



Management Corp.

7001 BRUSH HOLLOW ROAD  
SUITE 200  
WESTBURY, NY 11590  
TEL: (516) 876-4800  
FAX: (516) 876-6812  
EMAIL: [INFO@KALED.COM](mailto:INFO@KALED.COM)

**BIRCHWOOD ON THE GREEN OWNERS CORP.**

c/o Kaled Management Corp.  
7001 Brush Hollow Road Suite 200  
Westbury, NY 11590

**APARTMENT RESALE APPLICATION**

(Application to Transfer Shares and Assign Proprietary Lease)

**REQUIRED DOCUMENTS (1 Original along with 2 Collated Copies).** Mail completed application to:

Kaled Management Corp.  
7001 Brush Hollow Rd. Suite 200  
Westbury, NY 11590  
Attention: Barbara Robertson

1. Fully executed Contract of Sale.
2. Copy of Mortgagee's Commitment Letter.
3. Three (3) written letters of recommendation (may not be from applicant's family).
4. Copies of IRS tax form 1040 for the last two (2) years as well as W-2 forms.
5. Current Pay Stub - Verification of present salary from current employer (year-to-date pay stub, etc.). In the event that your salary has not remained constant or has decreased within the last six (6) months, we require a verification of your salary for the prior six (6) month period as well. If you are self-employed we require your own verified statement regarding the foregoing.
6. Copies of all bank statements for three (3) months. (savings, checking, etc.).
7. A verified personal financial statement (balance sheet reflecting net worth, secured obligations, etc.) if self-employed.
8. Credit Authorization.
9. Lead paint disclosure (make sure it is signed and initialed by both seller and purchaser).

**FEEES DUE FROM PURCHASER WITH APPLICATION**

1. Purchaser to pay Managing Agents processing fee of \$350.00 payable to Kaled Management Corp
2. Purchaser to pay Credit Check fee of \$75,00 per person (except if married couple) payable to Kaled Management Corp
3. Purchaser to pay recognition agreement of \$150.00 ( if getting a mortgage) payable to Kaled Management Corp.
4. If you have a pet, a picture of your pet must be attached to the application. A \$30.00 pet registration fee must be paid at closing \*\*\*\*\*



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## **BIRCHWOOD ON THE GREEN OWNERS CORP.**

### **FEES DUE FROM PURCHASER AT CLOSING**

1. Move-in deposit of \$500.00 payable to Birchwood on the Green Owners Corp. refundable provided no damage occurs.

### **FEES DUE FROM SELLER AT CLOSING**

1. Transfer Tax fee equal to \$.05 per share, payable to Kaled Management Corp.  
Closing Fee \$350.00 (closing at the office of Kaled Management Corp.) payable to Kaled Management Corp.
2. Move-out deposit of \$300.00 payable to Birchwood on the Green Owners Corp. refundable provided no damage occurs.

### **RESALE PROCEDURE**

1. Submit all required documents to Managing Agent with application, credit check and processing fee. Please be sure credit authorization form is signed.

**PLEASE NOTE: THE AZTECH DOCUMENT SYSTEMS, INC. FORM OF RECOGNITION AGREEMENT IS THE ONLY ONE ACCEPTABLE TO THE COOPERATIVE.**

**FINAL NOTE: APPLICATIONS WILL ONLY BE ACCEPTED THE THIRD WEEK OF THE PREVIOUS MONTH. THE SCREENING COMMITTEE MEETS THE SECOND THURSDAY OF THE MONTH. ANY APPLICATION THAT IS NOT COMPLETE WILL NOT BE SUBMITTED.**

**THERE ARE NO EXCEPTIONS.**

Please be further advised that as a result of the documents that will be submitted by you to the Board, it may be necessary that additional documentation may be requested.

Accordingly, the Board will advise you when your application is deemed complete for the Board's consideration.



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## **BIRCHWOOD ON THE GREEN OWNERS CORP.**

A personal inter-view will be required for all new purchasers. All individuals expecting to live in the apartment must appear at the Board interview, including children. You will be notified of the date, time and place for such interview.

In the event that the Board does not enforce any provisions respecting applications to transfer shares, you are further advised that same does not constitute a waiver of any rights of the Board and the Cooperative Corporation.

The interview meeting is held once a month. We shall endeavor to process your application as soon as possible after all requested information and documentation has been furnished. If you have any questions with regard to the foregoing, please contact Barbara Robertson at (516) 876-4800.

A \$500.00 deposit is required at closing as security for the proper removal of all personal property in and around the premises and for possible damage to the premises in the course of moving. Said deposit will be returned to the Shareholder(s) upon an inspection made after the conclusion of the move-out.

If applicant does not have a United States Passport, Copies of documents showing legal status, and/or proof of citizenship, including a social security card, as well as a copy of the first 2 pages of their passport, must be provided. All applicants must submit photo I.D. (Drivers License, etc.)

In the event you intend to sublet your apartment please be advised that there will be a sublet fee of 18% of the annual rent collected from your prospective subtenant.

**BIRCHWOOD ON THE GREEN OWNERS CORP.**  
**SALES REQUIREMENTS**  
**APPLICATION PACKAGE CHECKLIST:**

1. Purchase Application \_\_\_\_\_
2. Copy of Signed Contract of Sale (**Blumberg Contract Preferred by Board**) \_\_\_\_\_
3. Reference Letter from Previous Landlord \_\_\_\_\_
4. Two (2) Letters of Reference. One (1) Business Reference \_\_\_\_\_
5. Copy of W-2 forms for prior two (2) years,  
along with IRS 1040 Tax filing \_\_\_\_\_
6. Letter from Employer indicating length of employment/salary \_\_\_\_\_
7. A signed Window Guard Rider \_\_\_\_\_
8. **If financing, a copy of signed Mortgage Commitment and Application**  
**If purchase is being financed 85% is permitted** \_\_\_\_\_
9. Aztec Form of Recognition Agreement if sale is being financed \_\_\_\_\_
10. Bank balance confirmation letter - must have bank stamp/seal or copies  
of your latest Bank statements \_\_\_\_\_
11. Lead Paint Rider Signed and Initialed by both parties \_\_\_\_\_

PURCHASE APPLICATION

Application is herewith submitted for the purchase of \_\_\_\_\_ shares of common stock of Birchwood on the Green Owners Corp., and for the right of residency in Apartment # \_\_\_\_\_.

Seller's Name(s): \_\_\_\_\_

Seller's SSN(s): \_\_\_\_\_

Telephone Numbers Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Seller's Attorney: \_\_\_\_\_

Name of Firm/Address: \_\_\_\_\_

Telephone/Fax Number: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Purchaser's Name: \_\_\_\_\_

Co-Applicant (if applicable): \_\_\_\_\_

Social Security Number (s): \_\_\_\_\_

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

Telephone Numbers - Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Employer's Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

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

Present Amount of Monthly Rent: \_\_\_\_\_ Mortgage: \_\_\_\_\_

Name of Landlord and Telephone #: \_\_\_\_\_ ( )

Length of Residency: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Purchaser's Attorney: \_\_\_\_\_

Name of Firm/Address: \_\_\_\_\_

Telephone/Fax Number: \_\_\_\_\_ / ( )

Broker Involved: \_\_\_\_\_

List all names of all the people that will be occupying the Apartment:

Name:	Relationship:	Age:	Occupation:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

\_\_\_\_\_

Only One (1) Dog (Not To Be In Excess Of 30 Pounds) Or One (1) Cat Is Permitted.

MAKE and YEAR of AUTOMOBILE:

<u>MAKE</u>	<u>YEAR</u>	<u>LICENSE PLATE #</u>	<u>STATE</u>
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\_\_\_\_\_

\_\_\_\_\_

NO TRUCKS, RVS, TRAILERS, BOATS, ETC. ARE PERMITTED ON THE PREMISES.

**BIRCHWOOD ON THE GREEN OWNERS CORP.**

The undersigned has (have) filled out this application and understands that the information contained herein and all other information submitted or furnished to the Board of Directors is essential in considering this application. The undersigned does hereby authorize the Board to verify and exchange information on me (us) including but not limited to requesting reports from credit reporting agencies and any entity named in this application and/or documents submitted or furnished to the Board of Directors.

The undersigned does hereby certify that he/she/they has/have read the Cooperative Corporation's Offering Plan, By-laws and House Rules and any amendments hereto, that he/she/they understand and will fully comply with same.

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

\_\_\_\_\_  
Signature of Purchaser

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

\_\_\_\_\_  
Signature of Purchaser

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

I (We) consent to submission of this application and do hereby apply to the Board of Directors for approval for the transfer of my(our) shares in the Cooperative Apartment.

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

\_\_\_\_\_  
Signature of Seller

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

\_\_\_\_\_  
Signature of Seller

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

NOTE: If a Power of Attorney is going to be Used in this transaction the Cooperative's Attorney requires that he be notified and that he be furnished with a copy of the executed Power of Attorney prior to closing.

# ASSETS AND LIABILITIES STATEMENT

Applicant's Name \_\_\_\_\_  
 Statement of Financial Condition as of the \_\_\_\_\_ day of \_\_\_\_\_ 120 \_\_\_\_\_

Please Note: Supporting documentation for all assets and liabilities is to be attached to this statement. Please use tile word "none" where no amount is to be entered.

ASSETS		LIABILITIES	
Cash in bank (attach bank, statements & schedule E)	\$	Notes Payable (attach schedule B)	\$
Down payment on contract (if paid)		Mortgages payable (attach schedule A)	
Securities (Stocks & Bonds-attach statements & schedule F)		Unpaid Real Estate Taxes	
Cash value of life insurance, less any loans		Unpaid income Taxes	
Investment in own business		Accounts Payable (attach schedule C)	
Real Estate Owned (attach schedule A)		Outstanding Credit Card Balances (attach schedule C)	
Vested interest in Retirement Fund (include IRAs and 401Ks) (attach schedule G)		Other Liabilities (itemize)	
Automobile (make and year)			
Loans and Notes Receivable			
Personal Property and Furniture			
other Assets (itemize)			
			□
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH (excess of assets over liabilities)</b>	<b>\$</b>
Contingent Liabilities (personal guarantees or potential liabilities-attach schedule D)	\$		

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

Date \_\_\_\_\_

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

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

**SCHEDULE A - REAL ESTATE OWNED**

Location and Type of Property	Title In the Name of	Date Acquired	Cost	Recent Appraised Value	Mortgage Balance	Maturity Date	Monthly Payments

**SCHEDULE B - NOTES PAYABLE**

Amount	Due to	in Name of	Maturity Date	CoIIateral	'Monthly Payments

**SCHEDULE C - ACCOUNTS PAYABLE (include credit card balances here)**

Amount	Due to	In Name of	Monthly Date	Monthly Payments

**Schedules - Contingent Liabilities**

Amount	Type	Due to	obligor	Final Maturity or repayment	Collateral *

including Letters of Credit and Surety Bonds



# YEARLY INCOME AND EXPENSE STATEMENT

**Instructions:** If the income tax statement you submit with this application is for the *prior calendar year*, then complete this form for the Current calendar year only. **if you have not submitted** a Filed income tax statement for the prior calendar year, please complete two forms; one for the preceding year and one for the Current calendar year.

Applicant's Name' \_\_\_\_\_

INCOME,		EXPENSES	
Salary (or earned income)	\$	Mortgage Payments (principal & interest)	
Bonus and Commissions		Real Estate Taxes	
Real Estate income (Net)		Rent/Co-op/Condo Maintenance	
Share of partnership income (loss)		Loan or Note Payments	
Business Income (Net) Sole Proprietorship		Auto Loan/Lease Payments	
Dividends		insurance Premiums	
Interest		Tuition Expenses	
Pension (IRA, Keogh)		Charitable Contributions	
Social Security		Medical (unreimbursed)	
Investments (describe)		Alimony, Child Support, maint.	
		Living Expenses (food, clothing, utilities' etc)	
Other Income (itemize)		Credit Card payments	
		Investment Expenses	
		Pension (IRA, Keogh)	
		Other Expenses (itemize)	
TOTAL INCOME	\$	TOTAL EXPENSES	\$

Are there any unsatisfied judgments or legal actions pending against you and the amounts involved \_\_\_\_\_

Have you ever gone through bankruptcy or other insolvency proceedings? \_\_\_\_\_

Date \_\_\_\_\_

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

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

AFFIDAVIT OF COMPLIANCE WITH  
CARBON MONOXIDE DETECTOR REQUIREMENT  
FOR ONE AND TWO FAMILY DWELLINGS

State of New York     )

)SS

County of             )

The undersigned, being duly sworn, depose and say under penalty of perjury that they are the grantor of the real property or of the cooperative corporation owning real property located at:

\_\_\_\_\_ Street Address \_\_\_\_\_ Unit/Apt.  
\_\_\_\_\_ Borough \_\_\_\_\_ New York, \_\_\_\_\_ Block \_\_\_\_\_ Lot (the "Premises")

That the premises is a one or two family dwelling, or a cooperative apartment or condominium unit and installed in the Premises is an approved and operational carbon monoxide detector of such manufacture, design and installation standards as established by the State of New York Fire Prevention and Building Code Council.

The grantor is in compliance with Subdivision 5(a) of Section 378 of the New York State Executive Law. (The signature of at least one grantor is required and must be notarized).

\_\_\_\_\_  
Name of Grantor (Type or Print)

\_\_\_\_\_  
Name of Grantee (Type or Print)

\_\_\_\_\_  
Signature of Grantor

\_\_\_\_\_  
Signature of Grantee

Sworn to before me  
This \_\_\_\_ date of \_\_\_\_ 20\_\_

**Sworn to before me**  
This \_\_\_\_ date of \_\_\_\_ 20\_\_

These statements are made with the knowledge that a willfully false representation is unlawful and is punishable as a crime of perjury under Article 21 0 of the Penal Law.

This Affidavit of Compliance with Carbon Monoxide Detector Requirement is for informational purposes.

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

**Lessor's Disclosure**

**Housing built before 1978 may contain lead based paint. Lead paint from chips and dust can pose 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 lead based paint and or lead- paint based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention**

**Lessor's Disclosure**

- (a) Presence of lead-based paint and/or lead-based paint hazards ( check (1) or 11 below
- 1) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

\_\_\_\_\_

- 11) \_\_\_\_\_ Lessor has no knowledge of lead based Paint and/or lead-based paint hazards are present in the housing

**(b) Records and reports available to the lessor (check ( 1) or (11) below):**

- (11) \_\_\_\_\_ Lessor has provided the lessee with an available, records and reports pertaining to lead-based Paint and/or lead-based Paint hazards in the housing (list documents below).

\_\_\_\_\_

\_\_\_\_\_

- (11) \_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing

**Lessee's Acknowledgement (Initial)**

- (c) \_\_\_\_\_ Lessee has received
- (d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in your Home*

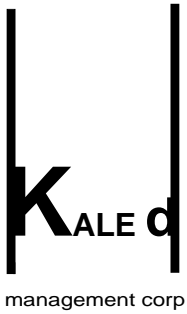
**Agents Acknowledgement (initial)**

- (e) \_\_\_\_\_ **Agent has informed the lessor of the lessor's obligations under 42 U-S.C 4852(d) and is aware of his/her responsible to ensure compliance.**

**Certificate 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	_____ Date	_____ Lessor	_____ Date
_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date



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## SHAREHOLDER ALTERATION AGREEMENT CHECKLIST

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

Cooperative: \_\_\_\_\_

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

Type of  
Alteration \_\_\_\_\_  
\_\_\_\_\_

Dear Shareholder:

To help expedite the approval of your alteration, please make sure that all the items listed below are included in your alteration package to the Board.

- \_\_\_\_\_ Sign and return both Alteration Agreements, attached.
- \_\_\_\_\_ Certificates of Insurance showing coverage of no less than \$1,000,000.00 for liability and property damage, naming the Cooperative above and Managing Agent as an additional insured.
- \_\_\_\_\_ Certificate of Insurance showing Workman's Compensation coverage.
- \_\_\_\_\_ Alteration deposit of \$\_\_\_\_\_ payable to the above Cooperative (to be determined).
- \_\_\_\_\_ Copy of fully executed contract between yourself and your contractor.
- \_\_\_\_\_ Specifications of work to be performed including diagrams where necessary
- \_\_\_\_\_ The following statement must appear in your contract for the alteration: "All debris will be removed from the premises by the contractor" or "by the Shareholder at their expense"

**The attached specifications and or statement must also appear as part of your contract.**