

# 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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## **100 Greene Street–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 the required documents must be emailed to [carine@kyrousrealtygroup.com](mailto:carine@kyrousrealtygroup.com). **DO NOT DUPLICATE HOUSE RULES.** Please retain the copy included in this package for your information.

Copies of all Financial Materials furnished will be returned to the applicant or destroyed.

Upon receipt of a completed package and after verification of all financial data and references, the application will be submitted to the Board of Directors for review.

1. Purchase Application (enclosed)
  2. Executed Contract of Sale
  3. Net Worth Statement. Provide supportive documentation.
  4. Last two (2) year's Income tax Returns (include W-2's)
  5. Signed Credit Report Release
  6. Letter from current landlord/management agent verifying status of tenancy.
  7. Letter from current employer verifying salary, position length of employment and likelihood of continued employment.
  8. Two (2) personal letters of recommendation for each person to be named on the proprietary lease.
  9. Letter of financial reference
  10. 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 Refinancing process.**)
  11. Copies of Checking & Savings Account Statement for past three (3) months
  12. New York City: Window Guard/Lead Paint Notice
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### **Schedule of Fees–Due with Application**

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1. **Move–out Deposit: \$500 Check, payable to 100 Green Street.** This check will be returned to the seller after the move–out is complete. In case of damage to the building, the cost of repairs will be deducted from this deposit. This check must be in the form of a certified check or money order.
2. **Move–in Deposit: \$500 Check, payable to 100 Greene Street.** This check will be returned to the purchaser after the move–in is complete. In case of damage to the building, the cost of repairs will be deducted from this deposit. This check must be in the form of a certified check or money order.
3. **Application Processing Fee: \$600 certified check or money order payable to Kyrous Realty Group, Inc.**
4. **Credit Check Fee: \$100.00 (per) applicant.** This check is non–refundable and made payable to Kyrous Realty Group, Inc. This check must be certified check or money order.

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## Closing Fees

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- All fees must be paid by Certified Check, Money Order, or Attorney Escrow Check.
- All closings take place at the office of the Managing Agent:

Kyrous Realty Group, Inc.  
263 West 38<sup>th</sup> Street, Suite 15E  
New York, NY 10018

- Processing fee for Recognition Agreements: \$200.00 Payable to Kyrous Realty Group, Inc.
- Managing Agent's fee for preparation of closing documents, and for representing the interest of the Coop at closing: \$600.00 payable by Seller. Payable to Kyrous Realty Group, Inc.

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

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## IMPORTANT NOTICE

### *Please Read Carefully*

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

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## Applicant Information

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Name(s): \_\_\_\_\_

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

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

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

Occupants \_\_\_\_\_

Years at this address: \_\_\_\_\_

Do you own your present residence?  
Yes  No

Relationship \_\_\_\_\_

### CURRENT EMPLOYER INFORMATION:

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

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

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

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

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

### PREVIOUS EMPLOYER INFORMATION:

Annual Salary: \$ \_\_\_\_\_

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

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

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

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

### SPOUSE'S EMPLOYER INFORMATION:

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

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

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

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

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

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

Annual Salary: \$ \_\_\_\_\_

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

### BROKER INFORMATION:

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

### ATTORNEY INFORMATION:

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

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

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

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

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

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

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Are there any outstanding judgments against you? Yes  No

If Yes, please explain:

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Do you have any diplomatic immunity or other special status? Yes  No

If Yes, please explain:

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Have you ever declared bankruptcy or are involved in a bankruptcy procedure? Yes  No

If Yes, please explain:

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Names of all clubs and society memberships, fraternities and honorary societies to which applicant belongs:

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Schools and colleges attended by husband, wife and children:

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Names of all residents in the building known by the applicant:

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Does applicant wish to maintain any pets in the apartment, and if so, please specify with full information:

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Do you own or rent another residence, and if so,

where? \_\_\_\_\_

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PERSONAL & BUSINESS REFERENCES

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PERSONAL REFERENCE#1:

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

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

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

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

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

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

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

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

BUSINESS REFERENCES

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

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

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

Person to verify Applicant's Employment or  
Applicant's Supervisor

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

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

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

PERSONAL REFERENCE#2:

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FINANCIAL REFERENCES

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PERSONAL ACCOUNTS: CHECKING

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

Account No: \_\_\_\_\_

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

Account No: \_\_\_\_\_

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

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

PERSONAL ACCOUNTS: CHARGE CARD#1

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

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

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

PERSONAL ACCOUNTS: SAVINGS

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

Account No: \_\_\_\_\_

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

PERSONAL ACCOUNTS: CHARGE CARD#3

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

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

PERSONAL ACCOUNTS: CHARGE CARD#2

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

BUSINESS ACCOUNTS: CHECKING

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

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

PERSONAL ACCOUNTS: CHARGE CARD#4

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

Account No: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

CLOSEST LIVING ADULT RELATIVE

*(Not intending to reside with Applicant)*

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

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

\_\_\_\_\_

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

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

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

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

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EMERGENCY CONTACT INFORMATION

APPLICANT INFORMATION:

Person to call in the event of an emergency.

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

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

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

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

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

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Name

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

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

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

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

Attach additional pages if necessary.

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

Application: 100 Greene Street

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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"/>
<b>TOTAL</b>			Ever filed for bankruptcy	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>COMBINED TOTAL</b>			<b>Explain</b>		

PROJECTED COMBINED MONTHLY EXPENSES	Applicants
Maintenance	
Apartment Financing	
Other Mortgages	
Bank Loans	
Auto Loan	
<b>TOTAL</b>	



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## CREDIT REPORT RELEASE

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I (we) hereby authorize Kyrous Realty Group, Inc., on behalf of **100 Greene Street**, 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 **100 Greene Street** from any and all claims and liability which may arise now or in the future with regard to the obtaining or the releasing of the above stated information for the purpose of doing credit checks, and criminal activity checks.

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

PLEASE PROVIDE THE FOLLOWING INFORMATION:

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

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

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

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

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

Employer's Company Name

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

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

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

\*Duplicate for Additional Applicants

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100 Green Street-Letter to Board of Directors

The Board of Directors  
100 Greene Street  
New York, NY 10012

Re: 100 Greene Street  
Apt. #: \_\_\_\_\_

Dear Board of Directors:

I (We) have received, read, understand, and agree to abide by the House Rules for 100 Greene Street.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date