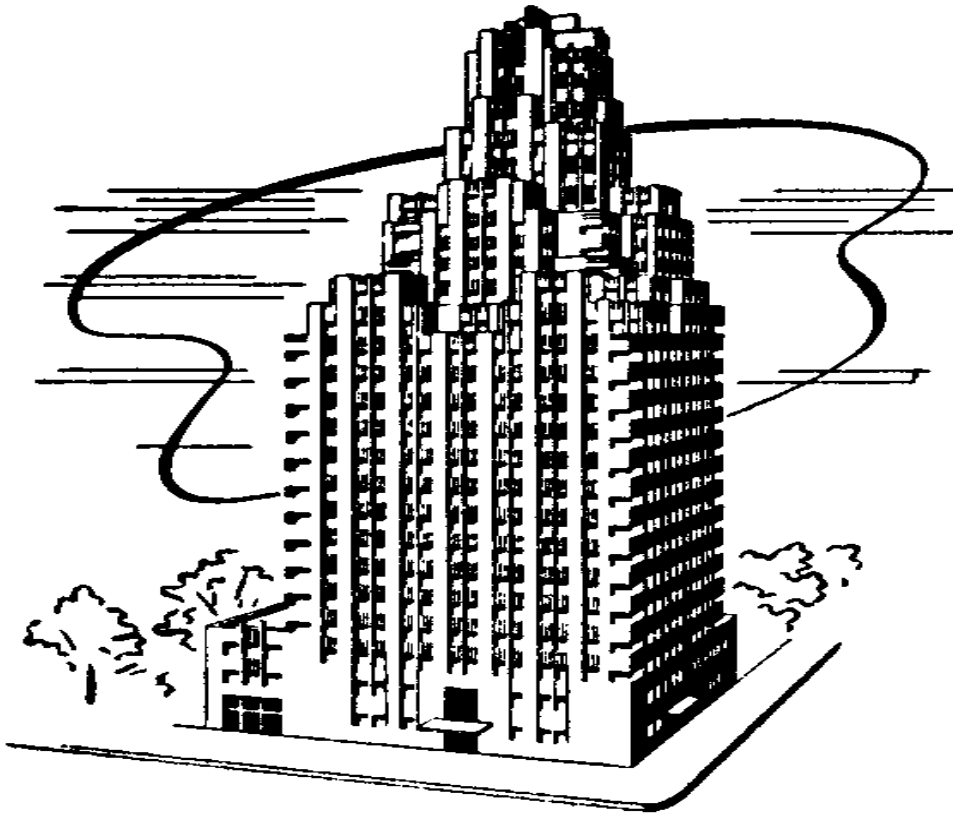


# MASTER APTS., INC.

## Apartment Sublet Application



*Please go to [masterapts.com](http://masterapts.com) to obtain shareholder forms & other useful information  
for residents of 310 Riverside Drive New York, NY 10025*

DATE: \_\_\_\_\_

APARTMENT NUMBER: \_\_\_\_\_

PAGE 1&2 – FOR NEW SUBLET APPLICATION INSTRUCTIONS    PAGE 3 –FOR SUBLET RENEWAL INSTRUCTIONS

In response to your request to sublet your apartment, please notify us in writing that you would like to sublet your apartment and the duration of the sublet that may not exceed one year. The Board of Directors requires the following information in order to consider your sublet request:

1. Executed sublease agreement (Blumberg P193 Form) enclosed
2. Application (Attached)
3. Complete credit report release form (enclosed)
4. One (1) business letter of reference
5. One (1) personal letter of reference
6. Most recent Tax Return
7. An employer letter indicating the length of subtenants employment and annual salary
8. Landlord reference letter
9. Shareholder and Subtenant Provide proof of Insurance indicating at least \$300,000 of liability coverage both from, naming Master Apts., Inc. as an “additional interest”.
10. Show acknowledgement of House rules and Sublet Policy by signing and returning only the signature page of the shareholder’s guide. {Attached}
11. Submit a check payable to Master Apts. Inc. (from shareholder) equal to the sublet percentage times the annual lease rent, pursuant to the sublet policy and submitted with the application. Please contact Grazyna Cyprys at [gcyprys@orsidr.com](mailto:gcyprys@orsidr.com) to assist in determining the sublet percentage to use.  
The shareholder may choose to have the sublet fee billed monthly on their maintenance bill and should inform Orsid of their choice of payment with the application.
12. Submit a check in the amount of \$250 payable to Orsid Realty Corp., a non-refundable processing fee.
13. Submit a check in the amount of \$50, per applicant, made payable to Orsid Realty Corp. which is a non-refundable fee to obtain a credit report for each applicant.
14. Submit a check payable to Master Apts. Inc. for a non-refundable move-in fee, which is \$250 for studio apartments and \$500 for all other apartments. These fees will apply when moving out as well.
15. Submit a check in the amount of \$1,000 payable to Master Apts. Inc., for a refundable move-in security deposit. This deposit will apply when moving out as well.
16. Non-US citizens must provide copy of Visa and any other pertinent documentation.
17. If a guarantor is party to this application he/she is required to provide their financial information in addition to the buyer(s).
- 18.** 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.

19. Moves in or out may take place from 9 am to 4 pm Monday through Friday. Moves are not allowed on weekends or holidays. Every effort must be made to use the service elevators. Contact concierge for instructions prior to move.
20. Subtenants are not allowed to have a dog or cat.
21. All new residents must complete the attached Subtenant Information form.
22. Lead-based paint disclosure information form (attached)
23. New applications and renewing applications must be for a one year term.
24. Please allow at least 30 days to process the application.

Please submit the above information in **THREE** collated sets (one original and two copies) to Orsid Realty Corp. at the address below, along with the required checks mentioned above. Please contact Donika Dodaj with any questions. You may include a CD or USB drive as well.

Incomplete applications cause delays. If we receive items on an individual basis or incomplete sets of the application the items will be returned to you. The Board of Directors will only act on complete applications; therefore, we would appreciate your cooperation so that we may process your application in an expeditious manner.

**Please note that pied-a-terre owners are not permitted to sublet their apartment.**

Sincerely,  
Donika Dodaj  
Orsid Realty Corp.  
1740 Broadway, 2<sup>nd</sup> Floor  
New York, NY 10019  
212-484-3757

**Master Apts., Inc. 310 RIVERSIDE DRIVE****SUBLET RENEWAL APPLICATION INSTRUCTIONS**

In response to your request to renew your sublet, please notify us in writing that you would like to sublet your apartment and the duration of the sublet. The Board of Directors requires the following information in order to consider your sublet request:

1. Executed sublease agreement (Blumberg P193 Form) enclosed.
2. Completed Application (attached) you do not need to provide former residences, personal references and we do not need to run the credit report again.
3. Submit an employer letter indicating subtenant's length of employment and annual salary.
4. Renewing subtenants do not need to complete section P2 regarding former residences.
5. Submit Proof of Insurance indicating at least \$300,000 of liability coverage from (SHAREHOLDER and SUBTENANT) naming Master Apts., Inc. and Orsid Realty Corp as "additional interests".
6. Submit a check payable to Master Apts. Inc. (from the shareholder) equal to the sublet percentage times the annual lease rent, pursuant to the sublet policy and submit with the sublet application. Please contact Grazyna Cyprys at [gcyprys@orsidr.com](mailto:gcyprys@orsidr.com) to assist in determining the sublet charge. The shareholder may choose to have the sublet fee billed monthly on their maintenance bill and should indicate their choice of payment with the application.
7. Submit a check in the amount of \$150 payable to Orsid Realty Corp. for the non-refundable renewal processing fee.
8. If a guarantor is party to this application he/she is required to provide their financial information in addition to the buyer(s).
9. All residents must complete or update the attached Resident Information form.
10. All renewing subtenants must show acknowledgement of the House rules and Sublet Policy by signing and returning the signature page of the shareholder guide. {Attached}
11. Sublet renewal applications must be submitted at least 30 days prior to current lease expiration.
12. Renewing subtenants are not allowed to bring in a new dog or cat.

**SUBLET RENEWAL APPLICATIONS MUST BE FOR A ONE YEAR TERM. ANY DEVIATION FROM THIS POLICY WOULD NEED BOARD APPROVAL AT THEIR DISCRETION.**

Please submit the above information in **THREE** collated sets (one original and two copies) to Orsid Realty Corp. at the address below, along with the processing fee mentioned above. After submission please contact Donika Dodaj with any questions. You may include a CD or USB drive as well.

Incomplete applications cause delays. If we receive items on an individual basis or incomplete sets of the application the items will be returned to you. The Board of Directors will only act on complete applications; therefore, we would appreciate your cooperation so that we may process your application in an expeditious manner.

**Please note that pied-a-terre owners are not permitted to sublet their apartment.**

Sincerely,

Donika Dodaj  
Orsid Realty Corp.  
1740 Broadway, 2nd Floor  
New York, NY 10019  
212-484-3757

Apartment #

1. List below the date of which the sublet will commence and the date on which it will end.

\_\_\_\_\_ start date of sublet \_\_\_\_\_ end date of sublet \_\_\_\_\_

2. Name of shareholder: \_\_\_\_\_

3. Shareholder's contact info: day-time phone number: \_\_\_\_\_

Cellular phone number: \_\_\_\_\_

4. Shareholder's signature: \_\_\_\_\_

5. Shareholder: Fill in the address to which maintenance bills are to be sent for the duration of the sublet. Please note that your name and address cannot be more than 3 horizontal lines, with a maximum of 19 characters per line.

\_\_\_\_\_  
Shareholder Name

Use these lines for Shareholder's mailing address:

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

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

\_\_\_\_\_

**P1: Plans & Intentions**

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

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

We DO ___ / DO NOT ___ expect to use the apartment for business or to maintain a home office in the apartment. <i>(Details provided in documentation)</i>
We DO ___ / DO NOT ___ expect to work at home. <i>(Details provided in documentation)</i>
Our household DOES ___ / DOES NOT ___ include any resident with diplomatic status. <i>(Details provided in documentation)</i>

Children of	Minor?	parent

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

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

**B. Household staff** engaged on a regular basis with access to the apartment.

Name	Duties	Schedule	Resident?

**C. Pets** kept in the apartment, either full-time or occasionally

(including the breed, approximate age, and license # of any dogs listed.)

New subtenants are **not** allowed to have a pet.

Renewing subtenants who have a pet are grandfathered in but they are not allowed to bring in a new pet. Please list your current pets info requested above. If no current pet please state so.

**P2: Previous Residences**

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

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

Applicant: \_\_\_\_\_ *One form for each applicant.*

My last three residences within the past ten years were:

From / To	Address, including apartment # _____	Landlord _____ Phone _____ Email _____	
	Type of residence _____		Monthly payment _____
	Reason for leaving _____		
From / To	Address, including apartment # _____	Landlord _____ Phone _____ Email _____	
	Type of residence _____		Monthly payment _____
	Reason for leaving _____		
From / To	Address, including apartment # _____	Landlord _____ Phone _____ Email _____	
	Type of residence _____		Monthly payment _____
	Reason for leaving _____		

I HAVE \_\_\_\_ / HAVE NOT \_\_\_\_ ever lived in a co-op.

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

Applicant: \_\_\_\_\_ *One form for each applicant.*

**References in this co-op:** 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, if I was 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



# CREDIT REPORT RELEASE

Each new sublet applicant must complete their own release.  
Renewal subtenants are not required to complete this 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{s}: \_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name

## Subtenant Information Form

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

**Shareholder Name:** \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Subtenant Name:** \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **Other Subtenant 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, medical powered equipment, oxygen tanks) please describe on reverse. Note that it is also your responsibility to register such information with the appropriate police and fire departments.

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.* AS AN ADDITIONAL INTEREST 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 with application.**

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

Date: \_\_\_\_\_ check->  If you do not want to be in the Verizon Concierge Program at this time.