

The Board of Directors of Post Apartments Corporation

60 Post Street & 100 Livingston Avenue – YONKERS N.Y. 10705

| Members of present Board and affiliates: | | | |
|------------------------------------------|-------------------------|-----------------------------------------------|---------------------------------------------------------------|
| Director <i>President</i> | : Hugo MONROY | [646] 541-7867 | Director <i>member</i> : Delia SAENZ [914] 965-4570 |
| Director <i>V. President</i> | : Jermaine NICKS | [914] 774-2642 | Director <i>Secretary</i> : Carol ARIAS [610] 223-6543 |
| Director <i>Treasurer</i> | : Ghassan SAYEGH | [914] 953-1610 | Super : Luis Jurado [914] 316-9224 |
| Management Company | | | |
| Ms. Milagros Martinez | | | |
| Total Realty Associates, Inc. | | Billy Lopez Office: [914] 964-0554 Ext. # 225 | |
| Agent in charge: | | | |

CO-OP PROSPECT BUYER'S APPLICATION (Private & Confidential)

Unit Seller (s): _____ Address: _____

Phones: H. [] _____ - _____ W. [] _____ - _____ Cell [] _____ - _____

I/we, the stockholder(s) of unit # _____, at _____, do hereby submit this application for our prospect Buyer (s), duly and properly filled by him/her/them with necessary documentation and fees as outlined in item # 8 below, for review by your Board, set up of interview, and seeking your approval, with the full understanding that, if approved, the unit is to be solely and strictly used as a private dwelling for the buyer and his household, with the understanding that they will fully abide by the by-laws of the Corporation and that no pets or exotic birds are allowed.

I/we, as prospect seller (s), covenant that I/we am/are solely responsible for paying Real Estate brokerage fees (if Applicable).

Signature 1- _____ 2- _____

1-PERSONAL INFORMATION

1. FULL NAME : _____ 2. FULL NAME : _____

S.S. #: _____ S.S. # _____

Driver License # _____ State _____ Driver License # _____ State _____

☎#: H. [] _____ - _____ W. [] _____ - _____ Cell [] _____ - _____

Fax [] _____ - _____ E-mail: _____

Address: _____ City/St/Zip: _____

Present Landlord: _____ ☎#: [] _____ - _____ - _____ Years at this address: _____

If less than two years, give:

Previous Address: _____

Landlord: _____ ☎#: [] _____ - _____ - _____ Years at this address: _____

Current RENT MORTGAGE: \$ _____ Reason for moving: _____

2-EMPLOYMENT INFORMATION

ARE YOU EMPLOYED NOW? YES NO IF YES: please complete the grid: STARTING WITH LAST JOB FIRST

Primary

| Month & Year | Name And Address Of Employer | Superior / Manager | | | Position |
|------------------------|------------------------------|--------------------------|----------------|---------------|--------------|
| From ___/___/___ To | _____ | Name: _____ ☎#: _____ | | | |
| Base Salary | Commissions | Overtime | Bonuses | Others | Total |
| \$ | \$ | \$ | \$ | \$ | \$ |
| Month & Year | Name And Address Of Employer | Superior / Manager | | | Position |
| From ___/___/___ To | _____ | Name: _____ ☎#: _____ | | | |
| Base Salary | Commissions | Overtime | Bonuses | Others | Total |
| \$ | \$ | \$ | \$ | \$ | \$ |

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Secondary

| Month & Year | Name And Address Of Employer | Superior / Manager | | | Position |
|--------------|------------------------------|--------------------|--|--|----------|
| | | | | | |

| | | | | | |
|------------------------|------------------------------|----------|--------------------------|--------|----------|
| From ___/___/___ To | | | Name: _____ ☎#: _____ | | |
| Base Salary | Commissions | Overtime | Bonuses | Others | Total |
| \$ | \$ | \$ | \$ | \$ | \$ |
| Month & Year | Name And Address Of Employer | | Superior / Manager | | Position |
| From ___/___/___ To | | | Name: _____ ☎#: _____ | | |
| Base Salary | Commissions | Overtime | Bonuses | Others | Total |
| \$ | \$ | \$ | \$ | \$ | \$ |

Others

| | | | | | |
|------------------------|------------------------------|----------|--------------------------|--------|----------|
| Month & Year | Name And Address Of Employer | | Superior / Manager | | Position |
| From ___/___/___ To | | | Name: _____ ☎#: _____ | | |
| Base Salary | Commissions | Overtime | Bonuses | Others | Total |
| \$ | \$ | \$ | \$ | \$ | \$ |
| Month & Year | Name And Address Of Employer | | Superior / Manager | | Position |
| From ___/___/___ To | | | Name: _____ ☎#: _____ | | |
| Base Salary | Commissions | Overtime | Bonuses | Others | Total |
| \$ | \$ | \$ | \$ | \$ | \$ |

3-BANKING INFORMATION:

1- BANK NAME: _____ ADDRESS: _____
 CHECKING Acct # _____ SAVINGS Acct # _____
 2- BANK NAME: _____ ADDRESS: _____
 CHECKING Acct # _____ SAVINGS Acct # _____

4-OCCUPANTS List all *proposed occupants* of the unit:

| NAME | SS# | RELATIONSHIP |
|------|-----|--------------|
| 1- | | |
| 2- | | |
| 3- | | |
| 4- | | |
| 5- | | |
| 6- | | |

5-REFERENCES: give below the names of *THREE PERSONS* not related to you, whom you have known at least one year:

| NAME | ADDRESS & TELEPHONE | BUSINESS | YEARS ACQUAINTED |
|------|---------------------|----------|------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

6-GUARANTOR (IF REQUIRED)

NAME: _____ SS # _____ - _____ - _____ DRIVER LICENSE # _____ STATE _____
 PRESENT ADDRESS: _____ How many years _____
 PREVIOUS ADDRESS: _____ How many years _____
 EMPLOYER : _____ POSITION _____ SINCE WHEN _____
 ADDRESS: _____ ANNUAL INCOME \$ _____ SUPERVISOR _____

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1- BANK NAME: _____ BRANCH _____ CHECKING # _____

ADDRESS: _____ SAVINGS # _____

2- BANK NAME: _____ BRANCH _____ CHECKING # _____

ADDRESS: _____ SAVINGS # _____

Guarantor's other ANNUAL INCOME: Describe nature and amount (i.e. 2nd Job, Commissions, Overtime, Bonuses, Trust Funds, Investments, Rental Income, verifiable working Section 8, etc.)

Guarantor's Signature: _____

7- Have any of the proposed applicants ever been

- Subject to any collection action/proceedings YES NO
- Filed for Bankruptcy YES NO
- Subject of Foreclosure/Repossession/Condemnation Real Estate/Car, etc) YES NO
- Processed or sued for an eviction or non-payment of rent YES NO
- Convicted of any crime (Misdemeanor and/or Felony) YES NO

If yes to any of the above, please explain whom and for what: _____

Use additional blank sheet if needed.

EXTREMELY IMPORTANT

NO APPLICATION WILL BE ACCEPTED IF ANY OF THE DOCUMENTATION & FEES BELOW ARE MISSING:

8-DOCUMENTATION & FEES REQUIRED (No Exception):

- Citizen **Resident Alien** (Copies for all applicants/prospect occupants) Other: _____
- Copies of **Driver License** (s) for all applicants/prospect occupants,
- Copies of **Social Security** Card (s) for all applicants/prospect occupants,
- Signed or certified Copy of last year **Tax Return**, including W2s and/or 1099.
- Copies of last **two Pay stubs** and/or **payroll checks**, for all working prospect applicants,
- Duly filled and signed **Credit Check Authorization** (Page 4 of this application),
- Application** and **Credit Check** fees, namely \$ 250.00 (Non-Refundable), **payable** to Total Realty Associates, Inc.,

PROSPECT BUYER (s)' STATEMENTS & COVENANTS

- 1- Prospect Applicant(s) understand(s) that the stockholder (s) and the Board of Directors are relying on all the above information, and that this information is essential in considering this application; if any of the above is false statement or a misrepresentation, any contract, which may be subsequently executed, may be declared null and void by the Board of Directors.
- 2- Prospect Applicant(s) also understand(s) that Stockholder (s) may offer the unit for sale, but the Board of Directors reserve the right to approve or disapprove the application.
- 3- Prospect Applicant (s) also understand (s) **THAT ONLY THOSE PEOPLE LISTED IN THIS APPLICATION ARE TO LIVE IN THE UNIT.** The Board will, under no circumstances, accept any addition to those listed, except newborn children, to dwell in the unit. Prospect Applicant (s) fully covenant (s) that he/she will seek an approval in writing from the Board to approve or disapprove any extras.
- 4- Applicant (s) hereby confirm (s) he/she read the above statements, fully understand (s) them, and in acknowledgment and acceptance by making the following statement and by affixing his/her/their signature (s) in confirmation here below:

I/WE AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I/WE UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISAPPROVAL. I/WE ALSO AUTHORIZE BY THE PRESENT THE BOARD OF DIRECTORS TO ALSO RUN A CREDIT CHECK.

SIGNATURE 1- _____ SIGNATURE 2- _____

DATE FILLED _____ DATE SUBMITTED _____

This form complies with state and federal fair housing laws prohibiting discrimination on the bases of an applicant's **RACE, COLOR, RELIGION, AGE OR SEX.** Questions directly or indirectly reflecting such status have been included only where needed to determine bona fide permissible purposes.

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APPLICANT (S) SIGNATURE AUTHORIZATION

Privacy Act Notice: This information is to be used by the corporation or its assignees collecting it in determining whether you qualify as a prospective buyer under its program and by-laws. It will not be disclosed outside the corporation or its assignees except as required by law. You do not have to provide this information, but if you do not, your application for approval as a prospective buyer may be delayed or rejected. The information requested in this form is authorized by Title 38, USC. Chapter 37 (if VA); by 12 USC, Section 1701 et. Seq. (if HUD/FHA); by 42 USC, Section 1452b (If HUD/CPD); and Title 42 USC, 1471 et. Seq. or 7 USC. 1921 et. Seq. (if USDA/FmHA).

PART I – General Information

| <u>Applicant A:</u> | <u>Applicant B:</u> |
|------------------------------------------------------------------|------------------------------------------------------------------|
| Full Name: _____ | Full Name: _____ |
| SS # : _____ | SS # : _____ |
| Address : _____ _____ | Address : _____ _____ |
| How Long: From _____ to Present | How Long: From _____ to Present |
| If less than two years, list previous address: _____ _____ | If less than two years, list previous address: _____ _____ |

PART II – Applicant (s) Authorization

I/We hereby authorize Post Apartments Corporation and/or its assignees to verify *my/our past and present employments, earning records, bank accounts and any other data* that are needed to process my/our application, and to perform a consumer credit check inquiry through a credit data service for the purpose of processing my/our application for purchasing.

| | |
|-----------------------------------------|---------------|
| _____ Applicant A: Print Name & Sign | _____ Date |
| _____ Applicant B: Print Name & Sign | _____ Date |

FOR OFFICE USE ONLY

DATE SERVICES REQUESTED: _____ DATE PERFORMED: _____

RECEIVED RESPONSES ON:

| | | | |
|--------------------------------------|-----------------------------------|------------------------------|------------------------------------|
| Credit Report Appl. A : _____ | By: <input type="checkbox"/> Mail | <input type="checkbox"/> Fax | <input type="checkbox"/> In Person |
| Credit Report Appl. B : _____ | By: <input type="checkbox"/> Mail | <input type="checkbox"/> Fax | <input type="checkbox"/> In Person |
| Employment Report Appl. A: _____ | By: <input type="checkbox"/> Mail | <input type="checkbox"/> Fax | <input type="checkbox"/> In Person |
| Employment Report Appl. B: _____ | By: <input type="checkbox"/> Mail | <input type="checkbox"/> Fax | <input type="checkbox"/> In Person |
| Landlord Report Appl. A&B: _____ | By: <input type="checkbox"/> Mail | <input type="checkbox"/> Fax | <input type="checkbox"/> In Person |
| Mortgage Co. Report Appl. A&B: _____ | By: <input type="checkbox"/> Mail | <input type="checkbox"/> Fax | <input type="checkbox"/> In Person |

Fees Paid to get any report: 1-Document _____ \$ _____
 2-Document _____ \$ _____
 3-Document _____ \$ _____

REVIEWED BY BOARD MEMBERS:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

REPORTS' FINDINGS & RESULTS: ACCEPTED DECLINED

REMEDIED: (Explain) _____

FOR BOARD USE & LOG

Process of Receiving, Reviewing and Setting up possible Interview

APPLICATION was received on: _____ by Board member: _____

Is Application properly filled: Yes No All Documentation and Fees attached: Yes No

Method of payment: Check Money Order Receipted Cash Others: _____

Check cleared: Yes No Obtained Credit Report: Yes No

Any other document or report collected: Yes No What: _____

Report _____ Date & Time of Verification: _____ at _____

Report _____ Date & Time of Verification: _____ at _____

Report _____ Date & Time of Verification: _____ at _____

Copies Distributed/Handed to Board members on _____ by Board member: _____

INTERVIEW set up by: _____ **DATE** set: _____

Interview date & time: _____ at _____

Members will be present:

1- _____ 2- _____ 3- _____

4- _____ 5- _____ 6- _____

TYPES OF ID PROVIDED

Driver's License: Yes No **How Many:** One Two **Green Card:** Yes No **How Many:** One Two

Passport Yes No **Social Security Card:** Yes No **How Many:** One Two

Work Permit Yes No **Others:** _____ Yes No **How Many:** One Two

Documents included:

1- Tax returns: Yes No 2- Pay Stubs/copy check: Yes No

3- Appl/Crcheck fees: Yes No 4- Credit Check Form: Yes No

Documents missing or pending:

RESULTS OF APPLICATION AND INTERVIEW

ACCEPTED _____ PENDING _____ : DECLINED _____

Members Approving: 1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Members Disapproving: 1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Members Abstaining: 1. _____ 2. _____ 3. _____

REMARKS:

