

# KYROUS REALTY GROUP, INC.

263 West 38<sup>th</sup> Street ♦ Suite 15E ♦ New York, NY 10018

Phone: 212.302.1500 ♦ Fax: 212.302.3855

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## **Lancaster Madison Apartment Corp. - Purchase Application and Required Documents**

The following is a list of the items you are required to submit for the board to review your application. Please be sure to provide all the information requested. All of the required documents must be assembled into a complete package of one (1) original and 1 (one) collated copies and delivered to Kyrous Realty Group, Inc., 263 West 38<sup>th</sup> 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.

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

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Application: Lancaster Madison Apartment Corp. (HDC)

18. New York City Housing Development Corporation Purchaser's Income Eligibility Worksheet - (Exhibit C)
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
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 ID 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.
- 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.
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.

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- NOTE: AFTER REVIEW BY HDC, FURTHER DOCUMENTATION MAY BE REQUIRED.
- THE APPLICATION AND TRANSFER PROCESS WILL BE LONGER THEN THE TYPICAL CO-OP APPLICATION AND TRANSFER PROCESS, SINCE IN ADDITION TO BOARD APPROVAL THE COOPERATIVE MUST OBTAIN A LETTER OF APPROVAL. THANK YOU IN ADVANCE FOR YOUR COOPERATION AND UNDERSTANDING.

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Application: Lancaster Madison Apartment Corp. (HDC)

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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: \_\_\_\_\_

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

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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: \_\_\_\_\_

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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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## 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, 15<sup>th</sup> 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

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1. **Move-out Deposit: \$1000/\$100 Move – Out Fee – Check (s), payable to Lancaster Madison Apartment Corp.** 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 Madison Apartment Corp.** 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 Kyrus Realty Group, Inc.**
4. **Credit Check Fee: \$150 (per) applicant certified check or money order payable to Kyrus Realty Group, Inc.**

\*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.

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

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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 (itemize)			Any unsatisfied judgments	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
TOTAL			Ever filed for bankruptcy	Yes <input type="checkbox"/> No <input type="checkbox"/>	
COMBINED TOTAL	Explain				

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

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**SCHEDULE OF STOCKS AND BONDS**

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

**SCHEDULE OF REAL ESTATE**

Description	Cost	Actual Value	Mortgage Amount	Maturity Date

**SCHEDULE OF NOTES PAYABLE**

Specify any assets pledged as collateral, including the liabilities they secure:

To Whom Payable	Date	Amount	Due	Interest	Pledged As Security

The foregoing statements and details pertaining thereto, both printed and written, have been carefully read and the undersigned hereby solemnly declares and certifies that the same is a full and correct exhibit of my/our financial condition.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

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## CREDIT REPORT RELEASE

I (we) hereby authorize Kyrous Realty Group, Inc., on behalf of Lancaster Madison Apartment Corp. to request and receive any and all information from any credit bureaus, previous employers, law enforcement agencies, and references.

I (we) will hold harmless and/or release Kyrous Realty Group, Inc. and Lancaster Madison Apartment Corp. from any and all claims and liability which may arise now or in the future with regard to the obtaining or the releasing of the above stated information for the purpose of doing credit checks, and criminal activity checks.

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

### PLEASE PROVIDE THE FOLLOWING INFORMATION:

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

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Age: \_\_\_\_\_

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

Employer's Company Name: \_\_\_\_\_

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

\_\_\_\_\_  
Date: \_\_\_\_\_

Applicant Signature

\*Duplicate for Additional Applicants

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EXHIBIT B

NEW YORK CITY HOUSING DEVELOPMENT CORPORATION PURCHASER'S  
AFFIDAVIT

I/We, \_\_\_\_\_ as purchaser(s) ("Purchaser") of \_\_\_\_\_ shares of Lancaster Madison Apartment Corp. ("Cooperative Corporation") which Shares are allocable to a proprietary lease ("Proprietary Lease") for Apt. \_\_\_\_\_ ("Residence") located at 1820 Madison 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) Proprietary 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

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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 HDC 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):

L.S. \_\_\_\_\_  
Purchaser

L.S. \_\_\_\_\_  
Purchaser

L.S. \_\_\_\_\_  
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 Madison Avenue Corp.

Residence: 1820 Madison 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 Household Members
  - 1. \_\_\_\_\_ Soc Sec No: \_\_\_\_\_
  - 2. \_\_\_\_\_ Soc Sec No: \_\_\_\_\_
  - 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 \$ \_\_\_\_\_

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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 HDC approves the income eligibility of the Purchasers. HDC'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 HDC'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 HDC 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 HDC.

L.S. \_\_\_\_\_  
Purchaser

L.S. \_\_\_\_\_  
Purchaser

L.S. \_\_\_\_\_  
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

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 Madison Apartment Corp. (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 MADISON APARTMENT CORP., 1820 Madison 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 \_\_\_\_\_



**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 SELLING AGENT**

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 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 \_\_\_\_\_ 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

Application: Lancaster Madison Apartment Corp. (HDC)

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

Purchaser(s): \_\_\_\_\_

Seller(s): \_\_\_\_\_

Cooperative Corporation: Lancaster Madison Apartment Corp.

Residence Address: 1820 Madison 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 Madison Apartment Corp. 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.**

Application: Lancaster Madison Apartment Corp. (HDC)

**RESALE PROFIT WORKSHEET**

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

**PART I. 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**

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 Madison Apartment Corp.**

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**RESALE PROFIT WORKSHEET**

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**Seller's Affidavit**

State of New York                    )  
  ) ss:  
County of \_\_\_\_\_ )

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

Application: Lancaster Madison Apartment Corp. (HDC)

Lancaster Madison Apartment Corp.  
 c/o Kyrous Realty Group, Inc.  
 263 West 38<sup>th</sup> 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.**

<p>Peeling Lead Paint</p> <p><b>By law</b>, your landlord is required to inspect your apartment for peeling paint and other lead paint hazards at least once a year if a child under 6 years of age (5 years or younger) lives with you.</p> <ul style="list-style-type: none"> <li>You must notify your landlord in writing if a child under 6 comes to live with you during the year.</li> <li>If a child under 6 lives with you, your landlord must inspect your apartment and provide you with the results of these paint inspections.</li> <li>Your landlord must use safe work practices to repair all peeling paint and other lead paint hazards.</li> <li><b>Always report peeling paint to your landlord. Call 311 if your landlord does not respond.</b></li> </ul>	<p>Window Guards</p> <p><b>By law</b>, your landlord is required to install window guards in all your windows if a child under 11 years of age (10 years or younger) lives with you, OR if you request them (even if no children live with you).</p> <ul style="list-style-type: none"> <li><b>It is against the law</b> for you to interfere with installation, or remove window guards where they are required. Air conditioners in windows must be permanently installed.</li> <li>Window guards must be installed so there is no space greater than 4 1/2 inches above or below the guard, on the side of the guard, or between the bars.</li> <li><b>ONLY</b> windows that open to fire escapes, and one window in each first floor apartment when there is a fire escape on the outside of the building, are legally exempt from this requirement.</li> </ul>
<p>These requirements apply to buildings with 3 or more apartments built before 1960. They also apply to buildings built between 1960 and 1978 if the landlord knows that lead paint is present.</p>	<p>These requirements apply to all buildings with 3 or more apartments, regardless of when they were built.</p>

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

✂-----  
 ---Please check **all** boxes that apply

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

Application: Lancaster Madison Apartment Corp. (HDC)



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

## Part A – Taxpayer information

Taxpayer's name as shown on return	Taxpayer's SSN or EIN as shown on return
Joint taxpayer's name as shown on return	Joint taxpayer's SSN as shown on return
Street address as shown on return	Telephone number (      )
City, state, ZIP code as shown on return	VIN number (only if requesting Form DTF-802)
Current name or names (if different from name(s) above)	
Current address (if different from address above)	

## Part B – Tax return information (attach additional sheets if necessary)

Column A	Column B
<b>Tax type</b> (Mark an X in one box in each row for the type of tax information requested.)	<b>Tax year(s) requested</b> (List all years or periods requested for the tax type in Column A.)
Income tax <input type="checkbox"/> Corporation tax <input type="checkbox"/> Withholding Tax <input type="checkbox"/> Sales tax <input type="checkbox"/>	
Other (tax type): _____ <input type="checkbox"/>	
Income tax <input type="checkbox"/> Corporation tax <input type="checkbox"/> Withholding Tax <input type="checkbox"/> Sales tax <input type="checkbox"/>	
Other (tax type): _____ <input type="checkbox"/>	
Income tax <input type="checkbox"/> Corporation tax <input type="checkbox"/> Withholding Tax <input type="checkbox"/> Sales tax <input type="checkbox"/>	
Other (tax type): _____ <input type="checkbox"/>	
If you are authorizing the release of <b>only</b> information verifying the timely filing of tax returns listed above, mark an X here. _____ <input type="checkbox"/>	If the copies must be certified for court or administrative proceedings, mark an X here. _____ <input type="checkbox"/>
Reason for the request	

## Part C – Third party information (Complete this section only if the return or information is to be sent to a third party, such as a mortgage company.)

Print name of authorized individual \_\_\_\_\_

Print firm's name (if applicable) \_\_\_\_\_

Street address (number and street or PO Box) \_\_\_\_\_

City, state, ZIP code \_\_\_\_\_ Telephone number (      ) \_\_\_\_\_

## Part D – Certification

I certify that I am either the taxpayer whose name is shown on the return, or the taxpayer's representative authorized to obtain the tax return or information requested. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form DTF-505 on behalf of the taxpayer.

Printed name of taxpayer or authorized individual \_\_\_\_\_ Title \_\_\_\_\_

Signature of taxpayer or authorized individual \_\_\_\_\_ Date \_\_\_\_\_

**This form must be signed by the taxpayer or the taxpayer's authorized representative, and you must provide a form of identification to validate your signature (such as a photocopy of your driver license or non-driver ID card). If the request applies to a joint return, only one spouse is required to sign.**

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## Instructions

### General instructions

You may be able to access certain tax information online. Visit our website (see *Need help?*) to create an *Online Services* account to view and print a copy of your e-filed return for the following tax types:

- Sales and use
- Corporation
- Fuel use

Refer to the website for the most current information.

Use this form to request copies of e-filed returns not available through *Online Services*, or paper returns. We will send a photocopy of the return, if available; otherwise, we will send a return transcript.

**Note:** Our personal income tax return transcripts show only the information entered on the return as originally filed. We do not offer tax account transcripts like those provided by the Internal Revenue Service.

Enclose a check or money order payable in U.S. funds to the **Commissioner of Taxation and Finance**. The minimum fee is \$2.00. This fee covers the cost of processing the request at the rate of twenty-five cents (\$.25) per page. We do not accept blank checks, credit cards, or debit cards. If you are unsure of the number of pages, send us a check for \$2.00 and we will bill you the amount due.

Mail your completed request to: **NYS TAX DEPARTMENT  
DISCLOSURE UNIT  
W A HARRIMAN CAMPUS  
ALBANY NY 12227-0870**

If not using U.S. Mail, see Publication 55, *Designated Private Delivery Services*.

We will return your request if the form is incomplete or you did not provide a legible copy of your valid identification. It takes approximately 30 days for your request to be processed once all the necessary information has been received. To avoid delays, be sure to:

- specify as best you can the type of information being requested,
- provide the reason for your request,
- include a daytime phone number,
- enclose a check for the processing fee,
- sign *Part D* of this form, and
- provide a form of identification from which your signature can be validated.

### Part A – Taxpayer information

Complete this section for all requests. If you are requesting proof of sales tax paid on a purchase of a motor vehicle, or a copy of your Form DTF-802, *Statement of Transaction – Sale or Gift of Motor Vehicle, Trailer, All Terrain Vehicle (ATV), Vessel (Boat), or Snowmobile*, provide the vehicle identification number (VIN) in the space provided.

### Part B – Tax return information

Complete one row for each type of tax information you are requesting.

**Column A** – Mark an **X** in one box in each row, as applicable.

Mark an **X** in the appropriate box if you want us to provide **only** information regarding whether the returns and years requested were timely filed. If you mark this box, we will not provide copies or any other return-specific information.

**Column B** – List the years or periods for the tax information requested in the corresponding row in Column A. Mark an **X** in the appropriate box if you need certified copies for court or administrative proceedings.

Provide the reason for your request and any additional information that will help us process your request. If you need more space, enter **see attached** in this section and attach the relevant information.

### Part C – Third party information

Complete this section only if you are requesting that the information be sent to someone other than you.

### Part D – Certification

This form must be signed by the taxpayer or the taxpayer's authorized representative, and you must provide a form of identification from which your signature can be validated (such as a legible photocopy of your valid driver license or non-driver ID card). If the request applies to a joint return, only one spouse is required to sign.

If the taxpayer is unable to sign, you must submit a power of attorney, power of appointment, or other evidence to establish that you are authorized to act on behalf of the taxpayer or are authorized to receive the taxpayer's tax information. A representative can sign Form DTF-505 for a taxpayer only if this authority has been specifically delegated to the representative on a power of attorney (usually Form POA-1, *Power of Attorney*). **Attach a copy.**

For a corporation, the signature of the president, secretary, or other principal officer is required.

For partnerships, any person who was a member of the requesting partnership during any part of the tax period can sign the form.

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.

### Privacy notification

New York State Law requires all government agencies that maintain a system of records to provide notification of the legal authority for any request for personal information, the principal purpose(s) for which the information is to be collected, and where it will be maintained. To view this information, visit our website, or, if you do not have internet access, call and request Publication 54, *Privacy Notification*. See *Need help?* for the Web address and telephone number.

### Need help?



Visit our website at [www.tax.ny.gov](http://www.tax.ny.gov)

- get information and manage your taxes online
- for new online services and features



### Telephone assistance

**Business Tax Information Center:** (518) 457-5342  
**Personal Income Tax Information Center:** (518) 457-5181  
 To order forms and publications: (518) 457-5431

**Text Telephone (TTY) Hotline** (for persons with hearing and speech disabilities using a TTY): (518) 485-5082



### Persons with disabilities:

In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, call the information center.

506002170094



Form **4506**

**Request for Copy of Tax Return**

(Rev. September 2015)

- ▶ 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](http://www.irs.gov/form4506).

OMB No. 1545-0029

Department of the Treasury  
Internal Revenue Service

**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](http://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.

**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

<p><b>Sign Here</b></p> <p>Signature (see instructions)</p>	<p>Date</p>
<p>Title (if line 1a above is a corporation, partnership, estate, or trust)</p>	<p>Date</p>
<p>Spouse's signature</p>	<p>Date</p>

**For Privacy Act and Paperwork Reduction Act Notice, see page 2.**

Cat. No. 41721E

Form **4506** (Rev. 9-2015)

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](http://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](http://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:**

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

Internal Revenue Service  
RAVS Team  
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  
RAVS Team  
Stop 37106  
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  
RAVS Team  
Stop 6705 P-6  
Kansas City, MO  
64999

### Chart for all other returns

**If you lived in or your business was in:**

Alabama, Alaska,  
Arizona, Arkansas,  
California, Colorado,  
Florida, Hawaii, Idaho,  
Iowa, Kansas, Louisiana,  
Minnesota, Mississippi,  
Missouri, Montana,  
Nebraska, Nevada,  
New Mexico,  
North Dakota, Oregon,  
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  
RAVS Team  
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  
RAVS Team  
P.O. Box 145900  
Stop 2800 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.



**CAUTION**  
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.



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](http://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. **Automated transcript request.** You can quickly request transcripts by using our automated self-help service tools. Please visit us at [irs.gov](http://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:

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 RAVMS Team Stop 6716 AUSC Austin, TX 78301	512-460-2272
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 RAVMS Team Stop 37106 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, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAVMS Team Stop 8705 P-6 Kansas City, MO 64999	816-292-6102

### Chart for all other transcripts

If you lived in or your business was in:

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 RAVMS 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, Wisconsin	Internal Revenue Service RAVMS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250	859-689-3592

**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 submit a 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.

**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-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 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-T will vary depending on individual circumstances. The estimated average time is: 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.

**Line 1b.** 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 of 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.

**CAUTION** 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.** 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.



**KYROUS REALTY GROUP, INC.**

263 West 38<sup>th</sup> Street ♦ Suite 15E ♦ New York, NY 10018

Phone: 212.302.1500 ♦ Fax: 212.302.1500

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**HOUSE RULES ACKNOWLEDGMENT**

Lancaster Madison Apartment Corp. - Letter to Board of Directors

The Board of Directors  
Lancaster Madison Apartment Corp.  
1820 Madison Avenue  
New York, NY 10035

Re: Lancaster Madison Apartment Corp.  
Unit #: \_\_\_\_\_

Dear Board of Directors:

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Application: Lancaster Madison Apartment Corp. (HDC)

# KYROUS REALTY GROUP, INC.

263 West 38<sup>th</sup> 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.

Application: Lancaster Madison Apartment Corp. (HDC)



**RESIDENT INFORMATION FORM**  
Lancaster Madison Apartment Corp.  
1820 Madison Avenue, New York, NY 10035

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Apt: \_\_\_\_\_

Name(s) Resident (s) \_\_\_\_\_  
\_\_\_\_\_

**Resident Contact Information:**

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

Work Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

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

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Home #/other: \_\_\_\_\_ Home#/Other: \_\_\_\_\_

**Please list all other occupants residing in unit:**

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

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

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

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

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

Person to notify in the event of an emergency: \_\_\_\_\_

Contact info. for emergency: \_\_\_\_\_

**Phone number to be used to be called from Intercom and Lobby**  
\_\_\_\_\_

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

Application: Lancaster Madison Apartment Corp. (HDC)