

# **PARK PLAZA OWNERS CORP.**

61-15/ 61-25 97<sup>TH</sup> Street  
REGO PARK, NEW YORK 11374

## **Procedure for Sale of Apartment:**

*The following procedure must be followed for the Resale of a Cooperative Apartment. No Resale may occur without first obtaining approval from the Board of Directors of Park Plaza Owners Corp.*

Purchaser must submit **One (1) Original & (1) Copy** of correlated set of the application with following fees in certified check or money order ONLY:

1. **\$350.00 Non-refundable Application Fee**, payable to **John B. Lovett & Associates**
2. **\$300.00 Non-refundable Processing Fee**, payable to **Park Plaza Owners Corp.**
3. **\$75.00 per person, Non-refundable Credit Report fee**, payable to **Park Plaza Owners Corp.**
4. **\$200.00 PER APPLICANT, Non-Refundable Criminal Background Fee**. Please make check payable to **Park Plaza Owners Corp.**
5. **\$750.00 Refundable Move-In/Out Deposit**, payable to **Park Plaza Owners Corp.** (Paid by the Purchaser and Seller)
6. **\$250.00 Non-Refundable Move-In/Out Fee**, payable to **Park Plaza Owners Corp.** (Paid by the Purchaser and Seller)

***Your completed package must be sent to:***

**Park Plaza Owners Corp.  
61-15/ 61-25 97<sup>th</sup> Street  
Rego Park, New York 11374  
Attention: Kaitlyn Torres  
Email: [ktorres@lovettrealty.com](mailto:ktorres@lovettrealty.com): (718) 393-0028**

***PLEASE NOTE: Move in/out security deposits are refundable only after the move is complete, the House Rules have been adhered to, and no damage has been done to any part of the building.***

Upon receipt of completed purchase application, packages will be forwarded to the Board of Directors for their review. After interview process, applicants should contact, Kaitlyn Torres, Office Manager at (718) 393-0028 for interview results



**PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION:**

- **Pet Policy:** pets allowed. (Pet Registration required)
- **Maximum Financing** will be permitted up to 90% of the purchase price.
- **Open House Policy:** is allowed.
- **Time Frame:** the application must be submitted by the 20<sup>th</sup> of the month prior to the interview which is the second Monday of the following month.
- **Incomplete Applications:** will be returned to sender.
- **Fees:** must be submitted in the form of money order or certified check ONLY.
- **Interviews:** all adult (s) who will reside in apartment & are not listed on application as an applicant must be present at the interview along with applicant (s).
- **Special Instructions:** do not bound or staple applications together. binder clip or rubber band is required.
- **Application:** the original application and all submitted documents become the property of the cooperative/condo corporation. if the application is approved, the original application will not be returned for any reason. in the event an application is denied, the original application will be returned if requested in writing within 30 days of issuance of the denial letter.
- **Power of Attorneys:** if the seller or buyer are being represented by a POA (power of attorney representative), please make sure to include a copy of the POA within the submission along with a full force affidavit if the POA was issued over 12 months ago (please contact your attorney for further details).
- **Estate Sales:** Copies of the following MUST be submitted with the application: death certificate, stock certificate and Letter of Testamentary.

Should you have any questions, please do not hesitate to contact the undersigned.

Sincerely,

Kaitlyn Torres

Office Manager

Phone (718) 393-0028

Fax (718) 592-5330

Email [ktorres@lovettrealty.com](mailto:ktorres@lovettrealty.com)

# IMPORTANT INFORMATION REGARDING YOUR SOCIAL SECURITY NUMBER

## PROTECTING YOUR PRIVACY

In order to protect your privacy please remove/blackout your social security number from each financial institution document inserted into the application.

- Financial condition (net worth)
- Tax returns
- Personal loans
- Bank statements
  - IRA
  - CD's
  - Savings

The Credit Agency Authorization Form in the application is the only form that requires your Social Security number. ONLY send one (1) Credit Agency Authorization Form to our office with your original application - do not make or send additional copies of the Credit Agency Authorization Form. The Credit Agency Authorization Form containing your Social Security number will be shredded in our office as soon as we submit the information to the Credit Agency and obtain your credit report.

If you have any questions please contact the Management Office.

**ALL SOCIAL SECURITY NUMBERS SHOULD BE BLOCKED OUT FROM TAX RETURNS AND ANY OTHER DOCUMENTS.**

## IMPORTANT NOTES

Due to the large volume of calls, and applications, received by this office, we kindly ask that you refrain from calling for an update, during the three (3) week processing period. When an update is ready, we will contact your point person, which we recommend should be your Real Estate Broker, or in the absence of a Broker your Attorney. Please advise all parties involved and provide them with the brokers and/or attorney's contact information.

***In an effort of fairness, we must process applications on a first come first serve basis.***

If you are concerned about the receipt of the package, please use a method of return receipt via USPS, Fed Ex, messenger service or hand delivery, etc.

If there is a problem with the application submitted you will be notified accordingly.

***Please be advised that submission of an incomplete package may extend the three week processing period.***

After the application is processed and submitted to the Board you will be advised, via telephone, or e-mail, on the next step of the process.

Please provide an e-mail addresses below and advise our office who will be the point person, (main contact). Please be advised that all parties will not be called/emailed, only the main contact.

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Please note the Board of Directors requires that all Purchaser/Shareholders of an apartment obtain and maintain adequate insurance for liability for damage to the property of others. The cooperative requires Purchasers to obtain General Liability Insurance (at a minimum of \$500,000 per occurrence. The Cooperative also strongly encourages adequate insurance for Purchaser/Shareholders personal property as determines by the Purchaser/Shareholders and their insurance agent. Any Insurance should name Park Plaza Owners Corp. as well as John B. Lovett, Associates as additional insured parties. Please provide a copy of the coverage prior to closing to Dawn@Baronlow.com.

***Brokers: replace your purchase and lease applications by visiting our website, [www.lovettrealty.com](http://www.lovettrealty.com) for the most updated application. Submission of old packages will cause delays in the processing.***

Please provide your bank/mortgage broker/appraiser with the attached information. Thank you for your cooperation.

**MOST REQUESTED ITEMS THAT YOU MAY NEED**

## FOR PURCHASE, REFINANCE & EQUITY LINE OF CREDIT:

Please note personal checks will not be accepted. All payments must be in the form of Bank certified check, Money order or Company Checks, payable to *John B. Lovett & Associates, Ltd.* Credit Cards are not accepted. Please note all contact information and fees for the following items:

<u>ITEM</u>	<u>COST</u>	<u>CONTACT PERSON</u>	<u>CONTACT #</u>	<u>MISC. INFO</u>
<b>Questionnaire</b>	\$250 (Generic) \$300 (Custom)	Kaitlyn	(718) 393-0028 ktores@lovettrealty.com	Please mail \$250/\$300 with questionnaire and reference the Building & Apartment #.
<b>Building Insurance</b>	\$0.00 (Free)	Kaitlyn	(718) 393-0028 ktores@lovettrealty.com	Front Desk will provide Insurance Broker's name and phone number.
<b>Financials</b>	\$20	Kaitlyn	(718) 393-0028 <a href="mailto:ktores@lovettrealty.com">ktores@lovettrealty.com</a>	Please note we charge \$20 for each year. Payment must be received with request
<b>By-Laws</b>	\$25	Dale	(718) 445-9500 x142 <a href="mailto:dale@lovettrealty.com">dale@lovettrealty.com</a>	Located in Offering Plan. Please note payment must be received with request.
<b>Most Recent Amendment</b>	\$25	Dale	(718) 445-9500 x142 <a href="mailto:dale@lovettrealty.com">dale@lovettrealty.com</a>	Located in Offering Plan. Please note must be received with request.
<b>Offering Plan (Black Book)</b>	<b>\$300</b>	<b>Dale</b>	<b>(718) 445-9500 x142</b> <b><a href="mailto:dale@lovettrealty.com">dale@lovettrealty.com</a></b>	<b>Please note payment must be received with request.</b>

**ALL PAYMENTS, FORMS &/OR REQUESTS SHOULD BE SENT TO:**

**JOHN B. LOVETT & ASSOCIATES, LTD.**  
109-15, 14<sup>TH</sup> AVENUE  
COLLEGE POINT, NY 11356

**PARK PLAZA OWNER'S CORP**  
61-15 97<sup>TH</sup> STREET  
REGO PARK, NY 11374

**ATTN: Kaitlyn Torres**

# **PARK PLAZA OWNERS CORP.**

## **PURCHASE APPLICATION**

**Managed by:  
John B. Lovett & Associates, Ltd.  
109-15 14<sup>th</sup> Avenue  
College Point, New York 11356  
718-445-9500**

# Purchase Application

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# **SECTION I**

## **CO OPERATIVE PURCHASE APPLICATION**

**Park Plaza Owners Corp.**  
61-15/ 61-25 97<sup>th</sup> Street  
Rego Park, New York 11374

**John B. Lovett & Associates, Ltd.**  
109-15 14<sup>th</sup> Avenue  
College Point, New York 11356

**PURCHASE APPLICATION FOR COOPERATIVE**

**PURCHASER (S) INFORMATION:**

Purchaser: \_\_\_\_\_  
Purchaser: \_\_\_\_\_  
Purchaser's Attorney: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Attorney's Firm and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SUBJECT BUILDING INFORMATION:**

Building Name: \_\_\_\_\_ Building Address: \_\_\_\_\_  
Number of Shares: \_\_\_\_\_ Apt No.: \_\_\_\_\_  
Monthly Maintenance: \$ \_\_\_\_\_  
Purchase Price: \_\_\_\_\_  
Name on Stock Certificate and other documents: \_\_\_\_\_  
\_\_\_\_\_

**BANK INFORMATION:**

Financing: \_\_\_\_\_ No \_\_\_\_\_ Yes Amount: \_\_\_\_\_  
Bank: \_\_\_\_\_  
\_\_\_\_\_

**BROKER INFORMATION:**

Broker: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_

**SELLER (S) INFORMATION:**

Seller's Name: \_\_\_\_\_  
Seller's Name: \_\_\_\_\_  
Forwarding Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Seller's Attorney: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Attorney's Firm and Address: \_\_\_\_\_  
\_\_\_\_\_

Anticipated Closing Date: \_\_\_\_\_  
Anticipated Date of Possession: \_\_\_\_\_

**INFORMATION REGARDING PURCHASER(S)**

Purchaser: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Length of Occupancy: \_\_\_\_\_

Rent: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Salary per Annum: \_\_\_\_\_

Commission & Bonus: \_\_\_\_\_

Spouse/Co-Applicant: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Salary per Annum: \_\_\_\_\_

Commission & Bonus: \_\_\_\_\_

Name of all persons and relationships who will reside in apartment and, if children, please state age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of all residents in the building known by applicant: \_\_\_\_\_

Does applicant wish to maintain any pets? If so, please specify: \_\_\_\_\_

Does Applicant plan alterations to apartment? If so, please specify: \_\_\_\_\_

**LANDLORD REFERENCES:**

Present Landlord or Agent: \_\_\_\_\_

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

\_\_\_\_\_

Previous Landlord or Agent: \_\_\_\_\_

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

Address of previous residence and approximate length of occupancy:

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL REFERENCES:** (Please list **first** the bank, type of account (savings, checking, money market, etc.) and account number with the **most** assets).

**a.** Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_

**b.** Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_

**c.** Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_

**d.** Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_

**e.** Bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Type of Account: \_\_\_\_\_  
Account Number: \_\_\_\_\_

**f.** Certified Public Accountant, if any: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

**g.** For information regarding source(s) of income, contact: \_\_\_\_\_

**BUSINESS PROFESSIONAL REFERENCES:**

1. Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SPECIAL REMARKS:**

Please give any additional information which may be pertinent or helpful:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby affirms that the information contained in this application is true and accurate to the best of her knowledge and belief.

Signature of Purchase Applicant: \_\_\_\_\_

Signature of Spouse/Co-Applicant: \_\_\_\_\_

## **SECTION 2**

# **FINANCIAL CONDITION (NET WORTH)**

**STATEMENT OF FINANCIAL CONDITION**

Please note that all information listed here should have documentation

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

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

For the purpose of procuring credit from the above named company, or its assigns, the following is submitted as being a true and accurate statement of the financial condition of the undersigned on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

**FILL ALL BLANKS, WRITING "NO" OR "NONE" WHERE NECESSARY TO COMPLETE INFORMATION**

**ASSETS**

Cash in Banks: \_\_\_\_\_

Savings & Loan Shares: \_\_\_\_\_

Earnest Money Deposited \_\_\_\_\_

Investment in own Business: \_\_\_\_\_

Investments: Stocks & Bonds: \_\_\_\_\_

(See schedule)

Automobile: \_\_\_\_\_

Real Estate owned (see schedule)

Automobiles: (Year & Make)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Personal property & Furniture: \_\_\_\_\_

Life Insurance:

Cash Surrender Value: \_\_\_\_\_

Other Assets – itemize: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Assets:** \_\_\_\_\_

**LIABILITIES**

Notes Payable:

To Banks: \_\_\_\_\_

To Relatives: \_\_\_\_\_

To Others: \_\_\_\_\_

Installment Accts Payable:

Other: \_\_\_\_\_

Other Accounts Payable: \_\_\_\_\_

Mortgages Payable on Real Estate:

(see schedule) \_\_\_\_\_

Unpaid Real Estate taxes: \_\_\_\_\_

Unpaid Income taxes: \_\_\_\_\_

Chattel Mortgages: \_\_\_\_\_

Loans on Life Insurance Policies:

(Include Premium Advance):

\_\_\_\_\_

\_\_\_\_\_

Other debts – itemize: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Liabilities:** \_\_\_\_\_

**Net Worth:** \_\_\_\_\_

**PURCHASER & SPOUSE SOURCE OF INCOME**

**Purchaser**

Base Salary: \_\_\_\_\_

Bonus & Commissions: \_\_\_\_\_

Dividends & Interest Income: \_\_\_\_\_

Real Estate Income (Net): \_\_\_\_\_

Other Income – itemize: \_\_\_\_\_

\_\_\_\_\_

Other Income – itemize: \_\_\_\_\_

\_\_\_\_\_

**Total Annual Income:** \_\_\_\_\_

**Co-Purchaser**

Base Salary: \_\_\_\_\_

Bonus & Commissions: \_\_\_\_\_

Dividends & Interest Income: \_\_\_\_\_

Real Estate Income (Net): \_\_\_\_\_

Other Income – itemize: \_\_\_\_\_

\_\_\_\_\_

Other Income – itemize: \_\_\_\_\_

\_\_\_\_\_

**Total Annual Income:** \_\_\_\_\_

**CONTINGENT LIABILITIES**

**GENERAL INFORMATION**

As Endorser or Co-maker on Notes: \_\_\_\_\_ Personal Bank Accounts carried at: \_\_\_\_\_  
Alimony Payments (Annual): \_\_\_\_\_  
Are you a defendant in any legal action?: \_\_\_\_\_ Savings & Loan Account at: \_\_\_\_\_  
Are there any unsatisfied judgments?: \_\_\_\_\_  
Have you ever taken bankruptcy?: \_\_\_\_\_ Purpose of Loan: \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_

**SCHEDULE OF STOCKS AND BONDS**

<u>Amount or No. Shares</u>	<u>Description</u>	<u>Marketable Actual Market Value</u>	<u>Non-Marketable (Unlisted Securities) Estimated Worth</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SCHEDULE OF CASH IN BANKS AND BROKERAGE**

<u>Location</u>	<u>Account</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SCHEDULE OF REAL ESTATE**

<u>Description &amp; Location</u>	<u>Cost</u>	<u>Actual Market Value</u>	<u>Mortgage Amount</u>	<u>Maturity</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**SCHEDULE OF NOTES PAYABLE**

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

<u>To Whom Payable</u>	<u>Date</u>	<u>Amt</u>	<u>Due</u>	<u>Interest</u>	<u>Assets Pledged as Security</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

Date: \_\_\_\_\_ Signature of Purchase Applicant: \_\_\_\_\_

Signature of Spouse/Co-Applicant: \_\_\_\_\_

## **SECTION 3**

**INSERT  
CONTRACT OF SALE  
HERE**

(Contract must be legible)

## **SECTION 4**

**INSERT COMMITMENT LETTER, LOAN  
APPLICATION  
&  
3 ORIGINAL AZTEC RECOGNITION  
AGREEMENTS** (Signed by Bank officer & applicant (s))  
**HERE**

## **SECTION 5**

**INSERT LAST 2 YEARS  
FEDERAL TAX RETURNS WITH W-2 FORMS  
HERE**

**(ALL SCHEDULES MUST BE INCLUDED  
& COPIES SHOULD BE SIGNED)**

## **SECTION 6**

**INSERT  
LETTER FROM PREVIOUS LANDLORD  
INDICATING LENGTH OF STAY  
& CURRENT PAYMENT HISTORY  
HERE**

**LANDLORD:**

**(Name)** \_\_\_\_\_

**(Address)** \_\_\_\_\_

\_\_\_\_\_

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

To whom it may concern:

This letter is to certify that \_\_\_\_\_

has been a tenant of mine at the above address since \_\_\_\_\_

\_\_\_\_\_. Their residency has been without incident and their monthly rent has been paid in a timely manner.

Should you have any other specific questions you may contact me at:

\_\_\_\_\_.

Sincerely,

\_\_\_\_\_.

## **SECTION 7**

**INSERT LIST OF ANY  
PERSONAL LOANS  
HERE**

## **SECTION 8**

**INSERT  
LETTER FROM EMPLOYER  
STATING EMPLOYMENT PERIOD, TITLE  
& CURRENT SALARY  
& COPY OF LAST THREE PAY STUBS  
HERE**

**(IF RETIRED, PLEASE SUBMIT THE FOLLOWING: SOCIAL SECURITY AWARD LETTER, PENSION AWARD LETTER, BANK INTEREST FORM 1099 AND DIVIDEND FORM 1096)**

**(IF SELF-EMPLOYED, INCOME MUST BE VERIFIED BY ACCOUNTANT'S CERTIFICATION AND A BUSINESS FINANCIAL STATEMENT FROM YOUR ACCOUNTANT IS REQUIRED AS WELL AS LAST TWO YEARS BUSINESS OR CORPORATION TAX RETURNS SHOULD BE SUBMITTED)**

## **SECTION 9**

**INSERT  
THREE (3) PERSONAL  
REFERENCE LETTERS  
FOR EACH APPLICANT  
HERE**

## **SECTION 10**

**INSERT  
SUBSTANTIATING DOCUMENTATION  
SUCH AS, BANK STATEMENT, IRA, CD,  
401K, SAVINGS, AND ANY OTHER ASSETS**

{LAST 2 MONTH'S OF EACH STATEMENT (complete copies  
should be provided)...WHERE APPLICABLE}

**HERE**

# SECTION 11

## HOMEOWNERS INSURANCE

ALL APPLICANTS MUST PROVIDE PROOF OF INSURANCE  
(Declaration Page)

**Must be attached to application**

Please note the Board of Directors requires that all Purchaser/Shareholders of an apartment obtain and maintain adequate insurance for liability for damage to the property of others. The cooperative requires Purchasers to obtain General Liability Insurance (at a minimum of \$500,000 per occurrence. The Cooperative also strongly encourages adequate insurance for Purchaser/Shareholders personal property as determines by the Purchaser/Shareholders and their insurance agent. Any Insurance should name Park Plaza Owners Corp. as well as John B. Lovett, Associates as additional insured parties. **Please provide a copy of the coverage prior to closing to Dawn@Baronlow.com.**

# ACKNOWLEDGMENTS & AUTHORIZATIONS

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## **SECTION 12**

# **WINDOW GUARD QUESTIONNAIRE**

**WINDOW GUARD QUESTIONNAIRE**

**LEASE NOTICE TO TENANT**

**WINDOW GUARDS REQUIRED**

***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.

***Your landlord is required by law*** to install window guards in your apartment if you ask him to install window guards at any time (you do not need to give a reason),

OR

If a child 10 years of age or younger lives in your apartment.

***It is a violation of law*** to refuse, interfere with installation, or remove window guards where required.

**Check One:**

\_\_\_\_\_ Children 10 years of age or younger live in my apartment

\_\_\_\_\_ No Children 10 years of age or younger live in my apartment

\_\_\_\_\_ I want window guards even though I have no children 10 years of age or younger

Tenant: \_\_\_\_\_

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant's Address: \_\_\_\_\_

\_\_\_\_\_

**Return this form to:**

Office Manager: Kaitlyn Torres  
61-15/25 97<sup>th</sup> Street  
Rego Park, New York 11374

For further information call: Window Falls Prevention 212-676-2158

# **SECTION 13**

## **MOVE IN / MOVE OUT SECURITY DEPOSIT FORM**

## MOVE-IN/MOVE-OUT AGREEMENT

**Park Plaza Owners Corp.  
John B. Lovett & Associates, Ltd., Managing Agent  
109-15 14<sup>th</sup> Avenue  
College Point, New York 11356  
718-445-9500**

The undersigned hereby agree to comply with the provisions of the Rules and Regulations of *Park Plaza Owners Corp.* in the delivery (Move-In) or the removal (Move-Out) of furniture, furnishings, and personal property from the apartment identified below. In addition, the undersigned agrees to the following policy and procedures established by the Board of Directors:

1. The payment of the following fees at the time of scheduling and in advance of the **Move-In:**
  - a. **By certified check, bank check, or money order, the amount of \$250.00** payable to *Park Plaza Owners Corp.* and **\$750.00 Refundable** which shall be refunded after final inspection by the Superintendent that no damage has occurred during the move to the unit or the building.
  
2. The payment of the following fees at the time of scheduling and in advance of the **Move-Out:**
  - a. **By certified check, bank check, or money order, the amount of \$250.00** payable to *Park Plaza Owners Corp.* and **\$750.00 Refundable** which shall be refunded after final inspection by the Superintendent that no damage has occurred during the move to the unit or the building.
  
3. **The date of the Move-In or Move-Out from the apartment must be scheduled with the Superintendent's Office in advance at the following number: Rafael Guillermo (917) 586-3884.** It is understood that the total amount of the Security Deposit shall be forfeited if the resident fails to do the following:
  - a. Schedule the Move-In or Move-Out of property with the Superintendent's Office (or arranges for the delivery or removal of property from the apartment at other than the time scheduled).
  - b. Have the Approval-Inspection letter Signed by the Superintendent on the scheduled day of Move-In/Move-Out, and return such signed Approval-Inspection letter to the Management Office attention: Nathalie Ben-Eliezer
  - c. **Moving in/out of the building must be done on weekdays ONLY between the hours of 9:00 a.m. and 4:30 p.m. ALL MOVES MUST BE COMPLETED BY 4:00 P.M. NO EXCEPTION WILL BE MADE.**
  
4. Any carrier engaged for the delivery or removal of property shall be advised to comply with the instructions of the Building Staff assigned for the monitoring and supervision of the Move-In or Move-Out.

5. **In addition**, a Certificate of Insurance from your moving company for **Workmen's Compensation and Public Liability Insurance** in the amount of \$500,000 property damage and \$500,000/\$1,000,000 bodily injury must be provided to the Managing Agent. The certificate must name **Park Plaza Owners Corp.** and **John B. Lovett & Associates, Ltd.** as Additional Insured. Upon submission of this certificate, building superintendent will advise the moving company with proper service entrance for move in/out.
6. The undersigned shall be responsible for damages caused in the common elements of the **Park Plaza Owners Corp.** during the process of the Move-In or Move-Out.
7. The cost for repairs and replacements for damages to the common elements caused by and during the Move-In or Move-Out shall be deducted from the amount of the Security Deposit. The amount of the cost for any repairs and replacements resulting from the damages attributed to the Move-In or Move-Out from the apartment shall be the sole determination of the Managing Agent which shall be based upon prevailing costs for similar repairs and replacements.
8. It is understood that **Park Plaza Owners Corp.**, shall return to the undersigned the amount of **750.00** in the event there are no damages done to the unit and/or building. In the event of a Move-Out the refund should be sent to the forwarding address indicated below.
9. It is further understood that the amount due or payable to the undersigned from the **SECURITY DEPOSIT** may not be assigned to another party.

**AGREED:**

**DATE OF MOVE:** \_\_\_\_\_

Name of Shareholder: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

Signature of Shareholder: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Purchaser/Subtenant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Purchaser/Subtenant: \_\_\_\_\_

Forwarding address for return of **Move-Out Deposit** (Please print name and address clearly.) If the unit is currently vacant and a Move-Out Deposit is not required, please indicate "N/A" below.

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**Cell Phone Number:** \_\_\_\_\_

**Email address (Print):** \_\_\_\_\_

## **SECTION 16**

# **AUTHORIZATION FOR CREDIT & CRIMINAL BACKGROUND CHECKS**

**CREDIT AGENCY AUTHORIZATION**

**Authorization for The Lovett Group  
to obtain a credit report**

In order to comply with the provisions of 15 U. S. C. Section 1681(d) of the Federal Fair Credit Reporting Act, I (we) authorize **The Lovett Group**, to obtain, prepare and furnish an investigative consumer report including information on my character and general reputation, personal characteristics and mode of living, whichever are applicable, as well as information regarding employment, credit, criminal, and current financial position. If this is an application, I (we) further authorize **The Lovett Group**, at its discretion, to make a copy of such credit report available to the owner of the unit, which I (we) propose to lease. In addition, within a reasonable period of time, upon written request to The Lovett Group,

I (we) may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

**Receipt is acknowledged to the summary of rights enclosed herewith.**

**Purchaser/Lessee (Print):** \_\_\_\_\_

**Purchaser/Lessee Signature:** \_\_\_\_\_

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

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

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**Purchaser/Lessee (Print):** \_\_\_\_\_

**Purchaser/Lessee Signature:** \_\_\_\_\_

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

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

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

**Building Reference:** \_\_\_\_\_ **Apt #** \_\_\_\_\_

**RELEASE OF INFORMATION AUTHORIZATION  
AUTHORIZATION FOR THE LOVETT GROUP TO OBTAIN A  
CRIMINAL, SEX OFFENDER AND TERRORIST WATCH LIST INQUIRY**

I hereby authorize any individual, company or institution to release to The Lovett Group, and/or its representative any and all information that they have concerning **any criminal activity on a State and/ or Federal Level.**

I hereby release the individual, company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information.

Print Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Sex: Male  Female

City/State/Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

-----  
Print Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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(FOR OFFICE USE ONLY)

**TENANT DATA PLEASE RETURN TO:**

**Park Plaza Owner Corp.**

**ATTN: Kaitlyn Torres**

**FAX (718) 592-5330**

**BUILDING REFERENCE: PARK PLAZA OWNERS CORP./APT# \_\_\_\_\_**

## **SECTION 15**

# **NAMEPLATE REQUEST & KEY APPROVAL**

**NAME PLATE REQUEST & KEY APPROVAL**

**Park Plaza Owners Corp.  
61-15/ 61-25 97<sup>th</sup> Street  
Rego Park, Queens 11374  
(718) 393-0028**

Please complete the information requested on the form and acknowledge that you will supply the superintendent with a set of keys upon moving into your apartment.

Apt. No.: \_\_\_\_\_

Name on Mailbox: \_\_\_\_\_

Name on Directory: \_\_\_\_\_

I (we) acknowledge that a set of keys to the apartment must be given to the superintendent upon moving in.

Signature: \_\_\_\_\_

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

## **SECTION 16**

# **ACKNOWLEDGMENT OF HOUSE RULES**

**ACKNOWLEDGMENT OF HOUSE RULES**

**John B. Lovett & Associates, Ltd.  
109-15 14<sup>th</sup> Avenue  
College Point, New York 11356  
718-445-9500**

**Park Plaza Owners Corp.  
61-15/ 61-25 97<sup>th</sup> Street  
Rego Park, Queens 11374  
718-393-0028**

By signing below, I (we) acknowledge receipt of the Park Plaza Corp. Rules and also acknowledge the Pet Policy of Park Plaza Owners Corp.

Apt. No.: \_\_\_\_\_

Name of Purchaser(s): \_\_\_\_\_

\_\_\_\_\_

Signature of Purchaser(s): \_\_\_\_\_

\_\_\_\_\_

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

# **SECTION 17**

# **LEAD DISCLOSURE STATEMENTS**

**DISCLOSURE OF INFORMATION ON LEAD-BASED PAINT AND LEAD-BASED PAINT HAZARDS**

**Lead Warning Statement**

Every purchaser 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 of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

**Seller's Disclosure (initial)**

- \_\_\_\_\_ a) Presence of lead-based paint and/or lead-based paint hazards (check one below):  
( ) Known lead-based paint and/or lead-based hazards are being present in the housing (explain): \_\_\_\_\_  
\_\_\_\_\_ ( ) Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.
- \_\_\_\_\_ b) Records and reports available to the seller (check one below):  
( ) Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).  
\_\_\_\_\_  
\_\_\_\_\_ ( ) Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Purchaser's Acknowledgments (initial)**

- \_\_\_\_\_ c) Purchaser has received copies of all information listed above.  
\_\_\_\_\_ d) Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home*.  
\_\_\_\_\_ e) Purchaser has (check one below):  
( ) Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or  
\_\_\_\_\_ ( ) 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 Acknowledgment (initial)**

- \_\_\_\_\_ (f) Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852(d) and is aware of his/her 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 provided by the signatory is true and accurate.

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

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

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

**LAST  
PAGE  
OF THIS  
DOCUMENT**