

287 EAST HOUSTON CONDOMINIUM PURCHASE APPLICATION

KYROUS REALTY GROUP INC. 263 WEST 38TH STREET, SUITE 15E
NEW YORK, NY 10018
(212) 302-1500 PHONE / (212) 302-3855 FAX

1. Documents for Informational Purposes Only / All Deal Parties
2. Cover Letter to Board / Buyer
3. Intent to Sell Condo Notice / Seller
4. Contract of Sale / Buyer
5. Purchase Application / Buyer
6. Financial Statement / Buyer
7. Supporting Documentation to the Financial Statement / Buyer
8. Financing / Buyer
9. Purchasing in a Corporate Name, LLC or Trust / Buyer
10. Proof of Homeowners Insurance / Unit Owner
11. Employer Reference Letters / Income Verification Letters / Buyer
12. Current Landlord / Managing Agent Reference Letters / Buyer
13. Business / Professional Reference Letters / Buyer
14. Personal Reference Letters / Buyer
15. Credit Report Authorization / Buyer, Guarantor, Adult Occupant (over 18 years of age)
16. Emergency Contact Form / Buyer
17. Condominium Assumption of Alteration Agreement / Buyer
18. Pet Registration Form / Buyer
19. Smoking Policy Acknowledgment Form / Buyer
20. Carpet Policy Acknowledgment Form / Buyer
21. Fitness Room Waiver Release Form / Buyer
22. Condominium Core Acknowledgment Form / Buyer
23. Bed Bug Disclosure
24. Sprinkler Disclosure Form
25. Window Guard Form
26. Stove Knob Disclosure
27. Lead Paint Disclosure
28. Rights to Reasonable Accommodations for Persons with Disabilities

287 East Houston Condominium: Schedule of Fees-Due with Application

1. **Move-out Deposit: \$ (1000.00) Check**, payable to **(287 East Houston 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: \$(1000.00) Check**, payable to **(Building Address)**. 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: \$(800.00) certified check or money order** payable to **Kyrous Realty Group, Inc.**

4. **Credit/Criminal Report Fee: (\$200.00 per applicant)**. This check is non-refundable and made payable to **Kyrous Realty Group, Inc.** This check must be certified check or money order.

5. **Business Credit Report Fee: (120.00)** 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.

1. Documents for Informational Purposes Only / All Deal Parties

(i) Applicants must download the enclosed and keep for their records. These documents can be amended at any time and it is your responsibility to make sure you have the most up to date versions during your tenancy.

(ii) An incomplete application will not be forwarded to the Board. No exceptions will be made. If you are unable to supply the requirements listed below, please indicate the reason why in a letter and upload it under the individual requirement.

2. Cover Letter to Board / Buyer

(i) Optional

3. Intent to Sell Condo Notice / Seller

Please complete Notice of Intent to Sell Condo (enclosed).

Kyrous Realty Group, Inc.

287 EAST HOUSTON CONDOMINIUM NOTICE OF INTENTION TO SELL

New York, _____ 20 _____

The undersigned, being the owner(s) of unit no. _____ in 287 East Houston Condominium (the "Condominium"), New York, New York, hereby notifies the Board of Managers (the "Board") in care of Kyrous Realty Group, Inc., as Managing Agent, that the undersigned has received a bona fide offer to Sell said unit from the below named prospective purchaser(s) on the terms stated below, and that the undersigned intends to accept such offer.

NAME AND ADDRESS OF PROSPECTIVE PURCHASER(S): If a prospective purchaser(s) is a corporation, name the designated officer, director, stockholder, or employee of the corporation who will occupy the apartment unit and for how long a term. The Purchase Agreement must provide that when and if any other designee intends to occupy the unit, a new application must be sent to the Board, in accordance with the By-Laws pertaining to the right of First Refusal. The Purchase Agreement must provide that when and if the designated owner(s) sells the unit, a new purchase application must be completed and sent to the Board, in accordance with the By- Laws pertaining to the Right of First Refusal. No successor designated purchaser(s) may own the premises until the Board has waived its Right of First Refusal.

TERMS OF PROPOSED SALE:

Attached is a true copy of the sale setting forth all the terms of the agreement between the parties.

PURCHASE PRICE: _____ PROPOSED CLOSING DATE: _____

ANTICIPATED OCCUPANCY DATE FOR SALE: _____

Mortgage Amount: _____ Mortgage Bank: _____

Interest Rate: _____ Mortgage Term: _____

Special Conditions: _____

The undersigned hereby submits to the Board this proposal together with the accompanying information concerning the applicant purchaser(s). In applying for consent to this proposed purchase, the undersigned understands that such consent is required by the By-Laws. The undersigned also understands that the information requested is essential to this application. The undersigned authorizes the Board to review and request any credit/criminal reports, references, and any information necessary in connection with this application.

4. Contract of Sale / Buyer

Please provide a fully executed Contract of Sale.

5. Purchase Application / Buyer

- (i) Complete the attached purchase application.
- (ii) EXCEPTION: In the event you are purchasing in a Corporate Name, the purchase application must be on the corporation.

Today's Date

Purchase Application For the Sale of a Condominium

BASIC INFORMATION

Condominium Name _____ Number of Units _____
Condominium Address _____ Unit # _____
Purchase Price _____ Is source of Down Payment a Gift? or Loan?
Proposed Closing Date _____ Common Charges _____

Requested Move in Date: _____
Managing Agent _____ Telephone _____
Address _____ Email _____

SELLER'S INFORMATION

Seller(s) _____
Present Address _____
Home Telephone _____ Office Telephone _____ Cell Telephone _____
Seller's Attorney _____ Firm _____
Firm Address _____ Email _____
Office Telephone _____ Cell Telephone _____ Facsimile _____

SELLER'S BROKER

Seller's Broker _____ Email _____
Office Telephone _____ Cell Telephone _____ Facsimile _____

PURCHASER'S INFORMATION

Purchaser(s) _____
Present Address _____
Home Telephone _____ Office Telephone _____ Cell Telephone _____
Email _____ Facsimile _____
Amount of Financing _____ Deposit on Contract _____

If purchaser is a corporate entity:

Name of Corporation _____
Address of Corporation _____ Telephone _____

PURCHASER'S INFORMATION Continued

Purchaser's Attorney _____ Firm _____

Firm Address _____ Email _____

Office Telephone _____ Cell Telephone _____ Facsimile _____

Name(s) Condominium Units would be held in _____

(and type of joint ownership) [e.g. tenants in common, joint tenants with rights of survivorship, or tenants by the entirety]

Mortgage Lender _____

Attorney for Lender _____ Email _____

Office Telephone _____ Cell Telephone _____ Facsimile _____

PURCHASER'S BROKER

Purchaser's Broker _____ Email _____

Office Telephone _____ Cell Telephone _____ Facsimile _____

PERSONAL INFORMATION REGARDING APPLICANT(S)

Name: _____

Residence Address: _____

Dates of Residence: _____

Prior Address: _____

(If less than 5 years at present address)

Dates of Residence: _____

Employment Status: Full-time Part-time Full-time Part-time

Unemployed Retired Unemployed Retired

Student Student

Are you self-employed? Yes No Yes No

Current Employer: _____

Employer Address: _____

Period of Employment: _____

Years in Line of Work: _____

Supervisor's Name: _____

Business Telephone: _____

PERSONAL INFORMATION REGARDING APPLICANT(S) Continued

Prior Employer: _____
(if less than 3 years in current job)

Prior Employer Address: _____

Period of Employment: _____

Prior Supervisor's Name: _____

Business Telephone: _____

Income Estimate This Year: _____

Actual Income Last Year: _____

Educational Background (Optional): _____

ADDITIONAL INFORMATION REGARDING APPLICANT(S)

Name(s) of all persons who will reside in the unit _____

(NOTE: If applicant is a corporate entity, a new lease package must be completed and sent to the Board each time occupancy changes.)

Schools and years attended of occupants (if different from purchaser) [optional]

Names of anyone in the building known to applicants _____

Are any pets to be maintained in the unit? If yes, note number and kind. (NOTE: Please refer to building rules)

Names of organizations to which applicants belongs (clubs, societies, board memberships, etc.) [optional]

Will occupancy be: Full-time Part-time

If Part Time, what is the approximate number of days per month you will use the unit?

Do you plan to lease your unit? Yes No (NOTE: Please refer to building rules)

Do you plan to perform any alterations to the unit? Yes No (NOTE: Please refer to Alteration Agreement)

If yes, please describe the plans:

ADDITIONAL INFORMATION REGARDING APPLICANT(S) Continued

Will there be any business or profession conducted in the unit? Yes No (NOTE: Please refer to building rules)

If yes, please describe the nature of your business:

If you do not plan to receive mail at the unit, please specify where monthly bills and correspondence should be sent:

Address of any additional residences owned or leased by applicant:

Is this your first time purchasing a condominium? Yes No

If no, where else have you owned before? _____

Emergency Contact:

Office Telephone: _____ Cell Telephone: _____ Email: _____

APPLICANT'S HOUSING HISTORY

Current Landlord _____ Landlord's Address _____

Landlord Telephone Number _____ Current Rent _____

Reason for Moving _____ Dates of Occupancy _____

Prior Landlord (if at present location less than 5 years) _____

Prior Landlord's Address _____

Prior Landlord Telephone Number _____ Prior Rent _____

Reason for Moving _____ Dates of Occupancy _____

BUSINESS AND PROFESSIONAL REFERENCES

1. Name: _____

Address: _____

2. Name: _____

Address: _____

PERSONAL REFERENCES

1. Name:	_____	_____
Address:	_____	_____
2. Name:	_____	_____
Address:	_____	_____
3. Name:	_____	_____
Address:	_____	_____
4. Name:	_____	_____
Address:	_____	_____

BANK AND CREDIT REFERENCES

1. Bank Name:	_____	_____
Address:	_____	_____
Account #:	_____	_____
Type:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/>	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/>
2. Bank Name:	_____	_____
Address:	_____	_____
Account #:	_____	_____
Type:	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/>	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan <input type="checkbox"/>
3. Stock Broker or CPA:	_____	_____
Firm:	_____	_____
Address:	_____	_____
Phone:	_____	_____
Fax:	_____	_____
Email:	_____	_____
Account #:	_____	_____

DECLARATIONS

- | | | | | |
|---|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 1. Are there any outstanding judgments against you? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Have you been declared bankrupt in the last 7 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Have you had a property foreclosed upon or given title or a deed in lieu thereof in the last 7 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. In the last 5 years, have you been a party to any lawsuit? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Have you directly or indirectly been obligated on a loan that resulted in foreclosure or transfer of title in lieu of foreclosure or judgment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond, or loan guarantee? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Is any part of the down payment borrowed or a gift? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Do you intend to occupy the unit as your primary residence? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Are you obligated to pay alimony or child support? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Do you or any member of your family have diplomatic status? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Has any business you have controlled been the subject of bankruptcy in the last 7 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Are you a co-maker or endorser on a note? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Have you ever been convicted of a felony or misdemeanor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If yes, please describe: _____



THE FOREGOING APPLICATION, INCLUDING ALL PERSONAL AND FINANCIAL INFORMATION, HAS BEEN CAREFULLY PREPARED, AND THE UNDERSIGNED HEREBY SOLEMNLY DECLARE(S) AND CERTIFIES THAT ALL THE INFORMATION IS TRUE AND CORRECT AND THAT THE FINANCIAL INFORMATION SUBMITTED IS A TRUE AND ACCURATE STATEMENT OF THE UNDERSIGNED AS OF THE DATE SET FORTH BY EACH SIGNATURE. THE UNDERSIGNED ALSO AGREE(S) THAT IN PROCESSING THIS APPLICATION, THE MANAGING AGENT NAMED HEREIN AND ITS EMPLOYEES AND AGENTS NEITHER BEAR NOR ASSUME ANY RESPONSIBILITY WHATSOEVER FOR THE VERIFICATION OR COMPLETENESS OF THE INFORMATION CONTAINED HEREIN. IN ADDITION, THE UNDERSIGNED HEREBY AUTHORIZE(S) THE MANAGING AGENT AND THE CONDOMINIUM ASSOCIATION TO SHARE SUCH PORTIONS OF THE APPLICATION AS THEY MAY REASONABLY BELIEVE NECESSARY TO FULFILL THE PURPOSES OF THIS APPLICATION WITH ANY OTHER PARTIES, AND FURTHER AGREE TO HOLD THE MANAGING AGENT, ITS EMPLOYEES AND AGENTS HARMLESS FROM ANY ERROR OR OMISSION IN THE TRANSFER OF THE INFORMATION OR THE DISTRIBUTION OF SUCH INFORMATION TO THIRD PARTIES.

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

Discrimination is prohibited in Board admissions procedures under the following laws:

- The Federal Fair Housing Act
- The Civil Rights Act
- The New York State and New York City Human Rights Laws

The New York City Human Rights Law provides that it is unlawful to refuse to sell, rent, lease, approve the sale, rental or lease or otherwise deny a housing accommodation based on actual or perceived race, creed, color, national origin, gender (including gender identity), age, disability, sexual orientation, marital status, partnership status, lawful source of income, alienage or citizenship status or because children are, may be, or would be residing in the accommodation. Where a housing accommodation or an interest is sought or occupied exclusively for residential purposes, the provisions shall be construed to prohibit discrimination in the sale, rental, or leasing of such housing accommodation or interest on account of a person's occupation. Complaints may be filed within one year of an unlawful discriminatory act at the Law Enforcement Bureau of the City's Commission on Human Rights.

The New York State Human Rights Law provides that it is unlawful to refuse to sell, rent, lease or otherwise deny a housing accommodation on the basis of race, creed, color, national origin, sex, age, disability, sexual orientation, military status, marital status, or familial status. Complaints may be filed within one year of an unlawful discriminatory act to the New York State Division of Human Rights or within three years of an unlawful discriminatory act in State Court. Complaints may not be filed with both the Division and the Court.

The Federal Fair Housing Act prohibits discrimination in housing practices on the basis of race, color, religion, sex, handicap, familial status, or national origin. Individuals who believe they have been victims of an illegal housing practice may file a complaint within one year of the unlawful discriminatory act with the Department of Housing and Urban Development (HUD) or file their own lawsuit in federal or state court. The Department of Justice brings suit on behalf of individuals based on referrals from HUD.

The Civil Rights Act provides that all citizens of the United States shall have the same right to inherit, purchase, lease, sell, hold, and convey real and personal property. The law concerns the rights of all persons to make and enforce contracts, to sue, be parties, give evidence, and to the full and equal benefit of all laws and proceedings for the security of persons and property. Complaints may be filed with the Office for Civil Rights.

6. Financial Statement / Buyer

- (i) Complete the attached financial application.
- (ii) EXCEPTION: In the event you are purchasing in a Corporate Name, the purchase application must be on the corporation.

FINANCIAL STATEMENT

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: _____

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 schedule	_____	_____	To Others	_____	_____
Investment in Own Business	_____	_____	Installment Accounts Payable:	_____	_____
Accounts and Notes Receivable	_____	_____	Automobile	_____	_____
Real Estate Owned - see schedule	_____	_____	Other	_____	_____
Year Make Automobiles:	_____	_____	Other Accounts Payable	_____	_____
Personal Property & Furniture	_____	_____	Mortgages Payable on Real Estate- see schedule	_____	_____
Life Insurance Cash Surrender Value	_____	_____	Unpaid Real Estate Taxes	_____	_____
Retirement Funds / IRA	_____	_____	Unpaid Income Taxes	_____	_____
401K	_____	_____	Chattel Mortgages	_____	_____
KEOGH	_____	_____	Loans on Life insurance Policies (Include Premium Advances)	_____	_____
Profit Sharing / Pension Plan	_____	_____	Outstanding Credit Card Loans	_____	_____
Other Assets	_____	_____	Other Debts - itemize	_____	_____
TOTAL ASSETS	_____	_____	TOTAL LIABILITIES	_____	_____
			NET WORTH	_____	_____

COMBINED ASSETS

COMBINED NET WORTH

SOURCE OF INCOME	COMBINED ASSETS		CONTINGENT LIABILITIES	COMBINED NET WORTH	
	Applicant	Co-Applicant		Applicant	Co-Applicant
Base Salary	_____	_____	As 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"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
COMBINED TOTAL	_____		Explain:	_____	

PROJECTED COMBINED MONTHLY EXPENSES (EST.)

Applicant (s)

Maintenance	_____
Apartment Financing	_____
Other Mortgages	_____
Bank Loans	_____
Auto Loan	_____
Credit Cards	_____
Cable	_____
Phone	_____
Miscellaneous	_____
Additional Expenses:	_____
_____	_____
_____	_____
TOTAL	_____

GENERAL INFORMATION

APPLICANT

AMOUNT

Personal Checking Accounts:

Savings & Loan Accounts:

Purpose of Loan:

CO-APPLICANT

AMOUNT

Personal Checking Accounts:

Savings & Loan Accounts:

Purpose of Loan:

SCHEDULE OF BONDS AND STOCKS

Amount of Shares

Description
(Extended Valuation in
Column)

Marketable Value

Non-Marketable Value

SCHEDULE OF REAL ESTATE

Description and Location	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.

_____ Date: MM/DD/YYYY
Applicant Signature

_____ Date: MM/DD/YYYY
Applicant Signature

7. Supporting Documentation to the Financial Statement / Buyer

- (i) All amounts listed on the financial statement must have supporting documentation. This includes but is not limited to the most recent bank statements (all pages) and copies of brokerage statements, etc.
- (ii) The amounts set forth on the Financial Statement form must be equal to the amounts on the supporting documentation.
- (iii) If any financial information included in your application is stated in currency other than USD, you must have these items converted into USD and certified that the conversion is accurate.

8. Financing / Buyer

- (i) If purchase will be financed bank should provide:
 - i. A copy of Loan Commitment Letter
 - ii. A copy of the Bank Loan Application.

9. Purchasing in a Corporate Name, LLC or Trust / Buyer

- (i) In the event you are an LLC purchaser - you must provide a copy of the LLC Agreement; a copy of the Articles of Incorporation; and a copy of the Operating Agreement.
- (ii) In the event you are purchasing in a Corporate Name - you must provide the Articles of Incorporation; Corporate Resolution naming authorized persons permitted to sign on behalf of the corporate entity; and you must complete a Business Credit Report Release Authorization Form, Corporations Designation of Occupant Form and Subject to Jurisdiction and Irrevocable Designation of Agent Form. You must also complete a Consumer Report Release Authorization Form and Credit Report Release Form for each principle of the corporate entity.
- (iii) In the event you are a Trust Purchaser you must provide a copy of the Trust Agreement.

SUBJECTION TO JURISDICTION AND IRREVOCABLE DESIGNATION OF AGENT
FOR THE SERVICE OF PROCESS

Property Address _____

Unit # _____

*In the event the applicant(s) is not a U.S. Resident(s) or the purchaser(s) is a corporation, they are required to designate an individual within the New York City area to accept notices on their behalf.

KNOW ALL MEN BY THESE PRESENTS, that the undersigned, _____ (Principals), dated _____, 20____, does hereby irrevocably designate, pursuant to New York C.P.L.R. Rule 318, _____ ("Agent") with offices at (must be in New York State) _____ as our agent to receive and accept any notice or legal process from _____ (Condominium), with offices c/o **kyrous realty** (Managing Agent),

located at 263 W. 38th St. NY NY 10018

This designation shall not be affected by the subsequent disability, incompetence or death of the Principals and shall be binding upon the heirs, legal representatives, successors and assigns of each of the Principals and Agent.

The undersigned authorizes the Condominium to file this designation of agent in the Office of the Clerk of New York County, and agree to reimburse the Condominium for all costs and expenses incurred by it in connection with the preparation and filing of this Designation of Agent.

The undersigned further agrees to, and does hereby, irrevocably subject themselves (and each of them) personally to the jurisdiction of the Courts of the State of New York for adjudication of any dispute which may arise between them and the Condominium.

The undersigned agree(s) that, so long as the undersigned own(s) any unit located in the Condominium, the undersigned will not revoke this Designation of Agent and will execute and file such renewals or extensions of this Designation of Agent and will perform such other acts as may be required to keep such Designation of Agent in full force and effect.

If the above named Agent shall die, become incapacitated, retire or resign or fail to maintain an office or residence in the City of New York, the undersigned agree to immediately secure a substitute agent reasonably acceptable to the Condominium and to execute and file a replacement of this designation of agent naming the new agent for service of process.

Any default by the Principals in the obligations set forth in this Designation of Agent shall, subject to any notice of default, grace period, and opportunity to cure set forth in the By-Laws and Rules and Regulations, be a default in the Principals obligations as a unit owner under the By-Laws and Rule and Regulations of the Condominium for Unit: _____ at _____.

IN WITNESS WHEREOF, I (We) have hereunto signed my/our name this _____ day of _____, 20_____

Principal Signature

Principal Signature

The undersigned with an address at _____, _____ NY

the person designated as Agent for service pursuant to CPLR 318, does hereby consent to act as agent under the above designation.

Designated Agent's Signature

Designated Agent's Name

Designated Agent's Title

MM/DD/YYYY

Dated

State of New York)

) ss.:

County of New York)

On this _____ day of _____ in the year _____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the written 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 upon behalf of which the individual(s) acted, executed the instrument.

NOTARY PUBLIC

State of New York)

) ss.:

County of New York)

On this _____ day of _____ in the year _____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the written 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 upon behalf of which the individual(s) acted, executed the instrument.

X

NOTARY PUBLIC

State of New York)

) ss.:

County of New York)

On this _____ day of _____ in the year _____ before me, the undersigned, a Notary Public in and for said State, personally appeared _____ personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the written 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 upon behalf of which the individual(s) acted, executed the instrument.

X

NOTARY PUBLIC

KYROUS REALTY GROUP, INC.

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

Phone: 212.302.1500 ♦ Fax: 212.302.3855

CREDIT REPORT RELEASE

I (we) hereby authorize Kyrus Realty Group, Inc., on behalf of 287 East Houston Condominium, 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 Kyrus Realty Group, Inc. and 287 East Houston Condominium, 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

Application:

CORPORATION'S DESIGNATION OF OCCUPANT

Property Address

Unit #

Name of Corporation

Name(s) of each individual designated to occupy unit (if children, include age(s)):

_____	_____
_____	_____
_____	_____
_____	_____

Terms of Occupancy

Occupant's relationship to the Corporation

Name of Authorized Officer

Title of Authorized Officer

Signature of Authorized Officer

Date

MM-DD-YYYY

KYROUS REALTY GROUP, INC.

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

Phone: 212.302.1500 ♦ Fax: 212.302.3855

BUSINESS CREDIT REPORT RELEASE:

Property Address: _____ Unit #: _____

I (we) hereby authorize Kyrous Realty Group, Inc., on behalf of 287 East Houston Condominium, 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 287 East Houston Condominium, 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:

Business Name: _____ **EIN #:** _____

Business Address: _____

City _____ **State** _____ **zip** _____

Date: _____

Applicant Signature

Application:

10. Proof of Homeowners Insurance / Unit Owner

- (i) Owner must carry a condominium owners policy which provides coverage for improvements and betterments, personal property and liability.
- (ii) Owners certificate must have both the Condominium and Managing Agent listed as additionally insured.

11. Employer Reference Letters / Income Verification Letters / Buyer

- (i) Reference letter must be on company letterhead and include salary, length of employment, position, bonuses and prospect for continued employment.
- (ii) If you are self-employed, provide a C.P.A. letter stating length of time the company has been in existence, nature of your business, expected net income for the current year, and position held.
- (iii) If you are self-employed, provide first two pages of your latest Federal Income Tax Return.
- (iv) If you are retired, provide copies of pension and/or social security award letters.

12. Current Landlord / Managing Agent Reference Letters / Buyer

- (i) Reference letter must indicate the timeliness of rent payments and length of tenancy.
- (ii) If you reside with family members or if you own the home you are currently residing in, please indicate this in a signed letter.

13. Business / Professional Reference Letters / Buyer

- (i) Provide one (1) reference letter per applicant. EXCEPTION: In the event a Corporation is purchasing a unit, the letters must be on the Corporation or principle of the corporate entity.

14. Personal Reference Letters / Buyer

(i) Provide one (1) reference letter per applicant. EXCEPTION: In the event a Corporation is purchasing a unit, the letters must be on the designated occupants.

**15. Credit Report Authorization / Buyer,
Guarantor, Adult Occupant (over 18 years of
age)**

- (i) Applicants must complete a Consumer Report Release Authorization Form and Tenant Fair Chance Act Acknowledgment Form.**

TENANT DATA VERIFICATION, CO. INC.

[Credit Report Authorization Form]

Subject Building Address _____ Apartment _____

Name of Applicant _____ Telephone # _____

Date of Birth _____ Social Security # _____

Name of Co-Applicant _____ Telephone # _____

Date of Birth _____ Social Security # _____

Present Address _____ How long at this address _____

Present Landlord _____

Address _____ Telephone # _____

If less than one year, please list previous address:

Previous Landlord _____

Address _____

Applicant employed by _____ Salary _____

Address _____ Telephone # _____

If present employer is less than one year:

Previous Employer _____ Telephone # _____

Address _____ How long _____

Position _____ Salary _____

Co-Applicant employed by _____ Salary _____

Address _____ Telephone # _____

If present employer is less than one year:

Previous Employer _____ Telephone # _____

Address _____ How long _____

Position _____ Salary _____

Other Source of income _____

Contact Person _____ Telephone # _____

Reference:

Bank	Branch	Account
_____	_____	_____
_____	_____	_____
_____	_____	_____

Accountant _____

Address _____ Telephone # _____

In connection with my application for this apartment, I authorize all banks, corporations, companies, credit agencies, accountants, persons and employers, to release any information that they have about me to TENANT DATA VERIFICATION CO., or its agency and I release them from any and all liability or responsibility from doing so. Further, I authorize the procurement of an investigative consumer report and understand that such a report may contain information about my background/character and personal reputation. I understand this notice will also apply to future update reports that may be requested. I understand that any misrepresentation by me may be the cause of rejection by the landlord.

X _____ 11/20/2017
 Applicant's Signature Date

X _____ 11/20/2017
 Co-Applicant's Signature Date

KYROUS REALTY GROUP, INC.

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

Phone: 212.302.1500 ♦ Fax: 212.302.3855

CREDIT REPORT RELEASE

I (we) hereby authorize Kyrus Realty Group, Inc., on behalf of 287 East Houston Condominium, 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 Kyrus Realty Group, Inc. and 287 East Houston Condominium, 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: _____

Application:

Authorization

PLEASE READ CAREFULLY BEFORE SIGNING

1. I/We authorize a tenant background search or consumer report. I/We authorize the verification of all information in this application and its release to the Landlord/Condominium/ Cooperative/ Kyrus Realty Group, Inc., Inc. or other parties connected with the lease/purchase/transfer contemplated herein.

APPLICANT'S NAME: 1 _____
APPLICANT'S SIGNATURE: _____
ADDRESS: _____
SOCIAL SECURITY#: _____
DATE OF BIRTH: _____

APPLICANT'S NAME: 2 _____
APPLICANT'S SIGNATURE: _____
ADDRESS: _____
SOCIAL SECURITY#: _____
DATE OF BIRTH: _____

16. Emergency Contact Form / Buyer

Please complete Emergency Contact Form (enclosed).

LEASE PACKAGE
EMERGENCY CONTACT FORM

Unit# _____

OWNER INFORMATION

Name _____

Address _____

Telephone: (HOME) _____ (OFFICE) _____

Person to call in the event of an emergency:

Name _____ Relationship to Owner _____

Telephone: (HOME) _____ (OFFICE) _____

RENTAL/TENANT INFORMATION

Name _____

Telephone: (HOME) _____ (OFFICE) _____

Person to call in the event of an emergency:

Name _____ Relationship to Owner _____

Telephone: (HOME) _____ (OFFICE) _____

KEYS

The Condominium must have access to every apartment in the event of an emergency. Toward this end, each resident is asked to leave a full set of keys with the Resident Manager. These keys will be used only in an emergency. Residents who fail to provide keys will be subject to any and all expenses incurred by the Condominium in obtaining access.

Applicants Signature

Applicants Signature

17. Condominium Assumption of Alteration Agreement / Buyer

Please complete Assumption of Alteration Agreement (enclosed).

Assumption of Alteration Agreement

Whereas, simultaneously with its execution and delivery of this Assumption of Alteration Agreement, the undersigned is becoming the owner in the _____ (the "Condominium") to Unit _____ (the "Unit") in the building known as _____ and

Whereas, the Condominium Board is authorized not to accept to or register the transfer of the Unit to any person unless and until such person assumes the obligations of all prior Unit Owner(s) under the Agreement;

Henceforth, the term "Unit Owner" as used in the Alteration Agreement shall include the undersigned. Any breach of this Assumption of Alteration Agreement or of the Alteration Agreement shall constitute a breach of the by-laws of the Condominium. This Assumption of Alteration Agreement shall be binding on the undersigned and (his)(her) estate, heirs, executors, administrators, personal representatives, successors and assigns.

State of New York)

County of New York)

ss.:
)

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

Notary Public

18. Pet Registration Form / Buyer

- (i) Pet Policy: In no event shall a unit owner maintain more than one (1) pet in a residential unit (other than fish) without Board consent. Further details outlined in House Rules.
- (ii) Please be advised that building policies such as this one can change, and it is your responsibility to understand and abide by the most recent policy.

PET INFORMATION FORM

Property Address _____

Unit # _____

Do you currently own a pet(s)

YES

NO

If you have pets, complete the following.

Name _____

Name _____

Type/Breed _____

Type/Breed _____

Size/Weight _____

Size/Weight _____

Age _____

Age _____

NYC License # _____

NYC License # _____

Veterinarian and Telephone Number _____

Upload verification that animals immunizations are current and most recent picture of your pet(s).

Applicant Name _____

Co-Applicant Name _____

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

IF SUBLETTING/LEASING:

Shareholder/Unit Owner Name _____

Shareholder/Unit Owner Name _____

Shareholder/Unit Owner Signature _____

Date _____

Shareholder/Unit Owner Name _____

Date _____

19. Smoking Policy Acknowledgment Form / Buyer

Please complete Smoking Policy Acknowledgement (enclosed).

ACKNOWLEDGEMENT OF SMOKING POLICY

Building Name: _____

Building Address: _____

Re: APARTMENT _____

THIS IS TO ACKNOWLEDGE THAT I/WE HAVE RECEIVED AND READ THE SMOKING POLICY FOR
_____ (building address) AND AGREE TO ABIDE BY
THEM.

RECEIVED AND ACKNOWLEDGED BY: _____

_____ X _____
Print Signature

_____ X _____
Print Signature

Date: MM/DD/YYYY _____

20. Carpet Policy Acknowledgment Form / Buyer

Please complete Carpet Policy Acknowledgement (enclosed).

Carpet Policy Acknowledgement

Property Address

Unit

The Undersigned, as either unit owner/shareholder or tenant/subtenant, understand and agree that it is their responsibility to keep a certain percentage of the apartment floor covered with adequately thick rugs, carpeting, or equally effective noise reducing material. The percentage required can be found in the House Rules/Rules and Regulations or by contacting the Assistant Property Manager.

Applicant Name

Co-Applicant Name

X

Applicant Signature

X

Co-Applicant Signature

Date

Date

21. Fitness Room Waiver Release Form / Buyer

Please complete Fitness Room Waiver Release (enclosed).

Waiver and Release of Fitness Room

Property Address _____

Unit # _____

**ALL RESIDENTS OF THE ABOVE REFERENCED BUILDING MUST SIGN THIS WAIVER,
WHETHER OR NOT YOU PLAN TO USE THE FITNESS ROOM.**

I hereby request permission to use the Fitness Room located at the above referenced building. I understand that my presence in the Fitness Room and my use of the equipment is at my own risk.

I understand that the use of the facilities in the Fitness Room may involve great risk to persons with physical disabilities and certain medical conditions. I have no such physical disabilities and suffer from no medical conditions, which would put me at such risk by using the facilities of the Fitness Room at the above referenced building. I also understand that use of the Fitness Room involves serious dangers and risks, including, without limitation, risks to my health and safety from strenuous exercise, use or misuse of the Fitness Room, and from exercising in close proximity to other persons using the Fitness Room. I understand that I assume full responsibility for these dangers and risks and acknowledge that the above referenced building has made no representation of any nature whatsoever concerning the safety, suitability, or appropriateness of the Fitness Room for use by me. I acknowledge that the responsibility for determining the suitability of the Fitness Room remains with me.

In consideration of making the Fitness Room facilities available to me, I acknowledge and agree that the above referenced building, its Board of Managers/Directors, its Unit Owners/Shareholders, its Managing Agent, agents or employees, are not responsible for any damage, injury or other effect upon my health or physical condition which may occur as a result of my use of the Fitness Room's equipment or my attendance at such facility, and shall not be liable in any way for any damages, or personal injuries sustained by me by reason of which may occur to me or my minor children at such Fitness Room or by any reason of the use of the equipment.

This waiver shall include any and all claims, demands, damages, causes of action, present or future, whether known or unknown, resulting out of my use of the Fitness Room or its equipment.

This waiver has been executed by me and may not be used by any other person for the purpose of using the Fitness Room. I have reviewed the rules and regulations attached and agree to be bound to them and any additions or amendments hereafter provided to me.

I acknowledge that I have inspected the above referenced buildings facilities and equipment; I am familiar with the operation of the equipment and have read the manufacturers instructions and warnings in respect to its proper use and operation.

I understand that the Board of Managers/Directors of the above referenced building may resolve any dispute concerning the use of the Fitness Room, and the decision of such Board shall be, in all respects, binding upon me.

I have read and understand the above Waiver, and I agree to abide by the House Rules governing the above referenced building, including the Fitness Room.

This waiver and release shall be governed and construed according to the laws of the State of New York.

AGREED TO AND ACCEPTED BY:

Applicant Name

Co-Applicant Name

Applicant Signature

Date

Co-Applicant Signature

Date

22. Condominium Core Acknowledgment Form / Buyer

Please complete Core Acknowledgements (enclosed).

Core Acknowledgement Form

Property Address _____

Unit # _____

PLEASE INITIAL AND SIGN:

House Rules/Rules and Regulations:

The Undersigned have received and read the House Rules/Rules and Regulations for the above referenced building and understand that, as either unit owner or tenant, are bound by these House Rules/Rules and Regulations and any subsequent revision thereto.

Move-In/Move-Out Policy:

The Undersigned have received and read the Move-in/Move-Out Policy for the above referenced building and agree to, as either unit owner or tenant, follow the policy and pay all required fees and deposits. _____

Damage Responsibility:

The Undersigned, as either unit owner or tenant, agree to accept responsibility for any damage incurred to the elevators and public areas during my/our move into/out of the above referenced building. _____

Pet Policy:

The Undersigned, as either unit owner or tenant, have read and understand the Pet Policy for the above referenced building.

Carbon Monoxide/Smoke Detector:

The Undersigned, as either unit owner or tenant, acknowledge that an operational carbon monoxide detector and smoke detector is installed in the apartment of the above referenced building, and understand that I am responsible for maintenance and repair of such detector(s).

Applicant Name _____

Co-Applicant Name _____

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

IF LEASING:

Unit Owner Name _____

Unit Owner Name _____

Unit Owner Signature _____

Date _____

Unit Owner Signature _____

Date _____

23. Bed Bug Disclosure

Please complete Bed Bug Disclosure (enclosed).

**NOTICE TO TENANT/SUB-TENANT/OCCUPANT
DISCLOSURE OF BEDBUG INFESTATION HISTORY**

Pursuant to the New York City Housing Maintenance Code, an owner/managing agent of residential rental property shall furnish to each tenant/sub-tenant/occupant signing a vacancy lease a notice that sets forth the property's bedbug infestation history.

Tenant(s)/Sub-Tenant(s)/Occupant(s): _____

Subject Premises Address: _____

Apartment Number: _____

Date of Vacancy lease: MM/DD/YYYY _____

BEDBUG INFESTATION HISTORY

(only boxes checked apply)

- There is no history of any bedbug infestation within the past year in the building or in any apartment.
- During the past year, the building had a bedbug infestation history that has been the subject of eradication measures. The location of the infestation was on the _____ floor(s).
- During the past year the building had a bedbug infestation history on the _____ floor(s) and it has not been the subject of eradication measures.
- During the past year the apartment had a bedbug infestation history and eradication measures were employed.
- During the past year the apartment had a bedbug infestation history and eradication measures were not employed.
- Other: _____

Tenant(s)/Sub-Tenant(s)/Occupant(s):

Name: _____

Signature: _____

Date: MM/DD/YYYY

Name: _____

Signature: _____

Date: MM/DD/YYYY

Owner:

Name: _____

Signature: _____

Date: MM/DD/YYYY

24. Sprinkler Disclosure Form

Please complete Sprinkler Disclosure (enclosed).

THE REAL ESTATE BOARD OF NEW YORK, INC. SPRINKLER DISCLOSURE
LEASE RIDER

Pursuant to the New York State Real Property Law, Article 7, Section 231-a, effective December 3, 2014 all residential leases must contain a conspicuous notice as to the existence or non-existence of a Sprinkler System in the Leased Premises.

Name of Tenant(s)/Sub-Tenants/
Occupants: _____

Lease Premises Address: _____

Apartment Number: _____ (the Leased Premises)

Date of Lease: MM/DD/YYYY

CHECK ONE:

1. There is NO Maintained and Operative Sprinkler System in the Leased Premises.
2. There is a Maintained and Operative Sprinkler System in the Leased Premises.

A. The last date on which the Sprinkler System was maintained and inspected was on MM/DD/YYYY.

A Sprinkler System is a system of piping and appurtenances designed and installed in accordance with generally accepted standards so that heat from a fire will automatically cause water to be discharged over the fire area to extinguish it or prevent its further spread (Executive Law of New York, Article 6-C, Section 155-a(5)).

Acknowledgment & Signatures:

I, the Tenant/Sub-Tenant/Occupant, have read the disclosure set forth above. I understand that this notice, as to the existence or non-existence of a Sprinkler System is being provided to me to help me make an informed decision about the Leased Premises in accordance with New York State Real Property Law Article 7, Section 231-a.

Tenant/Sub-Tenant/Occupant:

Name: _____

Signature: X _____ Date: MM/DD/YYYY

Name: _____

Signature: X _____ Date: MM/DD/YYYY

Owner:

Name: _____

Signature: _____ Date: MM/DD/YYYY

25. Window Guard Form

Please complete Window Guard Form (enclosed).

NOTICE TO BUYER/TENANT/OCCUPANT(S)
WINDOW GUARDS REQUIRED

Property Address: _____ Unit #: _____

You are required by law to have window guards installed in all windows if a child 10 years of age or younger lives in your apartment/unit.

Your landlord is required by law to install window guards in your apartment/unit:
if a child 10 years of age or younger lives in your apartment/unit.

OR

if you ask him to install window guards at any time (you need not give a reason).

It is a violation of law to refuse, interfere with installation, or remove window guards where required, or to fail to complete and return this form to your landlord.

Check one:

- Children 10 years of age or younger live in my apartment/unit
- No children 10 year of age or younger live in my apartment/unit
- I want window guards even though I have no children 10 years of age or younger

Acknowledged, Understood and Agreed by:

Buyer/Tenant/Sub-Tenant Name: _____

Signature: X _____ Date: _____

Buyer/Tenant/Sub-Tenant Name: _____

Signature: X _____ Date: _____

For More information on Window Fall Prevention, contact:
Call 311
125 Worth Street, Room 222A
New York, NY 10013

26. Stove Knob Disclosure

Please complete Stove Knob Disclosure (enclosed).

ANNUAL NOTICE REGARDING INSTALLATION OF STOVE KNOB COVERS

The owner of this building is required, by Administrative Code 27-2046.4(a), to provide stove knob covers for each knob located on the front of each gas-powered stove to tenants in each dwelling unit in which a child under six years of age resides, unless there is no available stove knob cover that is compatible with the knobs on the stove. Tenants may refuse stove knob covers by marking the appropriate box on this form. Tenants may also request stove knob covers even if they do not have a child under age six residing with them, by marking the appropriate box on this form. The owner must make the stove knob covers available within 30 days of this notice.

Please also note that an owner is only required to provide replacement stove knob covers twice within any one-year period. You may request or refuse stove knob covers by checking the appropriate box on the form below, and by returning it to the owner at the address provided. If you do not refuse stove knob covers in writing, the owner will attempt to make them available to you.

Please complete this form by checking the appropriate box, filling out the information requested, and signing. Please return the form to the owner at the address provided by (INSERT DATE):

- Yes, I want stove knob covers or replacement stove knob covers for my stove, and I have a child under age six residing in my apartment.
- Yes, I want stove knob covers or replacement stove knob covers for my stove, even though I do not have a child under age six residing in my apartment.
- No, I DO NOT want stove knob covers for my stove, even though I have a child under age six residing in my apartment.
- No, I DO NOT want stove knob covers for my stove. There is no child under age six residing in my apartment.

X _____ (Tenant Signature) MM/DD/YYYY _____ (DATE)

Name, Address, and Apartment Number:

Return this form to: (Owner address): _____

27. Lead Paint Disclosure

Please complete Lead Paint Disclosure (enclosed). A copy of the EPA Lead Pamphlet has been enclosed for informational purposes.

LEAD-BASED PAINT DISCLOSURE

Property Address _____

Unit _____

Every purchaser/lessee of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller/lessor of any interest in residential real property is required to provide the buyer/lessee with information on lead-based paint hazards from risk assessments or inspections in the seller/lessor's possession and notify the buyer/lessee of any known lead-based hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase/ lease.

DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS

Seller/Lessor's Disclosure

a. Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

i. Known lead-based paint and/or lead-based paint hazards are present in the Unit and/or commons areas (explain).

ii. Seller/Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the Unit and/or commons areas.

b. Records and reports available to the Seller/Lessor (check (i) or (ii) below):

i. Seller/Lessor has provided the Purchaser/Lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the Unit and/or commons areas (list documents).

ii. Seller/Lessor has no records or reports pertaining to lead-based paint and/or lead-based paint hazards in the Unit and/or commons areas.

Purchaser(s)/Lessee(s)'s Acknowledgment (initial (c) and (d) below):

c. Purchaser/Lessee has received copies of all information listed above.

d. Purchaser/Lessee has received the pamphlet Protect Your Family from Lead in Your Home.

e. Purchaser/Lessee has (check (i) or (ii) below):

i. Received a 10-day opportunity (or other mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint.

ii. Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's (Broker) Acknowledgment to initial (f) below):

f. Agent (All Brokers) has informed the Seller/Lessor of the Seller's/Lessor's obligation under 42 U.S.C. 4852d and is aware of Agent's (All Brokers) independent responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Seller/Lessor #1 Signature

Date

Purchaser/Lessee #1 Signature

Date

Seller/Lessor #2 Signature

Date

Purchaser/Lessee #2 Signature

Date

Seller/Lessor's Agent Signature

Date

Purchaser/Lessee's Agent Signature

Date



Protect Your Family From Lead in Your Home



Are You Planning to Buy or Rent a Home Built Before 1978?

Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

Read this entire brochure to learn:

- How lead gets into the body
- How lead affects health
- What you can do to protect your family
- Where to go for more information

Before renting or buying a pre-1978 home or apartment, federal law requires:

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint or lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right*, to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).



Simple Steps to Protect Your Family from Lead Hazards

If you think your home has lead-based paint:

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at epa.gov/lead.
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat healthy, low-fat foods high in iron, calcium, and vitamin C.
- Remove shoes or wipe soil off shoes before entering your house.

Lead Gets into the Body in Many Ways

Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.



Women of childbearing age should know that lead is dangerous to a developing fetus.

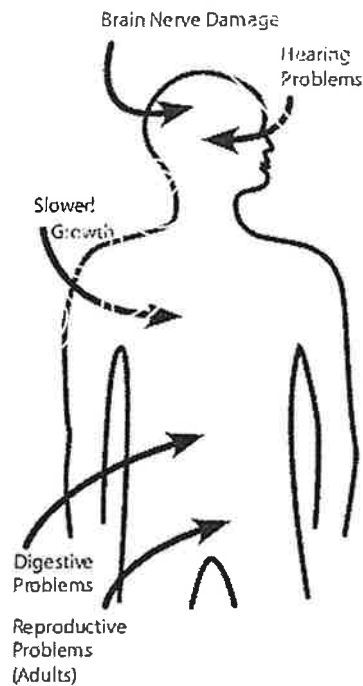
- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

Health Effects of Lead

Lead affects the body in many ways. It is important to know that even exposure to low levels of lead can severely harm children.

In children, exposure to lead can cause:

- Nervous system and kidney damage
- Learning disabilities, attention-deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage



While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

In adults, exposure to lead can cause:

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

Check Your Family for Lead

Get your children and home tested if you think your home has lead.

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

Your doctor can explain what the test results mean and if more testing will be needed.

Where Lead-Based Paint Is Found

In general, the older your home or childcare facility, the more likely it has lead-based paint.¹

Many homes, including private, federally-assisted, federally-owned housing, and childcare facilities built before 1978 have lead-based paint. In 1978, the federal government banned consumer uses of lead-containing paint.²

Learn how to determine if paint is lead-based paint on page 7.

Lead can be found:

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at epa.gov/lead.

¹ "Lead-based paint" is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm²), or more than 0.5% by weight.

² "Lead-containing paint" is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

Identifying Lead-Based Paint and Lead-Based Paint Hazards

Deteriorated lead-based paint (peeling, chipping, chalking, cracking, or damaged paint) is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

Lead-based paint is usually not a hazard if it is in good condition and if it is not on an impact or friction surface like a window.

Lead dust can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 10 micrograms per square foot ($\mu\text{g}/\text{ft}^2$) and higher for floors, including carpeted floors
- 100 $\mu\text{g}/\text{ft}^2$ and higher for interior window sills

Lead in soil can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

Checking Your Home for Lead

You can get your home tested for lead in several different ways:

- A lead-based paint **inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:
 - Portable x-ray fluorescence (XRF) machine
 - Lab tests of paint samples
- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:
 - Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
 - Sample dust near painted surfaces and sample bare soil in the yard
 - Get lab tests of paint, dust, and soil samples
- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.



Be sure to read the report provided to you after your inspection or risk assessment is completed, and ask questions about anything you do not understand.

Checking Your Home for Lead, continued

In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor
- Use EPA-recognized tests kits to determine if lead based paint is absent (but not in housing receiving federal assistance)
- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit epa.gov/lead, or call **1-800-424-LEAD (5323)** for a list of contacts in your area.³

³ Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

What You Can Do Now to Protect Your Family

If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together *because they can form a dangerous gas.*)
- Carefully clean up paint chips immediately *without creating dust.*
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children eat nutritious, low-fat meals high in iron, and calcium, such as spinach and dairy products. Children with good diets absorb less lead.

Reducing Lead Hazards

Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.



- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing, or painting by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead-safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.

Always use a certified contractor who is trained to address lead hazards safely.

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement contractor. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

Reducing Lead Hazards, continued

If your home has had lead abatement work done or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 10 micrograms per square foot ($\mu\text{g}/\text{ft}^2$) for floors, including carpeted floors
- 100 $\mu\text{g}/\text{ft}^2$ for interior windows sills
- 400 $\mu\text{g}/\text{ft}^2$ for window troughs

Abatements are designed to permanently eliminate lead-based paint hazards. However, lead dust can be reintroduced into an abated area.

- Use a HEPA vacuum on all furniture and other items returned to the area, to reduce the potential for reintroducing lead dust.
- Regularly clean floors, window sills, troughs, and other hard surfaces with a damp cloth or sponge and a general all-purpose cleaner.

Please see page 9 for more information on steps you can take to protect your home after the abatement. For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 15 and 16), epa.gov/lead, or call 1-800-424-LEAD.

Renovating, Repairing or Painting a Home with Lead-Based Paint

If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*



RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
 - Open-flame burning or torching
 - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment
 - Using a heat gun at temperatures greater than 1100°F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
- **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects, visit epa.gov/getleadsafe, or read *The Lead-Safe Certified Guide to Renovate Right*.

Other Sources of Lead

Lead in Drinking Water

The most common sources of lead in drinking water are lead pipes, faucets, and fixtures.

Lead pipes are more likely to be found in older cities and homes built before 1986.

You can't smell or taste lead in drinking water.

To find out for certain if you have lead in drinking water, have your water tested.

Remember older homes with a private well can also have plumbing materials that contain lead.

Important Steps You Can Take to Reduce Lead in Drinking Water

- Use only cold water for drinking, cooking and making baby formula. Remember, boiling water does not remove lead from water.
- Before drinking, flush your home's pipes by running the tap, taking a shower, doing laundry, or doing a load of dishes.
- Regularly clean your faucet's screen (also known as an aerator).
- If you use a filter certified to remove lead, don't forget to read the directions to learn when to change the cartridge. Using a filter after it has expired can make it less effective at removing lead.

Contact your water company to determine if the pipe that connects your home to the water main (called a service line) is made from lead. Your area's water company can also provide information about the lead levels in your system's drinking water.

For more information about lead in drinking water, please contact EPA's Safe Drinking Water Hotline at 1-800-426-4791. If you have other questions about lead poisoning prevention, call 1-800 424-LEAD.*

Call your local health department or water company to find out about testing your water, or visit epa.gov/safewater for EPA's lead in drinking water information. Some states or utilities offer programs to pay for water testing for residents. Contact your state or local water company to learn more.

* Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

Other Sources of Lead, continued

- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.⁴
- Food and liquids cooked or stored in **lead crystal** or **lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as "**greta**" and "**azarcon**," used to treat an upset stomach.

⁴ In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint. In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products.

For More Information

The National Lead Information Center

Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at epa.gov/safewater and hud.gov/lead, or call **1-800-424-LEAD (5323)**.

EPA's Safe Drinking Water Hotline

For information about lead in drinking water, call **1-800-426-4791**, or visit epa.gov/lead for information about lead in drinking water.

Consumer Product Safety Commission (CPSC) Hotline

For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772**, or visit CPSC's website at cpsc.gov or saferproducts.gov.

State and Local Health and Environmental Agencies

Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at epa.gov/safewater, or contact the National Lead Information Center at **1-800-424-LEAD**.

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at **1-800-877-8339**.

U. S. Environmental Protection Agency (EPA)

Regional Offices

The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

Region 1 (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

Regional Lead Contact
U.S. EPA Region 1
5 Post Office Square, Suite 100, OES 05-4
Boston, MA 02109-3912
(888) 372-7341

Region 2 (New Jersey, New York, Puerto Rico, Virgin Islands)

Regional Lead Contact
U.S. EPA Region 2
2890 Woodbridge Avenue
Building 205, Mail Stop 225
Edison, NJ 08837-3679
(732) 906-6809

Region 3 (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)

Regional Lead Contact
U.S. EPA Region 3
1650 Arch Street
Philadelphia, PA 19103
(215) 814-2088

Region 4 (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Regional Lead Contact
U.S. EPA Region 4
AFC Tower, 12th Floor, Air, Pesticides & Toxics
61 Forsyth Street, SW
Atlanta, GA 30303
(404) 562-8998

Region 5 (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Regional Lead Contact
U.S. EPA Region 5 (LL-17J)
77 West Jackson Boulevard
Chicago, IL 60604-3666
(312) 353-3808

Region 6 (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)

Regional Lead Contact
U.S. EPA Region 6
1445 Ross Avenue, 12th Floor
Dallas, TX 75202-2733
(214) 665-2704

Region 7 (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact
U.S. EPA Region 7
11201 Renner Blvd.
Lenexa, KS 66219
(800) 223-0425

Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact
U.S. EPA Region 8
1595 Wynkoop St.
Denver, CO 80202
(303) 312-6966

Region 9 (Arizona, California, Hawaii, Nevada)

Regional Lead Contact
U.S. EPA Region 9 (CMD-4-2)
75 Hawthorne Street
San Francisco, CA 94105
(415) 947-4280

Region 10 (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact
U.S. EPA Region 10 (20-C04)
Air and Toxics Enforcement Section
1200 Sixth Avenue, Suite 155
Seattle, WA 98101
(206) 553-1200

Consumer Product Safety Commission (CPSC)

The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

CPSC

4330 East West Highway
Bethesda, MD 20814-4421
1-800-638-2772
cpsc.gov or saferproducts.gov

U. S. Department of Housing and Urban Development (HUD)

HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Office of Lead Hazard Control and Healthy Homes for further information regarding the Lead Safe Housing Rule, which protects families in pre-1978 assisted housing, and for the lead hazard control and research grant programs.

HUD

451 Seventh Street, SW, Room 8236
Washington, DC 20410-3000
(202) 402-7698
hud.gov/lead

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IMPORTANT!

Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).

28. Rights to Reasonable Accommodations for Persons with Disabilities

Rights to Reasonable Accommodations for Persons with Disabilities
enclosed for informational purposes.

**NOTICE DISCLOSE TO TENANTS RIGHTS TO REASONABLE ACCOMMODATION
FOR PERSONS WITH DISABILITIES**

Reasonable Accommodation

The New York State Human Rights Law requires housing providers to make reasonable accommodations or modifications to a building or living space to meet the needs of people with disabilities. For example, if you have a physical, mental, or medical impairment, you can ask your housing provider to make the common areas of your building accessible, or to change certain policies to meet your needs.

To request a reasonable accommodation, you should contact your property manager by calling Paul Brensiber at 1-212-613-4002, or by e-mailing prebnsiber@jordancooper.com.

You will need to inform your housing provider that you have a disability or health problem that interferes with your use of housing, and that your request for accommodation may be necessary to provide you equal access and opportunity to use and enjoy your housing or the amenities and services normally offered by your housing provider. A housing provider may request medical information, when necessary to support that there is a covered disability and that the need for the accommodation is disability related.

If you believe that you have been denied a reasonable accommodation for your disability, or that you were denied housing or retaliated against because you requested a reasonable accommodation, you can file a complaint with the New York State Division of Human Rights as described at the end of this notice.

Specifically, if you have a physical, mental, or medical impairment, you can request:

- Permission to change the interior of your housing unit to make it accessible (however, you are required to pay for these modifications, and in the case of a rental your housing provider may require that you restore the unit to its original condition when you move out);
- Changes to your housing providers rules, policies, practices, or services;
- Changes to common areas of the building so you have an equal opportunity to use the building. The New York State Human Rights Law requires housing providers to pay for reasonable modifications to common use areas.

Examples of reasonable modifications and accommodations that may be requested under the New York State Human Rights Law include:

- If you have a mobility impairment, your housing provider may be required to provide you with a ramp or other reasonable means to permit you to enter and exit the building.
- If your healthcare provider provides documentation that having an animal will assist with your disability, you should be permitted to have the animal in your home despite a no pet rule.
- If you need grab bars in your bathroom, you can request permission to install them at your own expense. If your housing was built for first occupancy after March 13, 1991 and the walls need to be reinforced for grab bars, your housing provider must pay for that to be done.
- If you have an impairment that requires a parking space close to your unit, you can request your housing provider to provide you with that parking space or place you at the top of a waiting list if no adjacent spot is available.
- If you have a visual impairment and require printed notices in an alternative format such as large print font or need notices to be made available to you electronically, you can request that accommodation from your landlord.

Required Accessibility Standards

All buildings constructed for use after March 13, 1991, are required to meet the following standards:

- Public and common areas must be readily accessible to and usable by persons with disabilities;
- All doors must be sufficiently wide to allow passage by persons in wheelchairs; and
- All multi-family buildings must contain accessible passageways, fixtures, outlets, thermostats, bathrooms, and kitchens.

If you believe that your building does not meet the required accessibility standards, you can file a complaint with the New York State Division of Human Rights.

How to File a Complaint

A complaint must be filed with the Division within one year of the alleged discriminatory act or in court within three years of the alleged discriminatory act. You can find more information on your rights, and on the procedures for filing a complaint, by going to www.dhr.ny.gov, or by calling 1-898-392-3644. You can obtain a complaint form on the website, or one can be e-mailed or mailed to you. You can also call or e-mail a Division regional office. The regional offices are listed on the website.

** This Notice provides information about your rights under the New York State Human Rights Law, which applies to persons residing anywhere in New York State. Local laws may provide protections in addition to those described in this Notice, but local laws cannot decrease your protections.*