

KYROUS REALTY GROUP, INC.

263 West 38th Street ♦ Suite 15E ♦ New York, NY 10018
Phone: 212.302.1500 ♦ Fax: 212.302.3855

477 Equities 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. **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.

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. Last two (2) year's Income tax Returns (include W-2's)
4. Tax Information Authorization Form (8821) attached.
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. House Rules Acknowledgement
10. Copies of Checking & Savings Account Statement for past three (3) months
11. New York City: Window Guard/Lead Paint Notice

Schedule of Fees–Due with Application

1. **Move–out Deposit: \$1,000 Check, payable to 477 Equities Corp.** 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: \$1,000 Check, payable to 477 Equities Corp.** 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: \$750 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.

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Closing Fees

- 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 38th 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.

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Applicant Information

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: _____

Position: _____

Annual Salary: \$ _____

Nature of Business: _____

Length of Employment: _____

BROKER INFORMATION:

Name: _____

ATTORNEY INFORMATION:

Address: _____

Name: _____

Address: _____

Phone: _____

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: _____

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: SAVINGS

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: _____

BUSINESS ACCOUNTS: CHECKING

Bank Name: _____

Account No: _____

Address: _____

CLOSEST LIVING ADULT RELATIVE

(Not intending to reside with Applicant)

Name: _____

Address: _____

Phone: _____

Relationship: _____

Date: _____

Applicant Signature

Applicant Signature

Date:

EMERGENCY CONTACT INFORMATION

APPLICANT INFORMATION:

Person to call in the event of an emergency

Contact Name: _____

Residence Phone: _____

Relationship: _____

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			TOTAL LIABILITIES		
TOTAL ASSETS			NET WORTH		
COMBINED ASSETS			COMBINED NET WORTH		

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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"/>
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	

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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.

Applicant Signature Date: _____

Applicant Signature Date: _____

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CREDIT REPORT RELEASE

I (we) hereby authorize Kyrous Realty Group, Inc., on behalf of **477 Equities 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 **477 Equities 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: _____

Date: _____

Applicant Signature:

*Duplicate for Additional Applicants

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477 Equities Corp. -Letter to Board of Directors

The Board of Directors
477 Equities Corp.
477 Broome Street
New York, NY 10013

Re: 477 Equities Corp.
Unit #: _____

Dear Board of Directors:

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

Signature of Applicant

Date

Signature of Applicant

Date

Application: 477 Equities Corp.

RESIDENT INFORMATION FORM
477 EQUITIES CORP

Date: _____ / _____ / _____

Apt: _____

Name(s) Resident (s) _____

Resident Contact Information:

Name: _____

Name: _____

Work Number: _____

Work Number: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Home #/Other: _____

Home#/Other: _____

Please list all other occupants residing in unit:

Relationship: _____

Relationship: _____

Relationship: _____

Relationship: _____

Please list all the pets residing in unit (type, breed for dogs, weight):

Person to notify in the event of an emergency: _____

Contact info. for emergency: _____

Phone number to be used to be called from Intercom and Lobby

Do we (i.e. Superintendent) have a key to your apartment (we remind you that we must have access to your apartment in case of emergency)? Yes _____ No _____

477 Equities 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

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.

- 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.**

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.

Window Guards

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).

- **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.

These requirements apply to all buildings with 3 or more apartments, regardless of when they were built.

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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