

KYROUS REALTY GROUP, INC.

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

Phone: 212.302.1500 ♦ Fax: 212.302.3855

34-36 East 10th Street Corporation-Sublease Requirements

Please submit. All of one (1) original and five (5) collated copies and deliver to Kyrous 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 furnished will be returned to the applicant or destroyed.

*SUBLETS ARE PERMITTED FOR A MAXIMUM TERM OF ONE YEAR DURING OWNERSHP.

1. Letter from Shareholder stating reason for sublet
2. Completed Sublet Application
3. Fully executed Lease Agreement
4. Last two (2) year's signed Income tax Returns (include W-2's).
5. Signed Credit Report Release.
6. Letter from current landlord/managing agent verifying status of tenancy.
7. Letter from current employer verifying salary, position length of employment and likelihood of continued employment OR Letter from your Accountant, if self-employed.
8. Two (2) personal letters of recommendation for each applicant
9. Two (2) Professional reference letters for each applicant
10. Copies of Checking & Savings Account Statement for past three (3) months.
11. Window Guard/ Lead Paint Disclosure Forms.
12. Acknowledgement of House Rules.

Schedule of Fees-Due with Application

1. Move-in Deposit: \$500.00 (Non-refundable), payable to 34-36 East 10th Street Corporation. This check must be in the form of a certified check or money order.
2. Move-in Deposit: \$2,000.00 Check (Refundable), payable to 34-36 East 10th Street Corporation. \$1,000 will be refunded after the move-in is complete. In case of damage to the building, the cost of repairs will be deducted from this deposit. The balance will be refunded after the tenant vacates the apartment.
3. Application Processing Fee: \$450 certified check or money order payable to Kyrous Realty Group, Inc.
4. Credit Check Fee: \$100.00 per applicant. This check is non-refundable and made payable to Kyrous Realty Group, Inc. This check must be certified check or money order.

***INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

KYROUS REALTY GROUP, INC.

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Sublease Application

Name(s): _____

Phone: _____

Present
Address: _____

SS#: _____

SS#: _____

Years at this address: _____

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

Do you own your present residence?
Yes No

Occupants _____

CURRENT EMPLOYER INFORMATION:

Employer: _____

Business
Address: _____

Relationship _____

Nature of Business: _____

PREVIOUS EMPLOYER INFORMATION:

Employer: _____

Office Phone: _____

Business
Address: _____

Position: _____

Annual Salary: \$ _____

SPOUSE'S EMPLOYER INFORMATION:

Length of Employment: _____

Employer: _____

Office Phone: _____

Business
Address: _____

Length of Employment: _____

Nature of Business: _____

Office Phone: _____

BROKER INFORMATION:

Position: _____

Name: _____

Annual Salary: \$ _____

Address: _____

Length of Employment: _____

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? _____

PERSONAL & BUSINESS REFERENCES

PERSONAL REFERENCE#1:

Name: _____

Address: _____

Phone: _____

Relationship: _____

PERSONAL REFERENCE#2:

Name: _____

Address: _____

Phone: _____

Relationship: _____

CLOSEST LIVING ADULT RELATIVE

Name: _____

Address: _____

Phone: _____

Relationship: _____

EMERGENCY CONTACT INFORMATION

APPLICANT INFORMATION:

Person to call in the event of an emergency

Contact Name: _____

Relationship: _____

Residence Phone: _____

Office Phone: _____

BUSINESS REFERENCES

Name: _____

Address: _____

Phone: _____

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

Name: _____

Address: _____

Phone: _____

FINANCIAL REFERENCES

PERSONAL ACCOUNTS: CHECKING

Bank Name: _____

Account No: _____

Address: _____

PERSONAL ACCOUNTS: CHARGE CARD#1

Account Name: _____

Account No: _____

Exp. Date: _____

PERSONAL ACCOUNTS: CHARGE CARD#2

Account Name: _____

Account No: _____

Exp. Date: _____

PERSONAL ACCOUNTS: CHARGE CARD#3

Account Name: _____

Account No: _____

Exp. Date: _____

PERSONAL ACCOUNTS: CHARGE CARD#4

Account Name: _____

Account No: _____

Exp. Date: _____

PERSONAL ACCOUNTS: SAVINGS

Bank Name: _____

Account No: _____

Address: _____

BUSINESS ACCOUNTS: CHECKING

Bank Name: _____

Account No: _____

Address: _____

NET WORTH STATEMENT

Application: 34-36 East 10th Street Corporation

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				TOTAL LIABILITIES			
TOTAL ASSETS				NET WORTH			
COMBINED ASSETS				COMBINED NET WORTH			

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"/>
TOTAL			Ever filed for bankruptcy	Yes <input type="checkbox"/> No <input type="checkbox"/>	
COMBINED TOTAL			Explain		

PROJECTED COMBINED MONTHLY EXPENSES	Applicants
Maintenance	
Apartment Financing	
Other Mortgages	
Bank Loans	
Auto Loan	
TOTAL	

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.

Applicant Signature

Date: _____

Applicant Signature

Date: _____

CREDIT REPORT RELEASE

I (we) hereby authorize Kyrous Realty Group, Inc., on behalf of 34-36 East 10th Street Corporation 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 34-36 East 10th Street Corporation 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 obtaining credit checks, and criminal activity checks.

Each Applicant must complete a 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

Application: 34-36 East 10th Street Corporation

The Board of Directors
34-36 East 10th Street Corporation
34-36 East 10th Street
New York, NY 10003

Re: 34-36 East 10th Street
Unit #: _____

Dear Board of Directors:

I (We) have received, read, understand and agree to abide by the House Rules of 34-36 East 10th Street Corporation.

Signature of Applicant

Date

Signature of Applicant

Date

34-36 East 10th Street Corp.
 c/o Kyrour Realty Group, Inc.
 263 West 38th Street, Suite #15E
 New York, NY 10018-5851

**KEEP
THIS COPY**

ANNUAL NOTICE
PROTECT YOUR CHILD FROM LEAD POISONING AND WINDOW FALLS

New York City law requires that tenants living in buildings with 3 or more apartments complete this form and return it to their landlord before **February 15**, each year. **If you do not return this form, your landlord is required to visit your apartment to determine if children live in your apartment.**

Peeling Lead Paint	Window Guards
<p>By law, your landlord is required to inspect your apartment for peeling paint and other lead paint hazards at least once a year if a child under 6 years of age (5 years or younger) lives with you.</p> <ul style="list-style-type: none"> • You must notify your landlord in writing if a child under 6 comes to live with you during the year. • If a child under 6 lives with you, your landlord must inspect your apartment and provide you with the results of these paint inspections. • Your landlord must use safe work practices to repair all peeling paint and other lead paint hazards. • Always report peeling paint to your landlord. Call 311 if your landlord does not respond. 	<p>By law, your landlord is required to install window guards in all your windows if a child under 11 years of age (10 years or younger) lives with you, OR if you request them (even if no children live with you).</p> <ul style="list-style-type: none"> • It is against the law for you to interfere with installation, or remove window guards where they are required. Air conditioners in windows must be permanently installed. • Window guards must be installed so there is no space greater than 4¹/₂ inches above or below the guard, on the side of the guard, or between the bars. • ONLY windows that open to fire escapes, and one window in each first floor apartment when there is a fire escape on the outside of the building, are legally exempt from this requirement.
<p>These requirements apply to buildings with 3 or more apartments built before 1960. They also apply to buildings built between 1960 and 1978 if the landlord knows that lead paint is present.</p>	<p>These requirements apply to all buildings with 3 or more apartments, regardless of when they were built.</p>

Fill out and detach the bottom part of this form and return it to your landlord.

Please check **all** boxes that apply

- A child age under 6 years of age (5 years or younger) lives in my apartment.
- A child under 11 years of age (10 years or younger) lives in my apartment and:
 - Window guards are installed in all windows as required.
 - Window guards need repair.
 - Window guards are NOT installed in all windows as required.
- No child under 11 years of age (10 years or younger) lives in my apartment:
 - I want window guards installed anyway.
 - I have window guards, but they need repair.

Last Name	First Name	Middle Initial
Street Address	Apt. #	City
		State
		Zip Code
Signature	Date	Telephone Number

Deadline for return: February 15, 2015
Return form to: Name and address of landlord or managing agent. Call 311 for more information on preventing lead poisoning and window falls.
DOHMH-approved: October 16, 2014

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 c/o Kyrour Realty Group, Inc.
 263 West 38th Street, Suite #15E
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NEW YORK CITY Residential Recycling Guide

Full recycling is back in America's largest city! Here are some simple pointers on what to recycle and how.

Paper & Cardboard

YES

Newspapers, magazines & catalogs

White or colored paper

All mail (even envelopes with plastic windows), wrapping paper, etc.

Smooth cardboard

Cereal and other dry-food boxes, etc.

Paper bags

Flattened cardboard

Place paper and cardboard recyclables in a clear bag or green-labeled container. Note that paper milk and juice cartons (rinsed) should be placed in the container with metal, glass and plastic.

NO

Plastic- or wax- coated paper

Candy wrappers, take-out containers, etc.

Carbon paper

Heavily soiled paper or cardboard

Hardcover books

Metal, Glass & Plastic

YES

Metal cans

Food, aerosol (empty), etc.

Foil wrap & trays

Plastic bottles & jugs

For detergent, soda, milk, juice, water, etc.

-any bottle where the neck is smaller than the body

Glass bottles & jars

Milk and other beverage cartons

Household metal including:

- Wire hangers
- All metal appliances (from washing machines and stoves to toasters and irons)*
- All indoor and outdoor metal furniture, including cabinets and window screens
- Metal pots and pans, cutlery and utensils

*Call 311 before discarding appliances that contain CFC gas, such as refrigerators and air conditioners.

NO

Motor oil or chemical containers

Styrofoam

Cups, egg cartons, etc.

Food containers

For yogurt, margarine, take-out, salad bar, etc.

Plastic bags, wrap or film

Sandwich wrap, grocery or dry cleaning bags, etc.

Plastic trays or tubs

For microwave, etc.

Plastic utensils, plates, cups, bowls

Plastic appliances, toys, furniture

Lightbulbs

Pane glass

Pump spray nozzles

Caps or lids

Household batteries

Rinse metal, glass and plastic items and place them in a clear bag or blue-labeled container. Throw away caps and lids with your regular trash. To collect the 5-cent deposit on beverage containers such as beer and soda bottles and cans, redeem them at a neighborhood store instead of putting them in with your recycling.

For more information, call the city information line at 311 or visit the New York City Recycles website at www.ci.nyc.ny.us/html/dos/html/bw_home/index.html

To find this guide online, go to www.nrdc.org/cities/recycling/

Natural Resources Defense Council
40 West 20th Street, New York, NY 10011 | 212 727-2700
www.nrdc.org