

KYROUS REALTY GROUP, INC.

263 West 38th Street • Suite 15E

• New York, NY 10018 Phone:

212.302.1500 • Fax:

212.302.3855

Lancaster Lexington Apartment Corporation - 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.

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. Closing Fees
3. Schedule of Fees - Due with Application
4. Executed Contract of Sale
5. Net Worth Statement. Provide supportive documentation
6. Authorization to Release Information
7. Last two (2) year's Income tax Returns (include W-2's), if self-employed include (3) year's Income Tax Returns, (K1's and/or 1099's).
8. Signed Credit Report Release
9. Letter from current landlord/management agent verifying status of tenancy
10. Letter from current employer verifying salary, position length of employment and likelihood of continued employment.
11. Two (2) personal letters of recommendation for each person to be named on the proprietary lease.
12. Copies of last six (6) consecutive pay stubs for purchaser(s)
13. Letter of financial reference
14. 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 the process.)
15. Copies of Checking & Savings Account Statement for past three (3) months
16. New York City Housing Development Corporation Purchaser's Affidavit - (Exhibit B)
17. Reaffirmation Form
18. New York City Housing Development Corporation Purchaser's Income Eligibility Worksheet - (Exhibit C) Applicant Income Guide
19. New York City Housing Development Corporation Seller's Affidavit - (Exhibit D)

20. New York City Housing Development Corporation Resale Profit Worksheet (enclosed)

21. New York City: Window Guard/Lead Paint Notice

22. DTF-505 Form - Authorization for Release of Photocopies of Tax Returns and/or Tax Information.

The Authorization to Release Information Form MUST be completed for each adult applicant (age 18 years or older). By signing this form, the applicant is authorizing HDC, the New York City Department of Housing Preservation and Development and the New York City Department Investigations to contact landlords (current and previous) as well as employers (current and previous) to verify the information submitted in the applicant's file.

23. IRS 4506 Form - Request for Copy of Tax Return

Only one version of this request listing DOI as third party is needed. Sections 1-4 are to be completed as appropriate. The type of tax return filed applicant is to be listed in Section 6. In Section 7, please list the ending date(s) of the year(s) or period(s) of the tax returns provided by the applicant. Please leave Section 8 (8b & 8c) blank. The applicant must sign, date and list their telephone number at the bottom of the form.

THIS FORM IS REQUIRED TO BE SUBMITTED WITH THE APPLICANT'S FILE TO HDC. DO NOT SEND THIS FORM TO THE IRS.

24. IRS 4506-T- Request for Transcript of Tax Return

Three versions of this request form are needed: one is listing the managing agent as the third party, a second listing HDC as the third party and a third listing DOI as the third party. Sections 1-4 are to be completed as appropriate. The type of tax filed by the applicant is to be listed in Section 6. Box 6a also needs to be checked. If the applicant did not file, then they are to check Section 7-Verification of Non filing. For Section 9, please list ending date(s) of the year(s) or period (s) of the tax returns provided by the applicant. The applicant must sign, date and list their telephone number at the bottom of the form.

25. House Rules Acknowledgement

26. Move-In Procedures

27. Resident Information Form

FAILURE TO SUBMIT ALL FORMS IN AN APPLICANT'S FILE MAY CAUSE A
DELAY IN HAVING AN APPLICANT'S FILE APPROVED.

APPLICATIONS SUBMITTED WILL NOT BE REVIEWED UNLESS ALL
DOCUMENTATION AND FEES ARE INCLUDED.

NOTE: AFTER REVIEW BY HDC, FURTHER DOCUMENTATION MAY BE REQUIRED.

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[Application Information

Name(s): _____

SS#: _____

SS#: _____

Present Address: _____

Years at this address: _____

Do you own your present residence? Yes ☐ No ☐

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

Occupants: _____

Relationship: _____

Occupants: _____

Relationship: _____

Occupants: _____

Relationship: _____

† CURRENT EMPLOYER INFORMATION

Employer: _____

Business Address: _____

Nature of Business: _____

Office Phone: _____

Position: _____

Annual Salary: \$ _____

Length of Employment: _____

† PREVIOUS EMPLOYER INFORMATION:

Employer: _____

Business Address: _____

Nature of Business: _____

Office Phone: _____

Position: _____

Annual Salary: \$ _____

Length of Employment: _____

SPOUSE'S CURRENT EMPLOYER INFORMATION:

Employer: _____

Business Address: _____

Nature of Business: _____

Office Phone: _____

Position: _____

Annual Salary: \$ _____

Length of Employment: _____

[SPOUSE'S PREVIOUS EMPLOYER INFORMATION:

Employer: _____

Business Address: _____

Nature of Business: _____

Office Phone: _____

Position: _____

Annual Salary: \$ _____

Length of Employment: _____

BROKER'S INFORMATION:

Name: _____

Address: _____

Phone: _____

[ATTORNEY INFORMATION

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-APPLICANT #1:

Name: _____

Address: _____

Phone: _____

Relationship: _____

BUSINESS REFERENCES - Person to verify Applicant's Employment or Applicant's Supervisor

Name: _____

Address: _____

Phone: _____

PERSONAL REFERENCE-APPLICANT #2:

Name: _____

Address: _____

Phone: _____

Relationship: _____

BUSINESS REFERENCES - Person to verify Applicant's Employment or Applicant's Supervisor

Name: _____ **Address:** _____

Phone: _____

FINANCIAL REFERENCES - PERSONAL AND BUSINESS

PERSONAL ACCOUNTS -APPLICANT #1 CHECKING:

Bank Name: _____ **Account No.:** _____

Address: _____

PERSONAL ACCOUNTS -APPLICANT #1: CHARGE CARD:

Account Name: _____ **Account No:** _____

Exp. Date: _____

PERSONAL ACCOUNTS -APPLICANT #1: CHARGE CARD:

Account Name: _____ **Account No:** _____

Exp. Date: _____

PERSONAL ACCOUNTS-APPLICANT #1: SAVINGS

Bank Name: _____ **Account No:** _____

Address: _____

BUSINESS ACCOUNTS-APPLICANT #1: CHECKING:

Bank Name: _____ **Account No.:** _____

Address: _____

PERSONAL ACCOUNTS-APPLICANT #2 CHECKING:

Bank Name: _____ **Account No.:** _____

Address: _____

PERSONAL ACCOUNTS-APPLICANT #2: CHARGE CARD:

Account Name: _____ Account No: _____

Exp. Date: _____

PERSONAL ACCOUNTS-APPLICANT #2: CHARGE CARD:

Account Name: _____ Account No: _____

Exp. Date: _____

PERSONAL ACCOUNTS-APPLICANT #2: SAVINGS

Bank Name: _____ Account No.: _____

Address: _____

BUSINESS ACCOUNTS-APPLICANT #2: CHECKING:

Bank Name: _____ Account No: _____

Address: _____

[**CLOSEST LIVING ADULT RELATIVE** *(Not intending to reside with AppDcant)*]

Name: _____

Address: _____

Phone: _____ Relationship: _____

[**EMERGENCY CONTACT INFORMATION**]

Name: _____

Address: _____

Phone: _____ Relationship: _____

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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 building's attorney:

Novitt, Sahr & Snow, LLP.
118-35 Queens Blvd, 15th Floor
Forest Hills, NY 11375
718-544-8665 (P)
718-544-5703 (F)

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

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Schedule of Fees Due with Application

1. Move-out Deposit: \$1000/\$100 **Move- Out Fee** - Check (**s**), payable to Lancaster Lexington Apartment Corporation 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. The \$100.00 move-out fee is non-refundable.
2. Move-in Deposit: \$1000/Move - In Fee \$100 Check (s) , payable to Lancaster Lexington Apartment Corporation 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. The \$100.00 move-in fee is non-refundable.
3. Application Processing Fee: \$450 certified check or money order payable to Kyrous Realty Group, Inc.
4. Credit Check Fee: \$150 (per) applicant certified check or money order payable to Kyrous Realty Group, Inc.

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

NET WORTH STATEMENT

The following is submitted as being true and accurate statement of the financial condition of the undersigned on
 ___ day of ___ 20___

Applicant Name

Applicant Name

Applicant Name

Applicant Name

Address: _____

Address: _____

Attach additional pages if necessary.

ASSETS	A--Jicant	Co-A""""licant	LIABILITIES	Alicant	Co-A""""-licant
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 Proper(y & Furniture			Mortgages Payable on Real Estate (see schedule)		
Life Insurance Cash Surrender Value			Unpaid Real Estate Taxes		
Retirement Funds/IRA			Unnaid Income Taxes		
401K			Chattel Mortgages		
KEOGH					
Profit Sharing/Pension Plan			Outstaoding Credit Card Loans		
Other Assets			Other Debts (itemize)		
TOTAL ASSETS			TOTAL LIABILITIES		
			NETWORTH		
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= No <input type="checkbox"/>	Yes <input type="checkbox"/> No=
Other Income (itemize)			Any unsatisfied judgments	Yes:= No=	Yes J No <input type="checkbox"/>
TOTAL			Ever filed for bankruptcy	Yes:..... 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: _____

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AUTHORIZATION TO RELEASE INFORMATION

LANCASTER LEXINGTON APARTMENT CORPORATION

1885 Lexington Avenue

New York, NY 10035

The undersigned hereby authorize(s) the Board of Directors and/or Managing Agent to contact (without prior notice to the applicant or co-applicant) any of the employers, bank, landlord, educational institution bearing this application.

The undersigned have examined this application, including accompanying schedules and statement, and to the best of their knowledge and belief, it is true, correct and complete.

Date

Signature of Applicant

Date

Signature of Applicant

Sworn to before me this ____ day of _____ 20.____ _

Notary Public

Application: Lancaster Lexington Apartment Corporation (HDC)

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[CREDIT REPORT RELEASE

I (we) hereby authorize Kyrous Realty Group, Inc., on behalf of Lancaster Lexington Apartment 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 Lancaster Lexington Apartment 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 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

Application: Lancaster Lexington Apartment Corporation (HDC)

EXHIBIT B

NEW YORK CITY HOUSING DEVELOPMENT CORPORATION PURCHASER'S AFFIDAVIT

I/We, _____ as purchaser(s) ("Purchaser") of _____ shares of Lancaster Lexington Apartment Corporation ("Cooperative Corporation") which Shares are allocable to a proprietary lease ("Proprietary Lease") for Apt. — — — ("Residence") located at 1885 Lexington Avenue, _____ New York ("Project"), understanding and acknowledging that a portion of the construction and all of the permanent financing of the Project is provided by the New York City Housing Development Corporation ("HDC") which has entered into a regulatory agreement concerning the Project with the Cooperative Corporation ("Regulatory Agreement") governing the occupancy of my Residence, do hereby represent and warrant to the Cooperative Corporation as follows:

1. The information in this Affidavit, (my/our) cooperative apartment application and (my/our) Purchaser Income Eligibility Worksheet is true, accurate, complete and correct.
2. (I/We) intend to occupy the Residence as (my/our) principal place of residence within 60 days after (I/we) acquire (my/our) Shares and execute (my/our) Propriety Lease and will not use the Residence as an investment property or vacation home.
3. Other than as described in this Affidavit, (I/we) have no present intent, understanding or agreement (i.e. other than a mere expectation or possibility) to lease, sell, assign or transfer any interest in the Residence to another party and have not entered into any agreement, understanding or other arrangement to lease, sell, assign or transfer the Residence.
4. Purchase Price.

A The Purchase Price of the Shares allocable to the Residence is \$ _____ which consists of the amount paid in cash or in kind by the Purchaser(s) to or for the benefit of the Seller(s) or a related party to the Seller(s) for the Shares and does not include the items listed in the next sentence. Purchase Price does not include: reasonable attorney's fees and disbursements, reasonable brokerage fees, title insurance fees, reasonable processing fees of the cooperative corporation and its agents and attorneys related to such acquisition, recording fees, State and local transfer taxes, stamp taxes and the usual and reasonable fees and expenses in connection with the financing without limitation, credit report, fees, legal fees, appraisal fees and origination fees. Such amounts described in the foregoing sentence must not exceed the usual and reasonable fees and expenses for these services.

B. (I/We) hereby certify that a true and correct copy of the purchase contract representing the terms of the entire transaction for the purchase of the Shares allocable to the Residence from the seller, and all other contracts, agreements and understandings between (me/us) or anyone acting on (my/our) behalf, directly or

Application: Lancaster Lexington Apartment Corporation (HDC)

indirectly, and the seller or anyone acting on behalf of the seller, directly or indirectly, or any other person, relating to the purchase of the Shares allocable to the Residence and any related real or personal property or fixtures has been provided to the Cooperative Corporation.

C. Neither (I/We) nor anyone on (my/our) behalf has made any payment other than the amount indicated in item 4A above to the seller or to any person on behalf of the seller, nor have (I/we) canceled any debt of the seller or any related person to the seller.

5. Within the last five years, (I, We) have not purchased any Shares or any other residential unit in any HPD or HDC financed home ownership project listed as a Restricted Project on the attached Schedule of Currently Restricted Projects.

6. (I/We) understand that if (I/We) have made any material misstatements in the foregoing representations or have omitted to state any of the information requested such misstatement or omission will be considered an event of default under the Regulatory Agreement and the proprietary lease for the Residence and will be grounds for (a) termination of (my/our) proprietary lease, (b) eviction from (my/our) Residence and (c) forfeiture of the Shares allocable to (my/our) Residence.

NOTE TO SPONSOR AND/OR COOPERATIVE CORPORATION: This document must be executed not more than fourteen (14) days prior to execution of the sales contract by the Purchaser.

Date _____, 20

L.S. _____

Purchaser

Date _____, 20

L.S. _____

Purchaser

ACKNOWLEDGMENT BY INDIVIDUAL

STATE OF NEW YORK)
) ss.: COUNTY OF _____,

On this ____ day of _____ 20 ____, before me personally
came _____ to me personally known and known to
me to be the same person described in and who executed the foregoing instrument, and
he acknowledged to me the he executed the same.

Notary Public

ACKNOWLEDGMENT BY INDIVIDUAL

STATE OF NEW YORK)
) ss.: COUNTY OF _____,

On this ____ day of _____ 20 ____, before me personally
came _____ to me personally known and known to
me to be the same person described in and who executed the foregoing instrument, and
he acknowledged to me the he executed the same.

Notary Public

ACKNOWLEDGMENT BY INDIVIDUAL

STATE OF NEW YORK)
) ss.: COUNTY OF _____,

On this ____ day **of** _____ 20 ____, before me personally
came _____ to me personally known and known to
me to be the same person described in and who executed the foregoing instrument, and
he acknowledged to me the he executed the same.

Notary Public

REAFFIRMATION

NOTE TO SPONSOR AND/OR COOPERATIVE CORPORATION: Purchaser(s) must execute this reaffirmation if title closing is expected to occur or actually occurs, more than six (6) months subsequent to the date the Purchaser(s) executed their Purchaser Income Eligibility Worksheet. The reaffirmation must be submitted to HOC at least five (5) business days prior to the expected date of title closing (or earlier if there has been a change in family composition, assets or liabilities).

(I/We) as Purchaser(s) of the Residence have reviewed all of the foregoing representations and warranties made by (me/us) including information set forth on my/our Purchaser Income Eligibility Worksheet as of this ____ day of _____, 20__.

(I/We) do hereby reaffirm all of the foregoing representations and warranties previously made except as otherwise provided in the space below (e.g. list changes in family composition or income):

LS. _____
Purchaser

LS. _____
Purchaser

LS. _____
Purchaser

ACKNOWLEDGMENT BY INDIVIDUAL

STATE OF NEW YORK)
) ss.:
COUNTY OF _____)

On this ____ day of _____ 20____ , before me personally came _____, to me known and known to be the same person described in and who executed the foregoing instrument, and he acknowledged to me that he executed the same.

Notary Public

ACKNOWLEDGMENT BY INDIVIDUAL

STATE OF NEW YORK)
) ss.:
COUNTY OF _____)

On this ____ day of _____ 20____ , before me personally came _____, to me known and known to be the same person described in and who executed the foregoing instrument, and he acknowledged to me that he executed the same.

Notary Public

ACKNOWLEDGMENT BY INDIVIDUAL

STATE OF NEW YORK)
) ss.:
COUNTY OF _____)

On this ____ day of _____ 20____ , before me personally came _____, to me known and known to be the same person described in and who executed the foregoing instrument, and he acknowledged to me that he executed the same.

Notary Public

EXHIBIT C

NEW YORK CITY HOUSING DEVELOPMENT CORPORATION PURCHASER INCOME ELIGIBILITY WORKSHEET

Cooperative Corporation: Lancaster Lexington Apartment Corporation

Residence: 1885 Lexington Avenue, New York, NY 10035 (**Address**) **Apt. #:** ____
(**Apartment No.**)

The financial information requested on this worksheet must be provided by all purchasers and any other persons who (a) are expected to reside in the Residence located in the Cooperative development financed by a mortgage provided by the New York City Housing Development Corporation ("HDC") and (b) receive income ("Other Household Members"). The information requested below must be provided in order to determine eligibility under certain income limits. These limits have been established principally in response to HDC's programmatic requirements.

THIS DOCUMENT MUST BE COMPLETED PRIOR TO THE EXECUTION OF A SALES CONTRACT BY THE SPONSOR AND/OR COOPERATIVE CORPORATION.

Part 1 - General Information (*Names and Social Security Numbers*)

A. Purchasers	1. _____	Soc Sec No: _____
	2. _____	Soc Sec No: _____
	3. _____	Soc Sec No: _____
B. Other	1. _____	Soc Sec No: _____
Household	2. _____	Soc Sec No: _____
Members	3. _____	Soc Sec No: _____
	4. _____	Soc Sec No: _____

Part 2 - Determine the Current Gross Income for all Purchasers and Other Household Members

SOURCES OF CURRENT ANNUAL INCOME

1. Gross Pay (including any Part-time Pay)	\$ _____
2. Overtime	\$ _____
3. Bonuses, Commissions, and Tips	\$ _____
4. Dividends, Interest, Royalties & Trust	\$ _____
5. Business Activities	\$ _____
6. Net Rental Income	\$ _____
7. Pension/Social Security Benefits	\$ _____
8. Veterans Administration	\$ _____
9. Unemployment Compensation	\$ _____
10. Sick Pay	\$ _____
11. Public Assistance	\$ _____
12. Any other	\$ _____
13. Alimony, Child Support or separate Maintenance Income	\$ _____

14. Other

15. TOTAL ANNUAL GROSS INCOME

\$ _____
\$ _____

NOTE TO PURCHASERS: If Total Annualized Gross Income is above the applicable limits at the time of computation, then you will not be eligible to purchase the shares allocable to the Residence.

NOTE TO SPONSOR AND/OR COOPERATIVE CORPORATION: Execution of this Worksheet by Purchasers and Other Household Members must occur not more than fourteen (14) days prior to execution of the sales contract by the Purchasers. The Sponsor and/or Cooperative Corporation may not countersign the sales contract until HOC approves the income eligibility of the Purchasers. HOC's approval is valid for six (6) months from the date Purchasers execute this Worksheet. HDC's approval is void after such six (6) month period and title closing for the Residence may not occur after such date except with HOC's prior written approval and only after Purchasers execute the Reaffirmation on the Purchaser's Affidavit and list all information changes, if any.

PURCHASERS' AFFIDAVIT: I/We, being duly sworn, (1) certify that the information in this Purchaser Income Eligibility Worksheet is true and complete to the best of my/our knowledge and belief; (2) understand and agree that all of the above information is being relied upon by the Sponsor and/or the Cooperative Corporation in order to determine my/our eligibility as a purchaser of the Residence and that any false, misleading or incomplete information in this Purchaser Income Eligibility Worksheet will be considered an event of default under the HOC mortgage, the proprietary lease for the Residence and the By-laws of the Cooperative Corporation and will be grounds for (a) termination of my/our proprietary lease (b) eviction from my/our Residence and (c) forfeiture of the shares allocable to my/our Residence; and (3) consent to disclosure of all of the above information and any verification materials to HOC.

LS. _____
Purchaser

L.S. _____
Purchaser

LS. _____
Purchaser

STATE OF NEW YORK)
) ss.: COUNTY OF ____ ,

On this ____ day of _____ 20__, before me personally came _____, to me personally known and known to me to be the same person described in and who executed the foregoing instrument, and (s)he acknowledged to me that (s)he executed the same.

Notary Public

STATE OF NEW YORK)
) ss.: COUNTY OF ----

On this ____ day of _____ 20__, before me personally came _____, to me personally known and known to me to be the same person described in and who executed the foregoing instrument, and (s)he acknowledged to me that (s)he executed the same.

Notary Public

STATE OF NEW YORK)
) ss.: COUNTY OF ----

On this ____ day of _____ 20__, before me personally came _____, to me personally known and known to me to be the same person described in and who executed the foregoing instrument, and (s)he acknowledged to me that (s)he executed the same.

Notary Public



Applying for Affordable Housing:

Applicant Income Guide



ABOUT THIS GUIDE

Your **income** is an important part of your affordable housing application.

This guide shows you how your income is calculated for affordable housing.

This is not a housing application. It will not tell you if you will get an apartment. But it can help you give accurate answers about your income.

If you are invited to an **appointment to confirm your eligibility**, you will need to bring documents to confirm all of the information on your application.

Words in **bold italics** are explained on page 10, "Helpful Terms."

INSIDE:

WHAT IS INCOME?	2
WHAT INCOME IS INCLUDED?	3
INCOME FROM EMPLOYMENT	4
INCOME FROM SELF-EMPLOYMENT	5
INCOME FROM OTHER SOURCES	7
INCOME NOT INCLUDED	8
FREQUENTLY ASKED QUESTIONS	9
HELPFUL TERMS	10

Disclaimer. This document is intended to provide general information only. Content is based on HUD Occupancy Handbook 4350.3 and HPD and HOC Marketing Guidelines. Examples of income do not describe all possible financial situations.

What is Income?

Do you receive money from...

- A job, or more than one job?
- Working for yourself?
Examples: Taxi driver, hair stylist, freelance artist
- Other sources, on a **regular basis**?
Examples: Child support, unemployment benefits, supplemental security income (SSI), pension



This money is your **income**. You will need to know how much income you receive in order to apply for **affordable housing**.

STEPS TO CALCULATE INCOME:



Identify all of your sources of income.



Income from **employment** (p.4)



Income from **self-employment** (p.5)



Income from **other sources** (p.7)



Convert wages into yearly totals.



Hourly wages from an employer before taxes and other deductions are taken out



Gross income on a pay stub (paid weekly, every two weeks, etc.)

Money earned from self-employment should be calculated as **NET income, which is the amount after business and other expenses are taken out.*



Add income from all sources together to get your total **annual income**.

There are different ways you might receive income.

Some examples:

- A paycheck every 2 weeks
- Tips in cash at each shift
- Any kind of weekly or monthly payment, such as child support, pension, or unemployment benefits
- Holiday bonus every year

Income might be called different things.

Some examples:

- Salary
- Wages
- Earnings
- Payments

All of this money is **income**. You will need to include it on your affordable housing application. If you go to an **appointment to confirm your eligibility** for affordable housing, you will need to bring documents to confirm your income.

REMEMBER

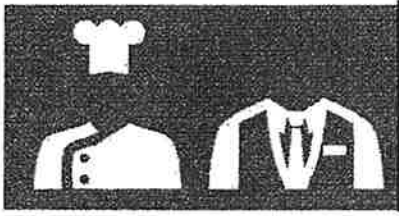
Throughout this guide, you find can more information about words in **bold italics** on p.10, "Helpful Terms."

WHAT INCOME IS INCLUDED? >

What Income is Included?

There are 3 main kinds of income on the affordable housing application.

1. INCOME FROM EMPLOYMENT



Money you are paid by an employer. This includes tips, bonuses, overtime, and other kinds of pay. If you receive a W-2 tax form, that money is **income from employment**.

On the application, include the amount before taxes or other money is taken out (**gross income**).

For example:

- Annual salary
 - Wages, including cash, paid on a **regular basis**
Examples: Weekly • Every 2 weeks • Twice a month • Monthly
 - Occasional or episodic** work for an employer
Examples: Weekend jobs for a catering company • Per diem (daily) healthcare jobs for a hospital or agency
 - Seasonal work
Examples: Holiday season retail • Summer work for a roofing company
- tips
- Vacation pay
- Overtime
- Bonuses and commissions you receive on a regular basis

2. INCOME FROM SELF-EMPLOYMENT



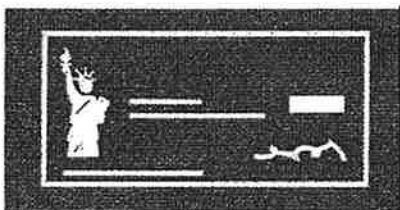
All of the money you receive in a year from working for yourself, freelancing, or being an independent contractor.

On the application, include the amount after taking out business expenses and other deductions (**net income**).

For example:

- "Business income (or loss)" on your tax return
- Income from owning your own business
- Freelancing
Examples: Writer or artist paid directly by clients
- Being an independent contractor or consultant
- Being an independent service provider
Examples: Taxi driver who owns/rents cab • Hair stylist who rents space in a salon
- Seasonal or occasional work for yourself
Examples: House cleaner paid directly by owner • Running your own catering business in the summer

3. INCOME FROM OTHER SOURCES



All of the money you receive in a year that is paid on a regular basis, but not from working. For example: child support, social security, unemployment insurance, or interest payments.

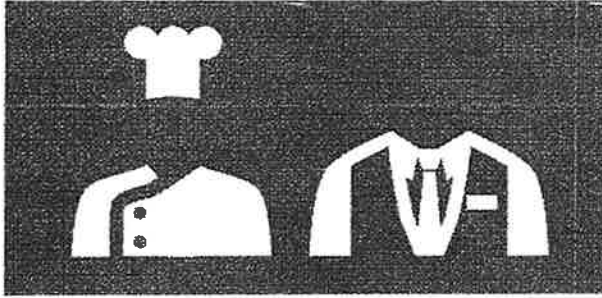
On the application, include income from other sources only if you receive it on a **regular basis** (weekly, monthly, yearly, etc.).

For example:

- Alimony
- Annuity Payments
- Armed Forces Reserves
- Child Support
- Dividends
- Disability Insurance
- **Gift Income**
- **Interest from Assets**
- Pension
- Public Assistance (PA)
- Rental Property Income
- Social Security or SSI
- Unemployment Benefits
- Welfare Assistance
- Worker's Compensation

INCOME FROM EMPLOYMENT ➔

1. Income from Employment



Income from employment is the money you earn from a job. It is what an employer pays you, before taxes or other deductions are taken out (**gross income**). On your application, include the amount for an entire year (**annual income**). To learn about including income from owning your own business, go to p. 5, "Income from Self-Employment."

Do you, or any of the people you will live with, have income from...?

- ☐ An annual salary
- ☐ Hourly, daily, or weekly wages
- ☐ Getting paid in cash
- ☐ Tips
- ☐ **Occasional or episodic work for an employer**
Examples: Work for a catering company • Per diem (daily) healthcare jobs for a hospital or agency
- ☐ Seasonal work
Examples: Holiday season retail • Summer work for a roofing company
- ☐ Vacation pay, overtime, bonuses, or commissions



These are sources of **income from employment**. If you said yes to any of these, include the amounts in the "Income from Employment" part of your application.

HOW TO CALCULATE ANNUAL INCOME

It is important to add all of your income into a yearly, or annual, total. If you are paid regularly (such as weekly, every 2 weeks, twice a month, etc.), you must take these important steps to figure out your annual income.

Note: If you are applying online in NYC Housing Connect, you do not need to do this calculation. It happens automatically as you fill out the income information in your profile.



Option 1: Convert hourly wages to annual income:

\$ you get paid for 1 hour

hours you usually work in 1 week

X # weeks you usually work in 1 year

= annual income

Option 2: Convert wages paid on a regular basis to annual income.

How often do you get paid?



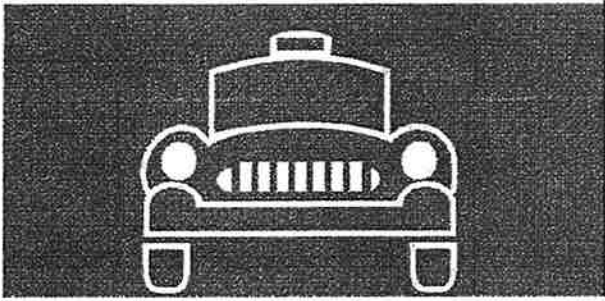
- > **Every week:**
\$ paid each week x 52 = annual income
- > **Every 2 weeks:**
\$ paid every 2 weeks x 26 = annual income
- > **Twice a month:**
\$ paid twice a month x 24 = annual income
- > **Once a month:**
\$ paid each month x 12 = annual income

REMEMBER

Income from employment should be before taxes and other money or deductions are taken out. (This is called **gross income**). You must include gross income for each employer for the entire year.

INCOME FROM SELF-EMPLOYMENT>

2. Income from Self-Employment



Income from self-employment is all of the money you earn in a year from working for yourself, freelancing, or being an independent contractor. On your application, include the amount for the entire year, minus business expenses (**net income**). If you don't earn the same amount every year, also go to the next page, "Estimating Annual Income from Self-Employment."

Do you, or any of the people you will live with...?

- ☐ Receive 1099 tax forms
- ☐ Own your own business
- ☐ Work as an independent service provider
Examples: Taxi driver who owns/rents cab
 - Hair stylist who rents space in a salon
- ☐ Do freelance work
Examples: Artist, writer, or graphic designer paid directly by clients
- ☐ Work as a consultant or independent contractor
Example below
- ☐ Work for yourself on an occasional or seasonal basis?
Examples: House cleaner paid directly by owner
 - Babysitter paid directly by the family
 - Running your own catering business in the summer



These are sources of **income from self-employment**. If you said yes to any of these, enter "self" in the employer part of the application and report the net income amounts.

HOW TO CALCULATE NET INCOME FROM SELF-EMPLOYMENT

1. Start with the total amount of money that comes into your business in a year. (On your 1099 tax form, this is "gross receipts.")
2. Subtract business expenses and any other deductions.
3. This is your **net income from self-employment**.



What is an independent contractor?

An **independent contractor** is someone other people hire to do a certain kind of job when needed. Usually the contractor and the person hiring them have an agreement or contract.

Example: Nicole the Painter

Nicole is a painter and works as an **independent contractor**. She has all of her own paintbrushes, ladders, and other supplies, and people hire her to paint their apartments. Before she begins a painting project for anyone, they agree on how much money she will be paid per hour and sign an agreement. When Nicole is finished painting, she tells the person how many hours she worked, and the person writes her a check or gives her cash.

REMEMBER

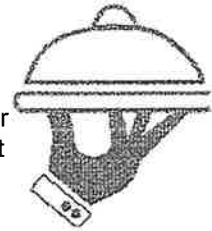
On the application, the income from self-employment amount should be **after** business and other expenses are taken out. This is called **net income**.

ESTIMATING ANNUAL INCOME FROM SELF-EMPLOYMENT

You might not make the exact same amount of money from self-employment every year. That's okay. Use these steps to estimate your annual income from self-employment.

1. You will need the last 3 years in a row of tax returns for this type of self-employment work.
 - ▶ If you do not have information for 3 years, use the last 2 years in a row.
2. Look at the net profit amounts on the tax returns.
 - ▶ On a tax return, see line 12, "Business income (or loss)."
 - ▶ On a Schedule C form, see line 31, "Net profit (or loss)."
3. Do you think you will make about the same amount of money this year as you did in past years? If yes, calculate the average and include that amount on the application. (See below for how to calculate the average)
4. Do you expect the amount of money this year to be different from past years? If yes, include the amount you expect to make this year.
5. If you lost money one year, use \$0.00 for that year. Do not use a negative number. See "About Averages" below for more information.
6. Make sure that you have documents to show the amount you have made in the past (such as tax returns) and the income you think you will make this year (such as a letter from your accountant or business manager, financial statements, budgets, receipts, or other information).

Example: David's Catering



David works for the government during the week, but a few years ago

he also started a catering business on summer weekends to make extra money. The business is growing.

Every year David's business makes a little more money than the year before:

3 years ago, the business made \$5,000.

2 years ago, it made \$7,000.

Last year, it made \$9,000.

Based on the trend of the past 3 years, David expects to make \$11,000 this year from catering. He should put \$11,000 on the application where he enters his self-employment income. This is in addition to the salary he earns in his government job.



ABOUT AVERAGES

If you think that this year you will make about the same amount as you did the last 3 years, calculate the average of those years and enter it on your application.

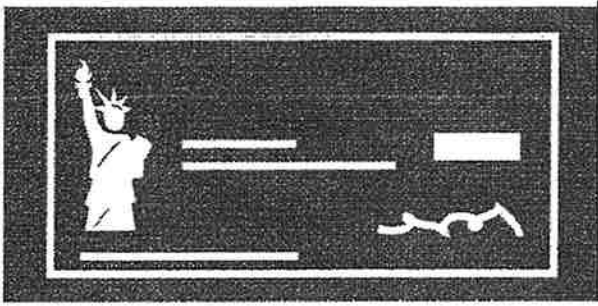
Here's how:

1. Find the net profit amounts on your tax returns from the last 2 or 3 years in a row.
2. Add up all of those amounts.
 - ▶ Are any of the amounts negative (Example: \$-924.00)? If yes, use \$0.00 for that year instead.
3. Divide that number by how many income amounts you started with.
 - ▶ If you had amounts from *J* years, divide the number by 3 to get the average.
 - ▶ If you had amounts from *i* years, divide the number by 2 to get the average.
4. Enter the average in the "Income from Self-Employment" part of your application.

INCOME FROM OTHER SOURCES



3. Income from Other Sources



You or the people you will live with may have income that doesn't come from a job or self-employment.

If you receive this **income from other sources** on a **regular basis**, you must also include it on your application.

Do you, or any of the people you will live with, receive income on a regular basis from... ?

Note: Include income from children under 18.

- | | |
|--|---|
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Interest from Assets (such as bank accounts or other investments) |
| <input type="checkbox"/> Annuity Payments | ▶ <i>More details on p. 10, "Helpful Terms"</i> |
| <input type="checkbox"/> Armed Forces Reserves | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Child Support* | <input type="checkbox"/> Public Assistance (PA)** |
| <input type="checkbox"/> Disability Insurance | <input type="checkbox"/> Rental Property |
| <input type="checkbox"/> Distributions | ▶ <i>Use <u>net</u> income from rental property</i> |
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Social Security or SSI |
| <input type="checkbox"/> Gifts | ▶ <i>Use the full amount for each month, <u>before</u> deductions</i> |
| ▶ <i>Examples on next page</i> | <input type="checkbox"/> Unemployment Benefits |
| | <input type="checkbox"/> Worker's Compensation |



These are examples of **income from other sources**. If you said "yes" to any of these, include the amounts in the "Income from Other Sources" part of your application.

REMEMBER

- Include **income from other sources** only if you receive it on a **regular basis** (such as weekly, every two weeks, monthly, or yearly). Do not include **one-time payments**.
- On the application, include the amount of money you would receive in a full year from each source. Do this even if you are not receiving the payment for a full year.
For example: You receive unemployment payments every week, but you know that the payments will end in a few months. Include the total amount you would receive in one year if the payments were not going to end. Go to p.4 to learn how to calculate annual income from regular payments.

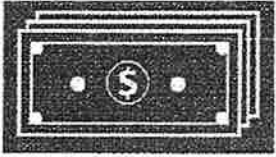


* Do you receive court-ordered child support and public assistance (PA)? Make sure to include the full amount of child support paid. For example, if you get "pass-through" payments, the full amount of child support paid could be different than what you get each month.

** Your public assistance income will be calculated according to rules for "as paid" localities. If you go to an appointment to confirm your eligibility, the developer or marketing agent will look at all of your documentation to make this calculation.

What is gift income?

If people who you do not live with give you money or help pay your bills on a *regular* basis, this is *gift* income. You must include it in your income calculation.



Examples:

- Your parents pay your electric bill every month, and the average is about \$100 per month. You must include the \$100 per month in your income on your application.
- A friend or relative gives you \$20 in cash every week to help with your expenses. You must include the \$20 per week in your income on your application.

If you are invited for an *appointment* to confirm *your eligibility*, you will need documents to prove that you receive this gift income on a regular basis. For example, make sure that you deposit cash payments right away in your bank account so that your bank statements show that you are paid regularly. You can prove that someone else pays bills for you with copies of their cancelled checks.

Note: The following are not gift income and should not be included in your income calculation: (1) gifts of groceries for children in your household, (2) the value of free or reduced school lunch, or (3) the value of meals provided to the elderly or needy.

Income Not Included



There are some exceptions to what is included as income:

- Income from employment for children under 18 years old
- Any income over \$480 earned by a full-time dependent **student** over 18 years old
- Lump-sum payments
 - Examples: Insurance payouts • Inheritance*
- One-time, non-recurring, or sporadic income (including **one-time gifts**)
- Payments or reimbursements for medical expenses
- Payments for caring for foster children
- Student assistance paid to student or educational institution
- Dollar value of food stamps or **SNAP**
- Gifts of groceries for children in your household
- Value of free or reduced school lunch
- Value of meals provided to elderly or needy

Do not include these items in your income calculation.



Frequently Asked Questions

INCOME FROM EMPLOYMENT

Why do I need to figure out my *annual income*? Can't I just put what I made last year?

You and the people you live with will be *eligible* based on how much money you make in the future. It is a good idea to look at tax documents from last year, but this is not enough. Every year is different. This is why you must enter the amount you currently make, and how often you get paid. It is also why you must include bonuses that you receive or expect to receive **on a regular basis**, and **income from other sources**.

My adult daughter is a full-time student who works after school. Is her income included?

If a full-time student over 18 years old is claimed as a dependent by parents or guardians, only \$480 of his or her **income from employment** is included as income.

I get paid in cash. How can I prove this is my income?

It is important to keep a record of your cash income. Every time you get paid in cash, write down the amount of money, date, and who paid you. Keep this record of cash payments in a safe place.

If you have a bank account, deposit the cash right away. This is so that the bank will have a record that you were paid regularly. It's okay if you need to take the money out of the bank again. Your bank statement will still show the deposit.

Remember: If you make more than a certain amount of cash income, you must also report it on your tax return. Your tax forms **will** say what that amount is.

I get paid on an *occasional* or *episodic* basis. How do I calculate my income?

It can be difficult to calculate your annual income if you do not get paid on a **regular basis**. Working for a caterer some weekends to make extra money, per diem (daily) healthcare jobs, temp jobs, and acting work can be examples of occasional or episodic work you do for an employer.

Have you earned income on an occasional or episodic basis over the last 3 years? If yes, add the amount you made for all three years together and divide by 3. This number is your average annual income from that work. Then estimate how much you **will** earn this year from that same type of work. Compare that number to your annual average. Which is higher? Use the higher number in the "Income from Employment" section of your application.

What happens if my income changes after I apply, and then I get invited to an *appointment to confirm my household's eligibility*?

Keep all of the documents and records that confirm your income now. If your income changes (for example, a new job or a raise), also bring documents showing how much you will be earning in the future. The developer or marketing agent will re-calculate your income.

INCOME FROM SELF-EMPLOYMENT

I have been invited to an *appointment to confirm my household's eligibility* for affordable housing. What documents do I need to confirm my self-employment income?

You **will** need to confirm how much you have made in the past from this type of work, and how much you expect to make this year.

To confirm past income, bring your last 3 years in a row of tax returns for self-employment in this type of work. You may bring information from the past 2 years in a row if you do not have 3.

To confirm the income you expect to make this year, bring a letter from your accountant or business manager, financial statements, budgets, receipts, or other information that supports the amount of money you expect to make.

What if I have been self-employed in a certain type of work for less than 2 years?

You will need documents showing that, as of the date of your appointment, you have been self-employed in this type of work for 2 years or more. If you are unable to provide this information from the past 2 years in a row, it is likely that you will not be eligible.

Even if you think this may be the case, you must still include your **net income from self-employment** on the application. Don't leave out any income. It can take several months until you hear if your number has come up in the lottery, so it may be possible that you **will** have 2 years of self-employment income at that point. Be sure to bring documents to the appointment that show how much you have already made from this type of self-employment, and how much you will make this year.

HELPFUL TERMS



Helpful Terms

Affordable Housing: Housing in New York City for people with incomes under a certain amount. Typically, housing is called "affordable" if a person pays up to approximately one-third of his or her income for rent or housing costs.

Annual Income: The amount of money you are paid in one year, calculated from gross income from employment, net income from self-employment, and income from other sources.

Appointment to Confirm Eligibility: After the application deadline, all applications are put into a random order. Starting at the top of the list, applications are reviewed and if they appear eligible, applicants are called for an appointment to continue the screening process. If you are invited for an appointment, you will need to bring documentation that confirms your income.

Assets: Assets are items of value that may be turned into cash. A savings account is a cash asset. The bank pays interest on the asset. The interest is the income from that asset. Other examples: stocks, bonds, mutual funds, money market accounts. See **Interest from Assets**, below, for more information.

Eligible/Eligibility: Your income must fall between certain limits and meet other application requirements to qualify for affordable housing. Other requirements include providing documents to prove your income and passing a credit and background check. If you and the people you will live with meet all of the requirements, you are eligible.

Gift Income: Income you receive on a regular basis from someone who does not live with you. For example: Your parents pay your utilities every month, or a friend or relative sends you a check to help with groceries and other expenses on a regular basis. Gift income can be in cash, but does not have to be.

Gross Income: Your annual (yearly) total earnings, wages, payments, or other money you receive from jobs and other sources, before any taxes are taken out. This is usually more than your take-home pay. Most people **will** report gross income on their applications. People who are self-employed report net income from self-employment instead.

Income: Earnings, wages, payments, or other money you receive.

Income from Employment: Income for work you do for an employer (not yourself). Gross income is used to report income from employment.

Income from Other Sources: Income you receive

on a regular basis that does not come from a job. For example, Social Security or veterans' benefits, public assistance, or child support.

Income from Self-Employment: Income you earn working for yourself, owning a business, or providing services. This includes freelancing, independent contracting, and other work-for-hire. Net income is used for income from self-employment on the application. If your net income is \$400 or more in a year, you must report that income on your application. *Note: if your business is an S-corporation, gross business income reported on Schedule K-1 is used in addition to gross W-2 wages earned.*

Independent Contractor: A person or business whom other people hire to do a certain kind of job when needed. Usually the contractor and the person hiring him or her have an agreement or contract.

Interest from Assets: If you go to an appointment to confirm eligibility, the developer or marketing agent **will** calculate your interest income from assets like bank accounts and other investments. If all of your assets are worth less than \$5,000, the interest they earn is added to your income. If all of your assets are worth more than \$5,000, either the interest they earn or 0.06% of their value is added your income, whichever amount is greater.

Net Income: The amount of income received after subtracting taxes, expenses, and other deductions. Net income is used to calculate income from self-employment.

Occasional or Episodic Income: Recurring income that is not paid at a consistent or expected time interval. Temp jobs, seasonal work, or acting jobs can be examples of recurring work paid on occasional or episodic basis.

One-time Payment: Income not received on a regular basis in the past and that you do not expect to receive again in the future. This money is not included in the income calculation.

Regular Basis/Regularly: If you receive income from any source on a regular basis, or "regularly," this means you are paid at a consistent or expected time interval. Income paid every day, every week, every 2 weeks, twice a month, once a month, every quarter, or every year are examples of income paid on a regular basis.

Student: A person with full-time student status (according to the person's school) for 5 months of the calendar year. The 5 months do not need to be consecutive. Only \$480 of a full-time dependent student's income from employment is included in the income calculation.



www.nyc.gov/housingconnect

Find and
Affordable Housing

facebook.com/NYPD

CL@n--
D www.nyc.gov/housingconnect

Ylslt--nyc.gov/housingconnect to
getmoreinformationtoapplyonline.

1t2sdQaBTlftlftb"informationforpurposesonly.
TIEisnot-18RjicalionlratonSablilousmg.
Filing011\$ocumendoesnotguar.mieelhat
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EXHIBIT D

NEW YORK CITY HOUSING DEVELOPMENT CORPORATION COOPERATIVE APARTMENT SELLER'S AFFIDAVIT

In order to comply with the requirements of the New York City Housing Development Corporation, as mortgagee of the Project (as hereinafter defined), in connection with the acquisition of shares of Lancaster Lexington Apartment Corporation (Cooperative Corporation) by

_____ (the "Purchaser" whether one or more) from the undersigned, which shares are allocable to a proprietary lease for Apt. _____ (including fixtures) ("Residence") at LANCASTER LEXINGTON APARTMENT CORPORATION, 1885 Lexington Avenue NYC 10035 ("Project"), the undersigned does hereby depose and say:

1. The Purchase Price of the Shares allocable to the Residence is \$_____ which consists of the amount paid in cash or in kind by the Purchaser(s) to or for the benefit of the Seller(s) or a related party to the Seller(s) for the Shares and does not include the items listed in the next sentence). Purchase Price does not include: reasonable attorney's fees and disbursements, reasonable brokerage fees, title insurance fees, reasonable processing fees of the cooperative corporation and its agents and attorneys related to such acquisition, recording fees, State and local transfer taxes, stamp taxes and the usual and reasonable fees and expenses in connection with the financing without limitation, credit report, fees, legal fees, appraisal fees and origination fees. Such amounts described in the foregoing sentence must not exceed the usual and reasonable fees and expenses for these services.
2. This information is true, correct and complete to the best of (my/our) knowledge and belief. A true and correct copy of the sales contract representing the terms of the entire transaction for the acquisition of the shares for the Residence has been provided to the Cooperative Corporation.
3. In connection with the sale of shares for the Residence, neither (I/we) nor anyone acting on (my/our) behalf (directly or indirectly) has entered into any contract, arrangement or understanding to make any payment to any persons other than as included in the Purchase Price stated above.

This document must be executed not more than fourteen (14) days prior to the execution of the sales contract by the Purchaser.

L.S. _____
Seller _____

L.S. _____
Seller _____

STATE OF NEW YORK)
) ss.:
COUNTY OF _____)

Notary Public

STATE OF NEW YORK)
) ss.:
COUNTY OF _____

Notary Public

STATE OF NEW YORK)
) ss.:
COUNTY OF _____)

Notary Public

ACKNOWLEDGMENT BY CORPORATION

STATE OF NEW YORK)
) ss.:
COUNTY OF _____)

On the ____ day of _____, 20____, before me, the undersigned, a notary public in and for said state, personally appeared personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person on behalf of which the individual(s) acted, executed the instrument.

Notary Public

**NEW YORK CITY HOUSING DEVELOPMENT CORPORATION
RESALE PROFIT WORKSHEET**

Purchaser(s): _____

Seller(s): _____

Cooperative Corporation: **Lancaster Lexington Apartment Corporation**

Residence Address: **1885 Lexington Avenue, New York, NY 10035**

Unit Number: _____

Number of Shares: _ _ _ _ _

The HDC Second Note Modification, Extension and Consolidation Agreement, dated as of _____ ("HDC Second Note") requires that Lancaster Lexington Apartment Corporation repay the outstanding principal balance of the HDC Second Note from Resale Profits (as defined below) received by the Seller(s) (as defined above) upon the sale of the Shares allocable to the Seller's Apartment. **The Cooperative Corporation is responsible for collecting the Resale Profits from the Seller and paying such amount to the New York City Housing Development Corporation ("HDC") within five (5) business days after the closing. Failure to make this payment to HDC is a default under the HDC loan documents.**

This Worksheet is to be used by the Cooperative Corporation any time Shares are sold in order to calculate the Resale profits received by the Seller(s) that are required to be paid to HDC as partial repayment of the outstanding principal balance of the HDC Second Note.

The Coop Board/Managing Agent and Seller must submit this Worksheet and supporting documentation and obtain HDC's prior written approval of this Worksheet at least 3 business days before the closing.

RESALE PROFIT WORKSHEET

The amount of the Seller's Resale Profits to be paid to HDC is computed as follows:

PART 1. SALE AMOUNT: Enter the amount of all cash and non-cash received by the Seller from the Purchaser as payment for the shares. This amount includes all cash, real property or personal property paid to the Seller by the Purchaser.

\$ _____

PART II. RESALE PROFITS: Resale Profits on the Sale Amount is computed as follows:

A. Enter the amount paid by the Seller when the Seller first acquired the Shares (total amount of all cash and non-cash paid by Seller).

\$ _____

B. Itemize all Permitted Expenses paid by the Seller when the Seller first acquired the shares and provided detailed documentation for each expenditure. Sellers should submit (i) the HUD RESPA statement, and (ii) any other documentation requested by HDC as documentation of the expenses listed below. Permitted Expenses are:

- | | | |
|----|--|----------|
| 1. | Attorney's fees and disbursements | \$ _____ |
| 2. | Real estate brokerage fees | \$ _____ |
| 3. | Title policy fees | \$ _____ |
| 4. | Any processing fees paid to the Cooperative Corp. | \$ _____ |
| 5. | Recording or filing fees | \$ _____ |
| 6. | Transfer and stamp taxes | \$ _____ |
| 7. | Lender's fees (if loan was used to acquire shares:
e.g. credit report fees, appraisal fees, legal fees of
lender or loan origination fees) | \$ _____ |

Add all costs listed in B (1) through B (7) paid by the Seller when the Seller first acquired the shares and enter the total.

\$ _____

C. Itemize the costs expended for Capital Improvements to Seller's unit (may not exceed \$2,500) and provide detailed documentation.

\$ _____

RESALE PROFIT WORKSHEET

Seller's Affidavit

State of New York)
County of _____) ss:

The undersigned Seller(s) hereby certify under penalty of perjury that the information contained in this Resale Profit Worksheet, and supporting documentation is true, accurate and complete to the best of my/our knowledge, information and belief.

Seller(s):

Print Name:

Date:

Print Name:

Date:

Sworn to before me this _____ day of _____ 20__ _

Notary Public

RESALE PROFIT WORKSHEET

D. Itemize all costs paid by the Seller upon the sale of the shares to the Purchaser, and provide detailed documentation including. Seller should submit (i) the Seller's attorney's good faith estimate of the closing costs set forth above and (ii) any other documentation requested by HDC as documentation of the expenses listed below:

- | | |
|--|----------|
| 1. Attorney's fees and disbursements | \$ _____ |
| 2. Real estate brokerage fees | \$ _____ |
| 3. Title Policy fees | \$ _____ |
| 4. Any processing fees paid to the Cooperative Corp. | \$ _____ |
| 5. Recording or filing fees | \$ _____ |
| 6. Transfer and stamp taxes | \$ _____ |
| 7. Lender's fees (if loan was used to acquire shares and is being repaid.) | \$ _____ |

Add all costs listed in D(1) through D(7) paid by the Seller upon the sale of the shares to the Purchaser and enter the total.

\$ _____

E. Add lines, A, B, C and **D**

\$ _____

F. Subtract line E from the Sale Amount Listed in Part I.
This is the total amount of Net Appreciation on the Seller's Shares.

(\$ _____)

G. Enter one-half of the amount set forth on line F. This is fifty (50%) percent of the Seller's Net Appreciation and constitutes "Resale Profits".

\$ _____

This Resale Profit Worksheet and supporting documentation must be completed and submitted to HDC for review and approved at least 3 days prior to closing. The undersigned understand and agree that (i) the information contained in this Worksheet is being relied upon by HDC, (ii) that failure to provide accurate and complete information or failure to pay the correct amount of the Seller's Resale Profits to HDC is a default under the HDC Second Notice and other HDC loan documents, and (iii) it is the responsibility of the Cooperative Corporation to collect the amount set forth in Part II, Line "G" above from the Seller at the closing and deliver it to HDC within five (5) days from such closing.

Lancaster Lexington Apartment Corporation

By: _____

Name: _____

Title: _____

Date: _____

Lancaster Lexington Apartment Corp.

c/o Kyrous Realty Group, Inc.
263 West 38th Street, Suite #15E
New York, NY 10018-5851

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 4 1/4 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

Authorization for Release of Photocopies
of Tax Returns and/or Tax Information

DTF-505
(5/05)

To: **Disclosure Officer**
NYS Tax Department
Office of Budget and Management Analysis
Disclosure & Government Exchange
W A Harriman Campus
Albany NY 12227
Telephone number: (518) 485-8594
Fax number: (518) 485-0243

I, _____ of
(Print name of taxpayer) (Social security or employer identification number)

(Address)

hereby authorize and request the New York State Tax Department to release a photocopy/ information

of my [_____] tax return for [_____] to:
(Type of tax) (Tax period(s))

{The area within the brackets on the line above may be altered to suit your request for information or copies.}

Inspector General, NYC HDC

(Print name of authorized representative/person/company)

New York City Dept. of Investigation

(Print firm name, if applicable)

83 Maiden Lane, 4th Floor

(Print address of authorized representative/person/company)

New York, NY 10038

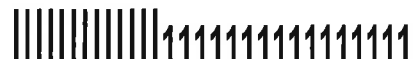
(Taxpayer signature)

(212) 825-3330

(Telephone number of authorized representative/person/company)

(Taxpayer telephone number)

Please note: There will be a charge of twenty-five cents per page for copies unless you are a participating member in a reciprocal agreement.



Request for Copy of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
 ▶ Request may be rejected if the form is incomplete or illegible.
 ▶ For more information about Form 4506, visit www.irs.gov/form4506.

OMB No. 1545-0429

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a Tax Return Transcript for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See Form 4506-T, Request for Transcript of Tax Return, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.

1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)

2a If a joint return, enter spouse's name shown on tax return.

2b Second social security number or individual taxpayer identification number if joint tax return

3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)

4 Previous address shown on the last return filed if different from line 3 (see instructions)

5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

Caution: If the tax return is being mailed to a third party, ensure that you have filled in lines 6 and 7 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax return to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your return information, you can specify this limitation in your written agreement with the third party.

6 Tax return requested. Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶ _____

Note: If the copies must be certified for court or administrative proceedings, check here ☐

7 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

8 Fee. There is a \$50 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.

a Cost for each return .

\$ 50.00

b Number of returns requested on line 7 .

c Total cost. Multiply line 8a by line 8b .\$ ☐9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here ☐**Caution:** Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. Note: For tax returns being sent to a third party, this form must be received within 120 days of the signature date.

D Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign ▶ Signature (see instructions)

Date

Here

▶ Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ Spouse's signature

Date

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

Future Developments

For the latest information about Form 4506 and its instructions, go to www.irs.gov/form4506. Information about any recent developments affecting Form 4506, Form 4506-T and Form 4506T-EZ will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

How long will it take? It may take up to 75 calendar days for us to process your request.

Tip. Use Form 4506--T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of nonfiling, and records of account.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on Get a Tax Transcript... or call 1-800-908-9946.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year or period and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

If you filed an

individual return and lived in:

Mail to:

Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVSTeam
Stop 6716 AUSC
Austin, TX 73301

Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming

Internal Revenue Service
RAIVSTeam
Stop37106
Fresno, CA 93888

Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia

Internal Revenue Service
RAIVSTeam
Stop 6705 P--6
Kansas City, MO 64999

Chart for all other returns

If you lived in or your business was in:

Mail to:

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVSTeam
P.O. Box 9941
Mail stop 6734
Ogden, UT 84409

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service
RAIVSTeam
P.O. Box 145500
Stop2800 F
Cincinnati, OH 45250

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, please include it on this line 3.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party - Business.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

m

You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506 but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

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.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5. Form 2848 showing the delegation must be attached to Form 4506.

Privacy Act and Paperwork Reduction Act

Notice. We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and 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 are not 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. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 16 min.; and Copying, assembling, 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 4506 simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Form 4506-T

(Rev. September 2015)
Department of the
Internal Revenue Service

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable items have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript.." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506, Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

- 6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶
- a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120-S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days. 0
- b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days. D
- c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days. 0
- 7 Verification of Nonfiling, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days. D
- 8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days. 0

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

- 9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.
- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|---|---|---|---|---|---|---|---|

Caution: 0-0 not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. Note: For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

☐ Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ Signature (see instructions) Date

▶ Title of line 1a above is a corporation, partnership, estate, or trust

▶ Spouse's signature Date

ATTACHMENT T: ASSET CERTIFICATION

PROJECT NAME: _____

LOG# _____

APPLICANT NAME: _____

UNIT# _____

I. SAVINGS ACCOUNT(S)

Banking Institution	Account Name	Account Number	Current Balance	Interest Rate
1)				
2)				
3)				
4)				

II. CHECKING ACCOUNT(S)

Banking Institution	Account Name	Account Number	Average Balance (last 6 months)	Interest Rate
1)				
2)				
3)				
4)				

III. INVESTMENT ASSETS (stocks, bonds, vested retirement funds, etc.)

Financial Institution	Account Name	Account Number	Account Value	Cash Value	Interest Rate
1)					
2)					
3)					
4)					

IV. REAL ESTATE (include the location and value of any real estate holdings sold within the last two years)

Description/Location	Value	Income
1)		
2)		

V. CASH SAVINGS

I have \$ _____ in cash savings.

VI. OTHER INVESTMENT HOLDINGS (Gems, Coin Collections, Etc.)

Description	Value

VII. LIST ANY ASSET DISPOSED OF WITHIN THE LAST TWO (2) YEARS

Description	Value

21

0 I hereby certify that I have no assets at this time, including but not limited to

any of the asset types listed above.

I DECLARE THAT THE STATEMENTS CONTAINED IN THIS DOCUMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I have not withheld, falsified or otherwise misrepresented any information. I fully understand that any and all information I provide during this application process is subject to review by the New York City Department of Investigation (DOI), a fully empowered law enforcement agency which investigates potential fraud in City-sponsored programs. I understand that the consequences for providing false or knowingly incomplete information in an attempt to qualify for this program may include the disqualification of my application, the termination of my lease (if discovery is made after the fact) and referral to the appropriate authorities for potential criminal prosecution.

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

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t.

Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Related transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us.irs.gov and click on "Get a Tax Transcript," under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVSTeam Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVSTeam Stop 37108 Fresno, CA 93888 559-458-7227
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVSTeam Stop 6705P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RANS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVSTeam P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1.b, Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed. If different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party - Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

m You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is not checked.

Indivkluats. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may sign Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

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.

Note: If you are heir at law, next of kin, or beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be a letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions: for use in administering the 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 are not 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. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average times: Learning about the law or the form, 10 min.; Preparing the form, 12 min.; and Copying, assembling, 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 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave., NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see where to file on this page.

HOUSE RULES
Amended- November "2014"

[Note: All references to "Shareholder" in these House Rules also apply to family, guests and subtenants of the Shareholder.]

1- The public halls and stairways of the building shall not be obstructed or used for any purpose other than an entrance to and exit from apartments in the building.

2- Children shall not play in the public halls, courts, stairways, fire escapes or elevators and shall not be permitted on the roof unless accompanied by a responsible adult

3- No public hall above the ground floor of the building shall be decorated or furnished by and Shareholder in any manner without the prior consent of all the Shareholders on that floor. If there is disagreement among Shareholders or a question about the decoration or furnishing of the ground floor, the Board of Directors shall decide.

4- No article shall be placed in the halls or on the staircase landings or fire towers, nor shall anything be hung or shaken from the doors, windows, terraces or balconies or placed upon the windowsills of the building.

5- No baby carriages, bicycles, scooters or similar vehicles shall be stored in a passenger elevator nor shall any of the above mentioned vehicles be allowed to stand in the public halls, passageways or courts of the building.

6- Awnings or window air conditioning units, washing machines, dishwashers or dryers may not be used in or about the building except as shall have been expressly approved by the Corporation. No objects shall be projected out of any window of the building without the express approval of the Corporation.

7- No sign, notice, advertisement or illumination shall be, written or hung from window or other part of the building, except as has been approved in writing by the Corporation or its managing agent.

8- No radio or television antenna shall be attached to or hung from the exterior of the building without the prior written approval from the Corporation.

9- No shareholder shall make or permit any disturbing noises in the building or do or permit anything to be done therein which will interfere with the rights, comfort or convenience of other shareholders. No shareholders shall play or allow to be played musical instruments or permit to be played a phonograph or a radio or television in a loud manner between the hours of eleven (11:00) o'clock p.m. and eight (8:00) o'clock a.m. the next morning so as to disturb or annoy other occupants of the building. No construction or repair work or other installation involving noise shall be conducted in any apartment except on weekdays (not including legal holidays) and only between the hours of 8:30 a.m. and 5:00 p.m.

10- If there is a garage in the building, the shareholder will abide by all arrangements made by the Corporation with the garage operator with regard to the garage and the driveways thereto.

11- Garbage and refuse from the apartments shall be disposed of only at such times and in such manner as the superintendent or the managing agent of the building may direct.

12- Toilets and other plumbing fixtures in the building shall not be used for any purposes other than those for which they are constructed, nor shall any sweepings, rubbish, rags or any other articles be thrown in toilets. The cost of repairing any damage resulting from misuse of any toilets or other plumbing fixtures shall be paid for by the Shareholder responsible for the damage.

13- No shareholder shall send any employee of the Corporation out of the building on any private business of a shareholder.

14- In no event shall any bird, reptile or animal be permitted in any of the public portions of the building, unless carried or on a leash. No pigeons or other birds or animals shall be fed from the window sills or other public portions of the building or on the sidewalk or street adjacent to the building.

15- Dogs, cats or other common household pets, not to exceed two (2) per apartment, may be kept in apartments, subject to the rules and restrictions adopted by the board of directors, and subject further to removal upon a vote of Shareholders owning not less than sixty-six and 2/3 percent (66 2/3%) of the shares of the Apartment Corporation, for reasons such as aggression against people or other animals, quantity limitations, noise, odor, hygiene or the Shareholders repeated breach of the pet rules promulgated by the Board of Director. In no event will any dog be permitted in any portion of the common areas of the Building unless carried or on a leash.

16- No vehicle belonging to a Shareholder or to a member of the family or guest, roommate, subtenant or employee of a Shareholder shall be parked in such a manner as to impede or prevent ready access to any entrance of the building by another vehicle.

17- The Shareholder shall use the available laundry facilities, if any, only upon such days and during such hours as the Corporation may designate.

18- The Corporation shall have the right from time to time to curtail or relocate any space devoted to storage or laundry purposes.

19- Complaints regarding the service of the building shall be made in writing to the Corporation or its managing agent

20- The Corporation may revoke at any time any consent or approval which it has given under these House Rules.

21- Shareholder shall observe all rules about the security of the building and its residents which the Board of Directors approves and issues in writing to the Shareholders.

22- Tenant-Shareholders are required to carry homeowners insurance.

KYROUS REALTY GROUP, INC.

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

Phone: 212.302.1500 • Fax: 212.302.1500

HOUSE RULES ACKNOWLEDGMENT

Lancaster Lexington Apartment Corporation - Letter to Board of Directors

The Board of Directors
Lancaster Lexington Apartment Corporation
1885 Lexington Avenue
New York, NY 10035

Re: Lancaster Lexington Apartment Corporation
Unit#: _____

Dear Board of Directors:

I (We) have received, read, understand and agree to abide by the House Rules
for Lancaster Lexington Apartment Corporation

Applicant Signature

Date

Applicant Signature

Date

Application: Lancaster Lexington Apartment Corporation (HDC)

KYROUS REALTY GROUP, INC.

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

Phone: 212.302.1500 • Fax: 212.302.1500

Move- In Procedures

1. Move- ins/move-outs are permitted on Monday thru Friday between the hours of 9:00 a.m. until 4:00 p.m. only, and must be coordinated with the managing agent at least three days before your scheduled move in date.
2. No weekend or Holiday move- ins or move-outs are permitted. Moving in or out during unapproved times may result in the forfeiture of your deposit.
3. On the day of move-in or move-out, the unit owner or movers must contact the building superintendent in person prior to starting the move, and must contact the superintendent again in person at the conclusion of the move.
4. To determine if any damage occurs during a Move/in or Move/out, the common areas must be inspected by the superintendent with the shareholder, purchaser, sub-tenant before and after the move. An inspection form will list any existing damages prior to the move and any new damages will be posted after the move. The Superintendent will review these damage with you, the form will be signed by you and the superintendent. If there is any damage, the cost to repair will be deducted from your move-in/out deposit.
5. At the conclusion of the move-in or move-out, the superintendent will conduct an inspection of all common areas used during the move including, but not limited to the foyer, the lobby, the stairwells, the elevator, and any and all floor hallways used during the move-in or move-out to assess any damages. The superintendent will note down, or a designated form any and all new damage caused by the move. The unit owner, mover or representative of either may accompany the superintendent for this purpose, and may sign the inspection form to indicate acknowledgment of the conditions at the conclusion of the move. At its sole discretion, the Board or the Managing Agent will price the cost of repair to any damages that occur during the move, and will charge the cost of those repairs to the unit owner. The unit owner shall pay the cost of the repairs promptly when they are charged. If the costs of the repairs are less than the amount of the move-in, move-out deposit, the unit owner may elect to pay for them from the deposit, but must replenish the deposit within 30 days.

RESIDENT INFORMATION FORM
Lancaster Lexington Apartment Corporation
1885 Lexington Avenue, New York, NY 10035

Date: — — / I

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 occnpants residing in nnit:

_____	Relationship: _____
_____	Relationship: _____
_____	Relationship: _____
_____	Relationship: _____

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

Person to notify in the event of an emergency: _____

Contact info. for emergency: _____

Phone nnmber 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 ____