard to the obtaining or the releasing of the above stated information for the purpose of doing credit checks, and criminal activity checks.

Each Applicant and **all** adults who will reside in the Unit must complete Credit Report Release.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Employer's Company Name \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

\*Duplicate for Additional Applicants

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## 325 West 21<sup>ST</sup> INC.- Letter to Board of Directors

The Board of Directors  
325 West 21 ST Inc.  
325 West 21 Street  
New York, NY 10011

Re: 325 West 21<sup>st</sup> Street  
Apt. #: \_\_\_\_\_

Dear Board of Directors:

I (We) have received, read, understand, and agree to abide by the House Rules for  
325 West 21 ST INC.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# KYROUS REALTY GROUP, INC.

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## 362 West Broadway Cooperative Corp.–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 e-mailed to [carine@kyrousrealtygroup.com](mailto:carine@kyrousrealtygroup.com). **DO NOT DUPLICATE HOUSE RULES.** Please retain the copy included in this package for your information.

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. Net Worth Statement. Provide supportive documentation
4. Last two (2) year's Income tax Returns (include W-2's)
5. Tax Information Authorization Form (8821) attached.
6. Signed Credit Report Release
7. Letter from current landlord/management agent verifying status of tenancy
8. Letter from current employer verifying salary, position length of employment and likelihood of continued employment.
9. Two (2) personal letters of recommendation for each person to be named on the proprietary lease.
10. Letter of financial reference
11. If financing is involved, copies of the loan application, commitment letter and three (3) original AZTECH Recognition Agreements signed by the lender. The Recognition Agreements **MUST** include the bank's address and telephone number of loan department for notices. (Any information not provided will hold up Refinancing process.)
12. Copies of Checking & Savings Account Statement for past three (3) months
13. New York City: Window Guard/Lead Paint Notice

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### Schedule of Fees–Due with Application

1. **Move–out Deposit: \$500 Check**, payable to 362 West Broadway Cooperative Corp. from the seller. This check will be returned to the seller after the move–out 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. **Move–in Deposit: \$500 Check**, payable to 362 West Broadway Cooperative Corp. from the purchaser. This check will be returned to the purchaser 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.
3. **Application Processing Fee: \$650** certified check or money order payable to Kyrous Realty Group, Inc.
4. **Credit Check Fee: \$150.00 per applicant.** This check is non–refundable and made payable to Kyrous Realty Group, Inc. This check must be certified check or money order.

MAXIMUM FINANCING PERMITTED TO EIGHTY PERCENT (80%) OF THE PURCHASE PRICE.

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Application: 362 West Broadway Cooperative Corp.

# KYROUS REALTY GROUP, INC.

263 West 38<sup>th</sup> Street ♦Suite 15E ♦New York, NY 10018  
Phone: 212.302.1500 ♦Fax: 212.302.1500

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## Closing Fees

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- All fees must be paid by Certified Check, Money Order, or Attorney Escrow Check.
- All closings take place at the office of the Managing Agent:

Kyrous Realty Group, Inc.  
263 West 38<sup>th</sup> Street, Suite 15E  
New York, NY 10018

- Processing fee for Recognition Agreements: \$200.00 Payable to Kyrous Realty Group, Inc.
- Managing Agent's fee for preparation of closing documents, and for representing the interest of the Coop at closing: \$600.00 payable by Seller. Payable to Kyrous Realty Group, Inc.

Please note that there are additional fees for messenger service, etc.

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## 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.

# KYROUS REALTY GROUP, INC.

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Phone: 212.302.1500 ♦ Fax: 212.302.3855

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## Applicant Information

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Name(s): \_\_\_\_\_

SS#: \_\_\_\_\_

\_\_\_\_\_

SS#: \_\_\_\_\_

Present

Address: \_\_\_\_\_

\_\_\_\_\_

Apartment to be occupied by:

Applicant(s)  Yes  No

Occupants \_\_\_\_\_

Years at this address: \_\_\_\_\_

\_\_\_\_\_

Do you own your present residence?

Yes  No

\_\_\_\_\_

### CURRENT EMPLOYER INFORMATION:

Relationship \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Business

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Position: \_\_\_\_\_

### PREVIOUS EMPLOYER INFORMATION:

Annual Salary: \$ \_\_\_\_\_

Employer: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Business

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

### SPOUSE'S EMPLOYER INFORMATION:

Length of Employment: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_

Office Phone: \_\_\_\_\_

Business

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Annual Salary: \$ \_\_\_\_\_

Length of Employment: \_\_\_\_\_

### BROKER INFORMATION:

Name: \_\_\_\_\_

### ATTORNEY INFORMATION:

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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*-continued*

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Are there any outstanding judgments against you? Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have any diplomatic immunity or other special status? Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever declared bankruptcy or are involved in a bankruptcy procedure? Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Names of all clubs and society memberships, fraternities and honorary societies to which applicant belongs:

\_\_\_\_\_

Schools and colleges attended by husband, wife and children: \_\_\_\_\_

\_\_\_\_\_

Names of all residents in the building known by the applicant: \_\_\_\_\_

\_\_\_\_\_

Does applicant wish to maintain any pets in the apartment, and if so, please specify with full information:

\_\_\_\_\_

\_\_\_\_\_

Do you own or rent another residence, and if so, where? \_\_\_\_\_

\_\_\_\_\_

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**PERSONAL & BUSINESS REFERENCES**

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PERSONAL REFERENCE#1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

PERSONAL REFERENCE#2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

BUSINESS REFERENCES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Person to verify Applicant's Employment or  
Applicant's Supervisor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

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FINANCIAL REFERENCES

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PERSONAL ACCOUNTS: CHECKING

Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

PERSONAL ACCOUNTS: CHARGE CARD#1

Account Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

PERSONAL ACCOUNTS: CHARGE CARD#3

Account Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

BUSINESS ACCOUNTS: CHECKING

Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

PERSONAL ACCOUNTS: SAVINGS

Bank Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

PERSONAL ACCOUNTS: CHARGE CARD#2

Account Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

PERSONAL ACCOUNTS: CHARGE CARD#4

Account Name: \_\_\_\_\_

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

CLOSEST LIVING ADULT RELATIVE

*(Not intending to reside with Applicant)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

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**EMERGENCY CONTACT INFORMATION**

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APPLICANT INFORMATION:

Person to call in the event of an emergency

Contact Name: \_\_\_\_\_

Residence Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Office Phone: \_\_\_\_\_

# KYROUS REALTY GROUP, INC.

263 West 38<sup>th</sup> Street ♦ Suite 15E ♦ New York, NY 10018

Phone: 212.302.1500 ♦ Fax: 212.302.3855

The following is submitted as being a true and accurate statement of the financial condition of the undersigned on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Attach additional pages if necessary.

ASSETS	Applicant	Co-Applicant	LIABILITIES	Applicant	Co-Applicant
Cash in banks			Notes Payable:		
Money Market Funds			To Banks		
Contract Deposit			To Relatives		
Investments: Bonds & Stocks <i>(See schedule)</i>			To Others		
Investment in Own Business			Installment Accounts Payable:		
Accounts and Notes Receivables			Automobile		
Real Estate Owned <i>(See schedule)</i>			Other		
Automobiles: Year: Make:			Other Accounts Payable		
Personal Property & Furniture			Mortgages Payable on Real Estate <i>(see schedule)</i>		
Life Insurance Cash Surrender Value			Unpaid Real Estate Taxes		
Retirement Funds/IRA			Unpaid Income Taxes		
401K			Chattel Mortgages		
KEOGH			Outstanding Credit Card Loans		
Profit Sharing/Pension Plan			Other Debts <i>(itemize)</i>		
Other Assets			<b>TOTAL LIABILITIES</b>		
<b>TOTAL ASSETS</b>			<b>NET WORTH</b>		
<b>COMBINED ASSETS</b>			<b>COMBINED NET WORTH</b>		

Application: 362 West Broadway Cooperative Corp.

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SOURCE OF INCOME	Applicant	Co-Applicant	CONTINGENT LIABILITIES	Applicant	Co-Applicant
Base Salary			Endorser or Co-maker on Notes		
Overtime Wages			Alimony Payments (Annual)		
\$Bonus & Commissions			Child Support		
\$Dividends and Interest Income			Defendant in any legal action?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Income ( <i>itemize</i> )			Any unsatisfied judgments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>TOTAL</b>			Ever filed for bankruptcy	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>COMBINED TOTAL</b>			<b>Explain</b>		

PROJECTED COMBINED MONTHLY EXPENSES	Applicants
Maintenance	
Apartment Financing	
Other Mortgages	
Bank Loans	
Auto Loan	
<b>TOTAL</b>	

# KYROUS REALTY GROUP, INC.

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## SCHEDULE OF STOCKS AND BONDS

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

## SCHEDULE OF REAL ESTATE

Description	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 statements and details pertaining thereto, both printed and written, have been carefully read and the undersigned hereby solemnly declares and certifies that the same is a full and correct exhibit of my/our financial condition.

\_\_\_\_\_  
Date: \_\_\_\_\_

Application: 362 West Broadway Cooperative Corp.

Applicant Signature

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

**KYROUS REALTY GROUP, INC.**

263 West 38<sup>th</sup> Street ♦ Suite 15E ♦ New York, NY 10018

Phone: 212.302.1500 ♦ Fax: 212.302.3855

**CREDIT REPORT RELEASE**

I (we) hereby authorize Kyrous Realty Group, Inc., on behalf of **362 West Broadway Cooperative Corp.** to request and receive any and all information from any credit bureaus, previous employers, law enforcement agencies, and references.

I (we) will hold harmless and/or release Kyrous Realty Group, Inc. and **362 West Broadway Cooperative Corp.** from any and all claims and liability which may arise now or in the future with regard to the obtaining or the releasing of the above stated information for the purpose of doing credit checks, and criminal activity checks.

Each Applicant and all adults who will reside in the Unit must complete Credit Report Release.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Age: \_\_\_\_\_

Address: \_\_\_\_\_

Employer's Company Name

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

\*Duplicate for Additional Applicants

KYROUS REALTY GROUP, INC.

263 West 38<sup>th</sup> Street ♦ Suite 15E ♦ New York, NY 10018

Phone: 212.302.1500 ♦ Fax: 212.302.3855

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362 West Broadway Cooperative Corp.-Letter to Board of Directors

The Board of Directors  
362 West Broadway Cooperative Corp.  
New York, NY 10003

Re: 362 West Broadway Cooperative Corp.  
Unit #: \_\_\_\_\_

Dear Board of Directors:

I (We) have received, read, understand and agree to abide by the House Rules for  
362 West Broadway Corp.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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Application: 362 West Broadway Cooperative Corp.