

# 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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## **34-36 East 10<sup>th</sup> Street Corporation-Sublease Requirements**

Please submit. All of one (1) PDF copy of the sublease application to [Carine@kyrousrealtygroup.com](mailto:Carine@kyrousrealtygroup.com). **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 OF TWO YEARS WITHIN OWNERSHIP OF A TEN YEAR TERM.**

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.

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## **Schedule of Fees-Due with Application**

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1. **Move-in Deposit: \$500.00 (Non-refundable)**, payable to 34-36 East 10<sup>th</sup> 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 10<sup>th</sup> 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: \$550 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.

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

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## Sublease Application

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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:

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

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

Business

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

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

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

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

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

### BROKER INFORMATION:

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

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

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? \_\_\_\_\_

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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: \_\_\_\_\_

CLOSEST LIVING ADULT RELATIVE

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

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

\_\_\_\_\_

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

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

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EMERGENCY CONTACT INFORMATION

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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: \_\_\_\_\_

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

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NET WORTH STATEMENT

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 (See schedule)				To Others			
Investment in Own Business				Installment Accounts Payable:			
Accounts and Notes Receivables				Automobile			
Real Estate Owned (See schedule)				Other			
Automobiles: Year: Make:				Other Accounts Payable			
Personal Property & Furniture				Mortgages Payable on Real Estate (see schedule)			
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 (itemize)			
Other Assets				<b>TOTAL LIABILITIES</b>			
<b>TOTAL ASSETS</b>				<b>NET WORTH</b>			
<b>COMBINED ASSETS</b>				<b>COMBINED NET WORTH</b>			

**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: \_\_\_\_\_



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CREDIT REPORT RELEASE

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I (we) hereby authorize Kyrous Realty Group, Inc., on behalf of 34-36 East 10<sup>th</sup> 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 10<sup>th</sup> 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: \_\_\_\_\_

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

Re: 34-36 East 10<sup>th</sup> Street  
Unit #: \_\_\_\_\_

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Application: 34-36 East 10<sup>th</sup> Street Corporation

Dear Board of Directors:

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**34-36 East 10th Street Corp.**  
 c/o Kyrour Realty Group, Inc.  
 263 West 38<sup>th</sup> 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.**

<b>Peeling Lead Paint</b>	<b>Window Guards</b>
<p><b>By law</b>, 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"> <li>• You must notify your landlord in writing if a child under 6 comes to live with you during the year.</li> <li>• If a child under 6 lives with you, your landlord must inspect your apartment and provide you with the results of these paint inspections.</li> <li>• Your landlord must use safe work practices to repair all peeling paint and other lead paint hazards.</li> <li>• <b>Always report peeling paint to your landlord. Call 311 if your landlord does not respond.</b></li> </ul>	<p><b>By law</b>, 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"> <li>• <b>It is against the law</b> for you to interfere with installation, or remove window guards where they are required. Air conditioners in windows must be permanently installed.</li> <li>• Window guards must be installed so there is no space greater than 4<sup>1</sup>/<sub>2</sub> inches above or below the guard, on the side of the guard, or between the bars.</li> <li>• 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.</li> </ul>
<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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# 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**

### NO

**Plastic- or wax- coated paper**

Candy wrappers, take-out containers, etc.

**Carbon paper**

**Heavily soiled paper or cardboard**

**Hardcover books**

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.

## 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](http://www.ci.nyc.ny.us/html/dos/html/bw_home/index.html)

To find this guide online, go to [www.nrdc.org/cities/recycling/](http://www.nrdc.org/cities/recycling/)

Natural Resources Defense Council  
New York, NY 10011 | 212 727-2700  
[www.nrdc.org](http://www.nrdc.org)