

KYROUS REALTY GROUP, INC.

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

Phone: 212.302.1500 ♦ Fax: 212.302.3855

Lancaster Madison Apt. Corp. Market Units. –Sublet Application

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 assembled into a complete package of **one (1) original** and **one (1) collated copies** and delivered to Kyrus Realty Group, Inc., 263 West 38th Street, Suite 15E, New York, NY 10018. **DO NOT DUPLICATE HOUSE RULES.** Please retain the copy included in this package for your information.

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.

Note: Once a sublet is approved, applicants are required to submit proof of renter's insurance to the management's office.

1. Sublet Application (enclosed)
2. Executed Sublease Agreement
3. Rider to Sublease
4. Financial Statement
5. Last two (2) year's Income tax Returns (include W-2's)
6. Signed Credit Report Release
7. Letter from current landlord/management agent verifying status of tenancy
8. Letter from current employer verifying salary, position length of employment and likelihood of continued employment.
9. Two (2) personal letters of recommendation for each person to be named on the Sublease Agreement.
10. Copies of Checking & Savings Account Statement for past three (3) months
11. Signed House Rules Acknowledgement Form with House Rule attached
12. Move In/Move Out Procedures with Acknowledgement
13. Fitness Room Rules and Regulations
14. Waiver and Release Agreement for Fitness Room
15. Signed Window Guard/Lead Paint Notice
16. Occupant Information Form

Schedule of Fees–Due with Application

1. **Move-in/out Deposit from Applicant: \$500/\$100 Move –In/Out Fee – Check**, payable to **Lancaster Madison Apartment Corporation**. 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 deposit will be refunded at the end of the lease term.
2. **Move-Out Deposit from Shareholder: \$500/\$100 Move –In/Out Fee – Check**, payable to **Lancaster Madison Apartment Corporation**. 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 deposit will be refunded after the move-out is complete.
3. **Application Processing Fee: \$500.00 certified check or money order** payable to **Kyrus Realty Group, Inc.**

4. **Credit Check Fee: \$150.00 (per) applicant.** This check is non-refundable and made payable to **Kyrous Realty Group, Inc.** This check must be certified check or money order.

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

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 Applicant*)

Name: _____

Address: _____

Phone: _____

Relationship: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Address:

Phone: _____

Relationship: _____

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

Applicant Name

Applicant Name

Applicant Signature

Applicant Signature

Address: _____

Address: _____

-

-

Attach additional pages if necessary.

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

Application: Lancaster Madison Apt. Corp. (SUBLET - MARKET RENTAL)

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

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

SCHEDULE OF STOCKS AND BONDS

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

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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:

Lancaster Madison Apt. Corp.
Rider to Sublease

Rider annexed to and forming a part of the Sublease Agreement dated _____ for Apartment _____, located in the building located at 1820 Madison Avenue, New York, NY between: _____, as Over tenant and _____, as Undertenant.

The parties hereto agree as follows:

Application: Lancaster Madison Apt. Corp. (SUBLET - MARKET RENTAL)

1. It is hereby acknowledged by both parties that the subject dwelling is located in the building owned by the cooperative corporation, namely, _____, _____, (hereinafter "the Corporation"). Said sublease is subject to the terms of the Proprietary Lease between the Corporation and the Over tenant, a copy of which has been read by Undertenant.
2. The Corporation will have the right to maintain an action as the agent for the over tenant to evict the Undertenant, at Over tenant's expense, if Undertenant violates the terms of the Proprietary Lease or this Rider.
3. A default by the Undertenant under the Proprietary Lease will be deemed a default by the Undertenant under this Sublease.
4. The Over tenant and Undertenant/and any guarantor consent to personal jurisdiction in the State of New York in any action commenced by the Corporation. Over tenant and Undertenant each agree that service may be made upon them in any legal manner at their respective addresses on page 1 of the sublease.
5. Over tenant shall maintain liability insurance commonly known as "HO-4" covering the premises and naming the Corporation as an additional insured and shall file a Certificate evidencing such insurance with the Corporation prior to the commencement of the sublease.
6. Undertenant acknowledges that nothing by this sublease shall give the Undertenant the right to further sublease the apartment; to perform alterations, or to exercise any of the other rights granted to Over tenant under the Proprietary Lease unless the Corporation expressly consents. The parties acknowledge that the Corporation may withhold consent for any reason or for no reason.
7. Undertenant acknowledges receipt of the Proprietary Lease, House Rules, and the Window Guard Rider required pursuant to Section 131.15 of the New York City Health Code,
and agrees to comply with all of the requirements of each.
8. It is specifically agreed and understood between the parties to this agreement that as an inducement to the Corporation's Board of Directors' approval of this sublease agreement, and in accordance with the Proprietary Lease, no renewal, extension assignment or further subletting shall be permitted by the lessee or sublessee without the further written authorization of the Corporation's Board of Directors. This clause shall supersede any contrary clause in this agreement or any verbal understanding between the parties, which clause and agreement shall be null and void.
9. Pursuant to the Proprietary Lease, if the over tenant shall at any time default in the payment of any rent or additional rent, the Corporation may, at its option, as long as such default shall continue, demand and receive from the Undertenant rent which is

due or will become due from such Undertenant to the over tenant and apply the amount to pay the sums due or will become due from the over tenant to the Corporation. Any payments by an Undertenant to the Corporation shall constitute a discharge of the obligation of such Undertenant to the over tenant to the amount so paid. The acceptance of rent from the Undertenant shall not be deemed a consent to or approval of any subletting or assignment by the over tenant or a release of discharge of any obligations of the over tenant under the Proprietary Lease.

10. The parties acknowledge that this Rider is executed for the benefit of the Corporation. In case of any conflict between the sublease and this Rider, this Rider shall control.

By: _____
Shareholder (Over tenant)

By: _____
Lessee (undertenant)

By: _____
Lessee (undertenant)

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CREDIT REPORT RELEASE

I (we) hereby authorize Kyrous Realty Group, Inc., on behalf of East 118th Street Owners Corp., to request and receive 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 East 118th Street Owners Corp., from any and all claims and liability which may arise now or in the future with regard to the obtaining or the releasing of the above stated information for the purpose of doing credit checks, and criminal activity checks.

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

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Name: _____ Date of Birth: _____

Social Security #: _____ Age: _____

Address: _____

Employer's Company Name: _____

Address: _____

Date: _____

Applicant's Signature

*Duplicate for Additional Applicants

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IMPORTANT NOTICE

Please Read Carefully

Kyrous Realty Group, Inc. realizes that this application contains sensitive personal information. We require the social security number for each applicant (and each other adult occupant of the apartment) on the authorization to obtain Credit Report Information (see Credit Report Release). This is the only place on the application requiring a social security number, but social security numbers may be contained on other documents that you are submitting (e.g. tax returns, contracts of sale). Before submitting these documents, please blacken out or otherwise obliterate the social security number as Kyrous Realty Group, Inc. cannot be responsible for the security of this information if it is included in these documents.

Lancaster Madison Apt. Corp.
1820 Madison Avenue
New York, NY 10035

House Rule Acknowledgement

Apt. No. _____

I _____, have reviewed the House Rules of 1820 Madison Avenue, and agree to comply with all Rules and Regulations relating to the use and occupancy of apartments, as such rules may now exist or hereafter be amended.

I agree to the fact that the apartment will be used as my primary residence and will be occupied solely by myself and the persons listed on my application for occupancy.

I also understand that the apartment must be used solely as a residence and not for any commercial purpose.

Lessee

Lessee

Date: _____

Lancaster Madison Apt. Corp.
c/o Kyrous Realty Group, Inc.

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

Move In / Move Out
Acknowledgement

To Whom It May Concern:

I have read and understand the Move In/Move Out policy for Lancaster Madison Apt. Corp. and agree to notify the office of the managing agent in writing, not less than one week prior to my actual move. Notices should be addressed to Kyrous Realty Group, Inc., 263 West 38th Street, Suite 15E, New York, New York 10018.

I understand that moving in or out of the building is prohibited on weekends and or holidays.

I understand that moving in or out of the building is ONLY permitted on Monday through Friday between the hours of 9:00 a.m. until 4:00 p.m.

Further, the party or parties moving in or out must notify the superintendent two days prior to the actual move. The superintendent's telephone number is 347-573-3502.

Signed by: _____

Dated: _____