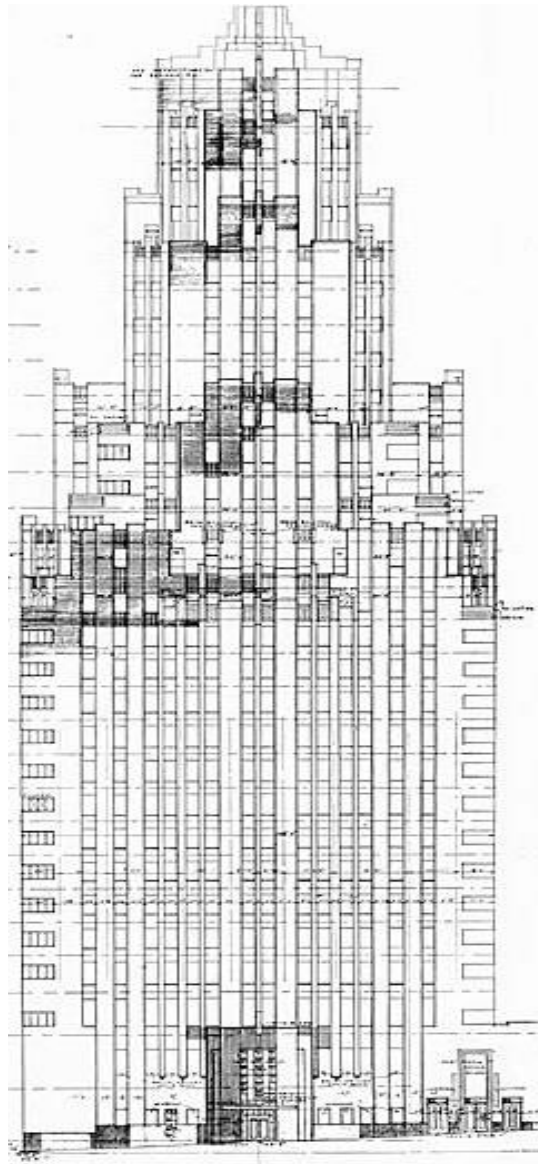


MASTER APTS., INC.

Apartment Purchase Application



Additional information on the Master Apartments is available at www.masterapts.com.



**IMPORTANT INFORMATION REGARDING
SOCIAL SECURITY NUMBERS, BANK ACCOUNT NUMBERS
AND GENERAL PACKAGE SUBMISSION**

****PROTECTING YOUR PRIVACY****

****The original Credit Report Release that shows the social security number should ONLY be in the original package. YOU MUST REMOVE OR BLACKOUT the social security number in the additional copies*****

In order to protect your privacy, please **REMOVE** or “**BLACKOUT**” your **SOCIAL SECURITY NUMBER** and **BANK ACCOUNT NUMBERS** from any **HARD COPY, CD or FLASH DRIVE COPY** of **ALL FINANCIAL DOCUMENTS**. However, the bank account numbers and social security numbers are to be **INCLUDED IN THE ORIGINAL PACKAGE ONLY**. These will be used to verify assets and this copy will be securely kept in our office.

Please be sure that any reference to any portion of the social security numbers are to be removed from the following documents:

- ◆ Application
- ◆ Financials
- ◆ Contract of Sale
- ◆ Bank Statements
- ◆ Brokerage Statements
- ◆ Tax Returns & W2s*

*When submitting Income Tax Returns and W2s, please submit only **COPIES** (even in the original package). **DO NOT INCLUDE ORIGINALS**. The application package marked “**ORIGINAL**” will **NOT** be returned for any reason. Please be sure to make a copy to keep for your records.

SUBMISSION OF FEES

All Processing and Credit Check Fees are to be submitted on BANK CHECKS ONLY.

ALL PROCESSING FEES MUST BE SUBMITTED WITH THE PACKAGE. FAILURE TO INCLUDE FEES WILL RESULT IN YOUR PACKAGE BEING RETURNED FOR RESUBMISSION.

IF YOU DO NOT REMOVE ALL SOCIAL SECURITY NUMBERS AND BANK ACCOUNT NUMBERS FROM ALL COPIES (PAPER & DIGITAL), YOUR PACKAGE WILL NOT BE REVIEWED AND THE ENTIRE PACKAGE WILL NEED TO BE PICKED UP, REVISED AND RESUBMITTED.

If you have any questions, please contact Lucyna Hasko at lhasko@orsidr.com

Master Apts., Inc.
310 Riverside Drive New York, NY 10025

Submitting an Application to Purchase an Apartment

Thank you for your interest in purchasing an apartment at 310 Riverside Drive. The procedures for submitting an application are set forth below, and the documents required are listed on the following page. Two types of documents are involved:

1. Forms supplied by the Corporation, which are to be completed and numbered by applicant.
2. Additional documentation to be provided by the applicant as specified in the application.

Procedure for Completion of the Application

1. Complete all forms and collect the required documentation.
Shareholder selling apartment completes forms A1, A4 and A5, and must provide information on alterations and records of prior alterations completed on the apartment if available.
Prospective purchaser completes forms A1 - A5, and all other sections of the application.
Current shareholders purchasing an additional unit should inquire about modifications in the documentation to be provided.
2. Collate the documents into one package in the order indicated in the Table of Contents.
3. Number the pages consecutively in the space provided at the bottom of each page. Insert the corresponding page numbers in the space provided in the Table of Contents
4. Prepare ONE original application, ONE paper copy, and ONE DIGITAL copy of the PACKAGE. THE ORIGINAL MUST CONTAIN SOCIAL SECURITY NUMBER AND ACCOUNT NUMBERS. THE DIGITAL COPY MUST HAVE THEM REDACTED.
5. Submit all copies of the application package, along with the checks, to Orsid Realty Corp., at the following address. ORSID REALTY CORP. ATTN: Lucyna Hasko, 1740 Broadway, 2nd Floor, New York, NY 10019. Email: lhasko@orsidr.com
6. Seller & Purchaser to complete the Lead-based paint disclosure information form (attached).
7. If the Board requests supplementary information, collate it into a separate PACKAGE, add a Table of Contents, and submit ONE original, ONE hard copy and ONE CD/USB copy.
8. Allow sufficient time for the process. It takes at least four weeks to process the application, schedule an interview and obtain a decision from the Board. It may take additional weeks for the closing to be scheduled and take place.
9. The approved purchaser must provide evidence of property insurance with minimum liability coverage of at least \$300,000, and name Master Apts., Inc. and Orsid Realty Corp. as "additional interests" prior to or at the closing.
10. If you have questions regarding the Board's requirements, materials to be submitted, or time frames involved, contact Lucyna Hasko, Orsid Realty Corps transfer agent, by email at:lhasko@orsidr.com.

Note: Current shareholders applying to purchase another apartment do not have to submit reference letters. External applicants who are couples may use the same personal reference(s).

Fees to be submitted with the Application

11. \$500.00 check payable to Orsid Realty Corp. a non-refundable processing fee.
12. \$50.00 check PER APPLICANT payable to Orsid Realty Corp. for credit check fee.
13. \$350.00 check payable to Master Apts., Inc., a one-time dog registration fee.
14. \$250.00 check payable to Master Apts., Inc. a non-refundable move-out fee for studio apartments or \$500 for all larger apartments.
15. \$250.00 check payable to Master Apts., Inc., for a non-refundable move-in fee for studio apartments or \$500 for all larger apartments.
16. \$1,000.00 check payable to Master Apts. Inc., for a refundable move-in security deposit.
17. \$1,000.00 check payable to Master Apts. Inc., for a refundable move-out security deposit.

Procedures for Review and Sales Interviews

1. The Board of Directors will review only complete applications.
2. If, after reviewing the application, the Board decides to invite the applicant in for an interview, Orsid Realty staff will notify applicant(s) and schedule the interview. Interviews are typically scheduled within 3 - 4 weeks of submitting the application, provided the application is complete at the point it is submitted.
3. All prospective shareholders must attend the interview. Those prospective shareholders who have a dog or service animal, must bring them to the interview as well.
3. Applications to purchase apartments as a non-primary residence are considered on a case-by-case basis. If the sale is executed, non-primary residents are not permitted to sublet or have unaccompanied guests.
4. The key points of the various building policies and procedures (i.e. House Rules, Sublet and Guest Policy, Pet Policy, etc.) are summarized in the comprehensive Building Handbook (attached to this application.) The co-op House Rules, and other policies and procedures are also posted on the co-op's website. Approved purchasers must indicate their acceptance and agreement to abide by all co-op policies and procedures at the closing.

Procedures for the Closing:

Closings take place at the office of the attorney for the co-op corporation:

Helene Hartig, Esq.
233 East 86th Street, Suite 2A (between 2nd and 3rd Avenues)
New York, NY 10028
Telephone: 212-289-4000
Email address helene@hartiglaw.com

Post-Closing: Move-in

1. Professional movers must provide a certificate of insurance for general liability and workers comp listing Master Apts., Inc. and Orsid Realty Corp as additional insured's and sent to Grazyna Cyprys in the management office at least three days prior to the move so she can confirm the insured is in good standing with their carrier. The facsimile number is 212-866-8709. Move-in Move-Out Application pdf fillable format: [Move-in Move-Out Application](#)

X1: Package

Date: _____ Apt: _____

	Starts on Page
Letter of Introduction.....	<u>1</u>
X1 Table of Contents	<u>2</u>

Application

A1 Parties to the Transaction	_____
A2 Terms of Proposed Sale	_____
A3 Warranty and Credit Release	_____
A4 Cooperative Stock Transfer Request and Memorandum of understanding	_____
A5 Cooperative Stock Purchase Application	_____
Attachments to Application	_____

Personal Questionnaire

P1 Household Members	_____
P2 Plans & Intentions.....	_____
P3 Previous Residences	_____
P4 Employment & Education	_____
P5 Personal History	_____
P6 References.....	_____
Attachments to Personal Questionnaire	_____

Financial Questionnaire

F1 Income.....	_____
F2 Expenses.....	_____
F3 Net Worth.....	_____
F4 Assets	_____
F5 Liabilities	_____
Attachments to Financial Questionnaire	_____
Financial documents:	
▪ Tax returns for past two years	_____
▪ Financial institution account statements	_____
Financial institution account statements in support of asset and liability schedules. <i>One statement for each account, all for the same month, issued within 90 days of application submission</i>	

Sale Documents

▪ Contract of sale	_____
▪ Mortgage application	_____
▪ Mortgage commitment.....	_____
▪ Recognition agreement	_____
▪ Documentation of prior alterations.....	_____
▪ Disclosure of Lead-based Paint/Paint Hazards.....	_____

Reference Letters

▪ Personal references	_____
▪ Business references.....	_____
▪ Employment references	_____
▪ Bank references.....	_____
▪ Landlord / managing agent references	_____

A1: Parties to the Transaction

Apt: _____
Date: _____

Shareholder/Seller(s) _____

Name of Applicant 1:		
SS# listed on IRS forms	Other SS# used (<i>Explain</i>)	
Current address	Day Phone	Cell
	Night Phone	Email
Name of Applicant 2:		
Relationship to Applicant #1		
SS# listed on IRS forms	Other SS# used (<i>Explain</i>)	
Current address	Day Phone	Cell
	Night Phone	Email
Name of Applicant 3:		
Relationship to Applicant #1		
SS# listed on IRS forms	Other SS# used (<i>Explain</i>)	
Current address	Day Phone	Cell
	Night Phone	Email
Name of Applicant 4:		
Relationship to Applicant #1		
SS# listed on IRS forms	Other SS# used (<i>Explain</i>)	
Current address	Day Phone	Cell
	Night Phone	Email

Representing seller(s)

	Name / Firm	Phone / Email
Broker		
Attorney		
POA/Proxy <i>(Explain)</i>		

Representing applicant(s):

	Name / Firm	Phone / Email
Broker		
Attorney		
Mortgage Broker		
POA/Proxy <i>(Explain)</i>		

Application

A2: Terms of Proposed Sale

Apt: _____

Date: _____

Name(s) in which stock will be held: _____

Will the apartment be held in trust? Yes ____ No ____

If stock will be held by a person or entity other than applicant(s), provide details and include in documentation all relevant material, e.g. Trust agreement.

Purchase price		Details
Projected closing costs		
Projected total cost		

Following is a list of all sources on which we will draw to finance the purchase, including any gifts and loans.

Funding for down payment

Amount	% of total	Source(s)	Type	Term	Rate

Funding for balance of total cost

Amount	% of total	Source(s)	Type	Term	Rate

Details and explanation as needed.

Mortgage Commitment/Rate-Lock Expiration Date _____
(if financing the purchase)

Application

A3: Warranty

Apt: _____

Date: _____

We, the undersigned, herewith submit our application to purchase the above-named apartment.

Attached is our check for \$500, payable to Orsid Realty Corp, which is a non-refundable processing fee.

We certify that we:

1. Have read (or have had reviewed on our behalf by an attorney) the Proprietary Lease, By-Laws and House Rules, the Sublet and Guest Policy, Musical Instrument/Voice Policy, Pet Policy, expanded House Rule on Smoking which govern the occupancy of the Apartment and agree to abide by the same.
2. Have received from the Seller, as required by federal regulations, information with respect to lead-based paint and related hazards and, being satisfied with the condition of the Building and the Apartment, waive any further right or opportunity to conduct any further inspection of the Apartment and the Building for the presence of lead-based paint.

If this application is approved, we will NOT, without the prior written consent of the Board of Directors:

- Pledge or create a security interest in the shares and/or Proprietary Lease for the Apartment;
- Make any structural alterations to the Apartment;
- Sublease the Apartment;
- Permit any person to reside in the Apartment who is not so authorized by the Proprietary Lease;
- Use the Apartment for other than residential purposes that are not permitted by law.

In support of this application, we have prepared and attached the Application, Personal Questionnaire, and Financial Questionnaire, as listed in the Table of Contents on pages 3 and 4, along with required supporting documentation, as listed in the Table of Contents.

Warranty

We hereby represent and warrant that the information contained in this package is true and complete and that Master Apts., Inc. may rely on it as a basis for making its decision on the merits of our application. Note: If there are additional purchasers, sign and date this warranty below.

First Applicant Signature

Date

Second Applicant Signature

Date

A4: Cooperative Stock Transfer Request and Memorandum of Understanding

Apt: _____

Date: _____

Cooperative Stock Transfer Request

Number of shares: _____

We/I, the SELLER(S), hereby request the Board of Directors of the Corporation to approve an assignment of the proprietary lease for the above listed Apartment and the sale of shares to the applicant(s) described in this application.

Name: _____ Signature: _____ Date: _____	Name: _____ Signature: _____ Date: _____
Name: _____ Signature: _____ Date: _____	Name: _____ Signature: _____ Date: _____

Memorandum of Understanding

Attached is the following documentation of prior alterations made to the apartment:

- A list of all prior alterations and changes to the physical space of the apartment
- The current floor plan of the apartment, with alterations indicated
- A list of changes in share allocations for the apartment and appurtenant areas
- Department of Building applications, permits, approvals and sign-offs, as applicable.

I/We, THE SELLER(S), hereby verify that, during our ownership, the alterations and installations detailed herein were made in the apartment.

Name: _____ Signature: _____ Date: _____	Name: _____ Signature: _____ Date: _____
Name: _____ Signature: _____ Date: _____	Name: _____ Signature: _____ Date: _____

I/We, THE APPLICANT(S), hereby verify that I/we will assume responsibility for any ensuing liability arising from past improvements or lack thereof.

Name: _____ Signature: _____ Date: _____	Name: _____ Signature: _____ Date: _____
Name: _____ Signature: _____ Date: _____	Name: _____ Signature: _____ Date: _____

Application

A5: Cooperative Stock Purchase Application

Apt: _____
Date: _____

I/We the undersigned hereby submit(s) this application for consent to purchase and transfer the shares of stock and Proprietary Lease appurtenant to the above listed Apartment.

I/We understand and agree that, pursuant to authority granted in the Proprietary Lease and By-Laws of the Corporation:

1. The proposed purchase cannot be consummated without the consent of the Board of Directors.
2. The Board of Directors will use this application to obtain background information regarding the applicant(s), and may require additional information.
3. The Board of Directors will require that the applicant(s) appear for a personal interview, and may also require other persons who will reside in the apartment, or have financial responsibility for the apartment, to appear at an interview.
4. The information supplied on or pursuant to this application is essential to the Board for it to maintain the quality of life in the building and to be sure that the requirements of the Proprietary Lease and the rules and regulations of the cooperative will be observed.
5. Falsification of any information supplied, or omission of material information in this application, may result, without limitation, in denial of consent or revocation of prior consent by the Board of Directors and termination of the applicant's Proprietary Lease.
6. In no event will the Corporation, the Board of Directors or its agents be responsible for any liabilities or expenses incurred by either the applicant or the seller in the event consent is denied.
7. While the Board of Directors will attempt to review the application promptly, neither it, the Corporation, nor their agents will assume responsibility for expenses or liabilities resulting from any delay in its review.
8. The Apartment is being acquired in "as is" condition (except as the Contract may contain obligations between the Seller and the Purchaser concerning repairs, changes or improvements to the Apartment.)
9. The Corporation shall have no liability with respect to any action or omission of the Seller in connection with the contract of sale annexed to this Application.
10. The Corporation makes no representation with respect to the value of the stock or the proprietary lease of the apartment involved, nor any representations regarding the financial condition of the Corporation or any recommendation to the prospective Purchaser with respect to the advisability of the purchase.
11. In accordance with applicable law, the Corporation does not discriminate on the bases of race, creed, color, religion, national origin, marital status, age, sex, occupation, or disability in its admissions policies.
12. No sale will be approved by the Corporation unless the apartment complies with all applicable city, state, and federal regulations and laws.
13. The maximum mortgage permitted by the Corporation is 80% of the appraised value.
14. In order for an owner to pledge shares of stock in the Corporation, the lending bank will require that the Corporation sign an agreement recognizing the bank's lien on the shares and the Proprietary Lease requiring the Corporation to notify the bank of default, monetary or otherwise, on the part of the owner.
15. The Corporation will approve the principle of transfers of shares to living trusts under the following conditions:
 - The shareholder(s) guarantee the payment of maintenance for the length of their residency.
 - The shareholder(s) transferring are responsible for legal fees incurred by the Corporation.
 - When the shareholder(s) no longer occupy the apartment, any new occupant(s) in the apartment, including children of current shareholders, must appear before and be approved by the Board.

Seller(s)	Applicant(s)
Name: _____	Name: _____
Signature: _____ Date: _____	Signature: _____ Date: _____
Name: _____	Name: _____
Signature: _____ Date: _____	Signature: _____ Date: _____
Name: _____	Name: _____
Signature: _____ Date: _____	Signature: _____ Date: _____
Name: _____	Name: _____
Signature: _____ Date: _____	Signature: _____ Date: _____

P1: Household Members

Apt: _____

Completed by: _____ Date: _____

Name(s) to appear on lobby directory/log: _____

A. Primary residents (full-time, year-round)

		Under 10?	10-18?
Name	Relationship to primary shareholder		

B. Secondary residents (part-time or occasional)

		Under 10?	10-18?
Name	Relationship to primary shareholder		

C. Household staff (live-in or engaged full-time)

Name	Duties	Schedule	Resident?

D. Pets to be kept in the apartment, either full-time or occasionally.

(for dogs include: breed, approximate age, weight, license number, date of rabies and other vaccines.)

Refer to Pet Policy on co-op website: [Master Apartments Pet Policy](#)

Personal Questionnaire

P2: Plans & Intentions

Apt: _____

Date: _____

Plans for occupancy *(Details provided in documentation)*

Date we hope to close by: _____ Date we hope to move in: _____

Where we will live in the interim *(if applicable)*

Applicants' children, parents, grandparents who will not reside in the apartment *(Name, age if minor, name of applicant who is parent)*

Applicants and applicants' spouses or children who have diplomatic status:

Planned use of apartment *(Details provided in documentation)*

We DO ___ / DO NOT ___ own other residences.

We WILL ___ / WILL NOT ___ live in the apartment full-time, year-round.

We WILL ___ / WILL NOT ___ use the apartment for business, either full- or part-time.

Our business or personal use of the apartment WILL ___ / WILL NOT ___ involve any of the following:

- Receiving of clients, either regularly or occasionally
- The practice of musical instruments or voice (See Musical Instruments and Voice Policy, House Rules, Appendix B.)
- The presence of business employees in the apartment, either regularly or occasionally.
- Shipping and receiving of documents and/or packages on a regular basis.
- Storing of equipment, supplies, or inventory used in the business.

We WILL ___ / WILL NOT ___ maintain any of the following in the apartment, either for personal or work-related purposes:

- Power tools for woodworking, metalworking, etc.
- Chemicals, lead based or other flammable paints, solvents, etc.
- Professional-type sound equipment or musical equipment
- Musical Instrument(s) list all instruments: _____

Please note that upright or grand pianos are permitted only in apartments on the 3rd floor. For all musicians and vocalists, approval of a purchase application will be contingent on approval of the proposed soundproofing plan.

Planned alterations to the apartment *(Provide details provided in Alteration and Minor Renovation Agreements (See Design and Construction Standards)*

Corrective work needed

- There ARE ___ / ARE NOT ___ conditions or problems in the apartment to be corrected prior to closing.
- There ARE ___ / ARE NOT ___ conditions or problems in the apartment noted in the sales contract.

Work planned prior to occupancy

- We DO ___ / DO NOT ___ plan to undertake alterations. i.e. *(structural changes, cabinetry, electrical and plumbing)*
- We DO ___ / DO NOT ___ plan to undertake decorating/minor renovations i.e. *(paint and plaster)*

Work planned after occupancy

- We DO ___ / DO NOT ___ plan to undertake alterations in the near future.
- We DO ___ / DO NOT ___ plan to undertake decorating/minor renovations in the near future.
- We DO ___ / DO NOT ___ plan to reside elsewhere while work is being performed.

Alterations, whether substantial, minor renovation, or decoration, require completion of the appropriate application by the shareholder, which includes a detailed description of the work and may require architectural drawings. Board approval must be given prior to the start of any work. Refer to respective application for detailed instructions and fees.

P3: Previous Residences

Date: _____ Apt: _____

Applicant: _____ *One form for each applicant.*

My last three residences within the past ten years were as follows.

Period
from / to

	Address (including apartment #) `	Landlord Phone Email	
	Type of residence		Monthly payment
	Reason for leaving		
	Address (including apartment #) `	Landlord Phone Email	
	Type of residence		Monthly payment
	Reason for leaving		
	Address (including apartment #) `	Landlord Phone Email	
	Type of residence		Monthly payment
	Reason for leaving		

I HAVE ____ / HAVE NOT ____ ever lived in a co-op as a shareholder.

I HAVE ____ / HAVE NOT ____ ever lived in a co-op as a renter.

I HAVE ____ / HAVE NOT ____ ever served on a co-op Board or as an officer.

I HAVE ____ / HAVE NOT ____ ever served on a shareholder committee or task force.

I HAVE ____ / HAVE NOT ____ ever had a dispute or legal issue with a co-op in which I resided and/or owned an apartment

I HAVE ____ / HAVE NOT ____ ever been evicted from a rental unit.

I HAVE ____ / HAVE NOT ____ ever been a defendant in a landlord/tenant case.

Following are details to explain affirmative answers above.

P4: Employment & Education

Apt: _____
Date: _____

Applicant: _____ *Each applicant must complete a separate form.*

My last three employers within the past ten years (including unpaid employment) were as follows:

Period (from / to)

	Employer (name, address) Nature of business, position held	Phone Email	Annual salary
	Employer (name, address) Nature of business, position held	Phone Email	Annual salary
	Employer (name, address) Nature of business, position held	Phone Email	Annual salary

The most recent school I attended and all previous institutions I attended full-time through high school were as follows:

Period (from / to)	Institution (name, city, state)	Degree taken

Other professional background and qualifications:

Honors, awards, recognition I have received:

Publications:

Military service:

P5: Personal History

Apt: _____

Date: _____

Applicant: _____ *One form for each applicant.*

Following are all the names I have used in addition to the name above (middle name, maiden name, alias, etc.)

My current spouse IS ____ / IS NOT ____ a co-applicant

Following are the names of all my previous spouses, the year we married, and the year we separated.

My revolving credit balance for the past twelve months has averaged _____

I AM ____ AM NOT ____ a co-maker or endorser on a note.

I AM ____ AM NOT ____ obliged to pay alimony and/or child support.

I HAVE ____ HAVE NOT ____ any outstanding judgments against me.

I HAVE ____ HAVE NOT ____ ever declared bankruptcy.

I HAVE ____ HAVE NOT ____ ever had property foreclosed upon.

I HAVE ____ HAVE NOT ____ ever been a party in a lawsuit.

I HAVE ____ HAVE NOT ____ ever been arrested.

I HAVE ____ HAVE NOT ____ received in the past 12 months cash gifts (money or negotiable instruments) totaling \$10,000 or more.

I HAVE ____ HAVE NOT ____ received in the past five years non-recurring income from capital gains, sale of capital assets, inheritance, or gambling.

I HAVE ____ HAVE NOT ____ in the past seven years declared on a tax return losses in excess of \$1,000.

Following are details to explain affirmative answers above.

Optional

My hobbies / interests / leisure activities

Organizations in which I participate

Other information about myself or my family that may be relevant to my application.

Ways in which I may be able to participate/contribute to the co-operative (specify skills relevant to serving on Board, Committees, other Co-op Activities)

P6: References

Apt: _____

Date: _____

Applicant: _____ *One form for each applicant.*

References in this co-op: Names of all residents, staff, or management I know or who know me.

My application includes a letter from each of the following references.

Personal references other than those listed elsewhere

Name, address	Email / Phone	# Yrs.

Business references other than those listed elsewhere

Name, company, address	Email / Phone	# Yrs.

Employment references including my current employer *(and previous employer, even if employed 6 months or less.)*

Name, company, address	Email / Phone	# Yrs.

I understand that my employer's letter must state my annual salary, position, and length of employment.

Bank reference

Name, bank, address	Email / Phone	# Yrs.

I understand that bank reference letters must indicate the type of account and amount I have on deposit.

Landlord / Managing Agent reference

Name, company, address	Email / Phone	# Yrs.

F1: Income

Apt: _____

Date: _____

Applicant 1: _____

Time span: _____

First twelve months after purchase of apartment

Applicant 2: _____

Projected monthly income (annual total divided by 12)

Earned income	Applicant 1	Applicant 2	Total or joint
Salary			
Self-employment income			
Bonuses/Commissions			
Partnership income (Net)			

Investment income (Non-retirement Investments)	Applicant 1	Applicant 2	Total or joint
Dividends			
Interest			
Real estate income (Net)			
Business income (Net)			
Trusts			

Retirement income	Applicant 1	Applicant 2	Total or joint
Pension			
Social Security			
Retirement fund withdrawals			
Annuities			

Other regular Income	Applicant 1	Applicant 2	Total or joint
Total projected monthly income			

This total DOES _____ / DOES NOT _____ differ by more than 10% from my most recent income tax return. *If so, detail.*

Major non-recurring income projected for same period.

Applicant 1	Applicant 2	Total or joint

F2: Expenses

Apt: _____

Date: _____

Applicant 1: _____

Time span: _____

first twelve months after purchase of apartment

Applicant 2: _____

Projected monthly expenses (annual total divided by 12)

		Applicant 1	Applicant 2	Total or joint
Housing	Mortgage (Principal & Interest)			
	Real Estate Taxes			
	Co-op Maintenance			
Debt service	Auto Lease / Loan			
	Student loans			
	2nd home or property			
	Other loans / debts			
Credit card debt				
Living expenses (food, utilities, clothing, telephones, TV)				
Health insurance				
Other Insurance				
Medical (not reimbursed)				
Tuition				
Taxes (Federal, State, Local, FICA/Medicare)				
Financial support for family or others, including gifts				
Alimony, child support				
Charitable Contributions				
Payroll deductions for retirement accounts				
Partnership contributions				
<u>Other regular expenses (itemize):</u>				

Total projected monthly expenses				

Major non-recurring expenses projected for same period:

Financial Questionnaire (add additional forms if more than two applicants with assets)

F3: Net Worth

Apt: _____

Date: _____

Applicant 1: _____ As of date: _____

Applicant 2: _____ (last day of month prior to application)

Details are in schedule listed, documentation is attached.

Assets

	Schedule	Applicant 1	Applicant 2	Total or Joint
Down payment on contract (if applicable)				
Cash	A1			
Marketable securities	A2			
Vested interest in retirement funds	A3			
Cash surrender value of life Insurance	A4			
Real estate owned	A4			
Privately-owned business	A4			
Mortgages and notes receivable	A4			
Limited partnership interest: cost	A4			
Personal property	A4			
Automobile(s)	A4			
Other assets	A4			
Total Assets				

Details are in schedule listed, documentation is attached.

Liabilities

	Schedule	Applicant 1	Applicant 2	Total or Joint
Bank loans payable, secured	L1			
Bank loans payable, unsecured	L1			
Loans payable to others	L1			
Mortgages payable	L1			
Installment contracts payable	L1			
Accounts payable	L1			
Outstanding credit card balances	L2			
Taxes payable: Federal, State, Local	L3			
Other taxes payable	L3			
Margin loans	L3			
Loans against life insurance	L3			
Loans against retirement accounts	L3			
Other liabilities	L3			
Total Liabilities				
NET WORTH				

F4: Assets

Apt: _____

Date: _____

Applicant: _____ One form for each applicant and one for jointly held.

Details of assets included in my statement of net worth. (Value stated is based on open market, except as noted.)

Schedule A1 Cash Balances (Checking, savings, money market, CDs, treasury bills) X - if Pledged?

Institution	Account Type	Account #	Signers on Account	Cash Balance	X

Schedule A2 Marketable securities (Stocks, bonds, mutual funds, debentures) X - if pledged?

Institution	Security	Type	Price	Cost basis	Market value	X

Schedule A3 Vested interest in retirement funds

Fund	Type	Beneficiary	Market value

Schedule A4 Other assets, including

- Cash surrender value (CSV) of life insurance contracts: Insurer, Policy type, Policy #, Beneficiary, Face value.
- Real estate owned: nature and location of property, ownership percentage, date acquired, cost, recent appraisal, name on title, mortgage maturity date, monthly mortgage payment and mortgage balance.
- Privately-owned business: Name of business, type, location, gross revenue past 3 years, date acquired, cost, market value.
- Mortgages and notes receivable: Debtor, original amount, rate, maturity, collateral, monthly payment, balance
- Limited partnership interest: Title and description, ownership %, date acquired, cost, cash distributed past 2 years, net equity
- Personal property, automobile.

Description	Value

Financial Questionnaire (add additional forms if more than two applicants with liabilities)

F5: Liabilities

Apt: _____

Date: _____

Applicant: _____ One form for each applicant and one for jointly held.

Details of liabilities included in my statement of net worth. (Value stated is based on open market, except as noted.)

Schedule L1 Loans payable to banks (including collateral, if secured)
 Loans payable to others secured and unsecured (including nature of loan)
 Mortgages payable (including type of mortgage)

Lender or creditor, description	Original Amount	Rate	Maturity Date	Monthly Payment	Balance

Schedule L2 Outstanding credit card balances
 Installment contracts payable (including underlying asset)
 Accounts payable (including underlying asset)

Creditor	In name of	Maturity date	Monthly payment	Balance

Schedule L3 Other liabilities (Taxes payable – Federal, State, Local, other; margin loans payable; loans against life insurance)

Description	Monthly payment	Balance

CREDIT REPORT RELEASE

Each Applicant must complete a separate release

I hereby authorize ORSID REALTY CORP. on behalf of Master Apts., Inc. to request and receive any and all information from any credit bureau, previous employers (with respect to matters other than occupation) references and with respect to any criminal convictions from any law enforcement agencies.

I will hold harmless and/or release ORSID REALTY CORP., and Master Apts., Inc. 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, reference checks, and criminal activity checks.

Please print the following:

1. Full name and/or aliases: _____
2. Full address: _____
3. Social Security #: _____
4. Employer's Name (Company Name): _____
5. Are you 18 years of age or older? Yes: _____ No: _____ If not, state your age:

Agreed to by Applicant: _____

Date: _____

Resident Information Form

Apartment No. _____ Main Home Phone (for deliveries, etc.): _____

Shareholder 1: _____ Work Phone: _____

Mobile Phone: _____ *Email: _____

Shareholder 2: _____ Work Phone: _____

Mobile Phone: _____ *Email: _____

*Email Alert for Deliveries to the Front Desk. ____ I would like to receive delivery notification via email.

Other Residents: Please describe each other resident. For example, children, college student who lives here in the summer, parent/grandparent, etc. For children, list year of birth.

1. _____ Relationship: _____ Year of Birth: _____ Part Time? ____

2. _____ Relationship: _____ Year of Birth: _____ Part Time? ____

3. _____ Relationship: _____ Year of Birth: _____ Part Time? ____

4. _____ Relationship: _____ Year of Birth: _____ Part Time? ____

Other Contact Information.

Weekend or Vacation Phone: _____ Other: _____

Emergency Contact. In the event of an emergency, contact:

Name: _____ Relationship: _____ Day Phone: _____

Evening Phone: _____ Email: _____

If anyone in your apartment needs assistance in an emergency (e.g., vision or hearing impaired, invalid, life-sustaining equipment (ex.: oxygen tanks) please describe on reverse side. Note that it is also your responsibility to register such information with the appropriate police and fire departments.

I have a dog: yes () no () If yes, please give name, breed, and approx. age of dog and/or other pets.

Name: _____ Breed: _____ Weight: _____ Age: _____

Name: _____ Species: _____ Weight: _____ Age: _____

I have homeowners, renters, or co-op insurance: yes () no ()

My liability coverage is \$300,000 or higher: yes () no ()

RESIDENTS ARE REQUIRED TO LIST *MASTER APTS., INC.* and ORSID REALTY CORP. AS ADDITIONAL INTERESTS AND PROVIDE PROOF OF INSURANCE.

Note that only persons listed here will be granted access to the building, unless authorized by the Corporation. See the Shareholder Guide for policies concerning guests and visitors.

The information on this form will be maintained in a confidential building roster, for use only by authorized agents of Master Apts., Inc. Return completed form to Concierge.

If you require additional space for any item, please use reverse side of this form.

Date: _____

**Disclosure of Information on Lead-based Paint
and/or Lead-based Paint Hazards**

Lead Warning Statement

Housing built before 1978 may contain lead-based paint, paint chips, and dust can post health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention. A brochure is available at:

http://www.epa.gov/sites/production/files/2014-02/documents/lead_in_your_home_brochure_land_b_w_508_easy_print_0.pdf

Lessor's (Shareholder) Disclosure [initial (a) and (b)]

(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 common areas (explain).

(ii) Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the Unit and/or common areas.

(b) Records and reports available to the lessor (check (i) or (ii) below):

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

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

Lessee's (Subtenant) Acknowledgment (Lessee(s) to initial (c) and (d) below):

(c) Lessee has received copies of all information listed above.

(d) Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (Agent to initial (e) below):

(e) Agent has informed the lessor of the lessor's obligation under 42 U.S.C. 4852d 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 they have provided is true and accurate.

Lessor/Shareholder Date

Lessor/Shareholder Date

Lessee/Subtenant Date

Lessee/Subtenant Date

Agent Date

Agent Date