

260 WEST BROADWAY CONDOMINIUM

This is a draft document. Please
obtain current info from the Managing
Agent.
It is posted here for layout only.

260 West Broadway
c/o Orsid Realty
1740 Broadway 2nd fl
New York, N.Y. 10019
Direct Line: (212) 484-3737
Direct Fax: (212) 586-4524

STANDARD REQUIRMENTS FOR SALE OF CONDOMINIUM

1. One completed Purchase Application Form for each prospective purchaser
2. Additional Information Page (Only one form need be filled out per purchase.)
3. Supplemental Information Page for purchasers who are Non-Natural Entities
4. Executed Condominium Contract of Sale, including the following:
 - Smoke/Carbon Monoxide Detector Rider
 - Window Guard Rider
5. Lead-based Paint Disclosure Statement
6. Signed Credit Check Authorization
 - Include copy of Government Photo ID and Social Security Card
7. Signed Consent to Service of Process
8. Completed Statement of Financial Condition, for each prospective purchaser, with all recent applicable backup attached (e.g. Bank Statements, Brokerage Statements, W-2's, etc.)
9. Signed Certification of Financial Condition form
10. Employer(s) verification letter(s) stating length of employment and annual salary
11. Bank reference letter from prospective purchaser(s)' bank(s) (For each applicant)
12. Three personal reference letters (For each applicant)
13. Landlord reference letter, if applicable (For each applicant)
14. Completed Current Unit Owners Personal Information Form (To be completed by the current owner of the Unit)
15. Non-refundable check for \$600 payable to Orsid Realty Corp. as a processing fee

**PLEASE DELIVER THE ORIGINAL AND NINE (9) COLLATED COPIES OF
THE COMPLETED PACKAGE TO
ORSID REALTY AT 1740 BROADWAY 2nd FLOOR NY, NY 10019
WITH THE PROCESSING FEE.**

260 WEST BROADWAY CONDOMINIUM

PURCHASE APPLICATION

(PLEASE FILL OUT ONE COMPLETE FORM FOR EACH PURCHASER)

FOR PURCHASE OF UNIT #: _____

PURCHASE PRICE: \$ _____

FULL NAME OF PURCHASER: _____

IS ABOVE PERSON 18 YEARS OF AGE?: YES / NO SS#: _____

PRESENT ADDRESS: _____

CITY / STATE / ZIP: _____ PHONE #: _____

HOW LONG AT CURRENT ADDRESS: _____ OWN / RENT?: _____

LANDLORD INFO (IF APPLICABLE): _____

CURRENT EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

PHONE #: _____ CONTACT (& POSITION): _____

LENGTH OF EMPLOYMENT: _____ POSITION HELD: _____

CURRENT ANNUAL SALARY: \$ _____

NAMES OF ANYONE IN THE BUILDING KNOWN TO APPLICANT: _____

WILL YOU MAINTAIN ANY OTHER RESIDENCES? (IF YES GIVE DETAILS):

260 WEST BROADWAY CONDOMINIUM

PURCHASE APPLICATION (cont'd)

(PLEASE FILL OUT ONE COMPLETE FORM FOR EACH PURCHASER)

REFERENCES

1. BANK REFERENCE.

NAME: _____ PHONE #: _____

ADDRESS: _____

2. PERSONAL REFERENCES.

NAME: _____ PHONE #: _____

ADDRESS: _____ RELATIONSHIP: _____

NAME: _____ PHONE #: _____

ADDRESS: _____ RELATIONSHIP: _____

NAME: _____ PHONE #: _____

ADDRESS: _____ RELATIONSHIP: _____

260 WEST BROADWAY CONDOMINIUM

PURCHASE APPLICATION

ADDITIONAL INFORMATION

(Only one of these forms need be filled out per purchase)

NAMES OF ALL WHO WILL RESIDE IN THE UNIT & RELATIONSHIP TO
PURCHASER)?: _____

ANY PETS (PLEASE DESCRIBE)?: _____

MORTGAGE LENDER: _____ LOAN#: _____

ADDRESS: _____

AMOUNT FINANCED: \$ _____ DEPOSIT ON CONTRACT: \$ _____

PURCHASER'S ATTORNEY: _____

FIRM: _____ PHONE #: _____

ADDRESS: _____

SELLER'S ATTORNEY: _____

FIRM: _____ PHONE #: _____

BROKER'S NAME: _____ PHONE #: _____

ADDRESS: _____

260 WEST BROADWAY CONDOMINIUM

PURCHASE APPLICATION

SUPPLEMENTAL INFORMATION REQUIRED FROM NON-NATURAL ENTITIES

Unit #: _____

Name of Non-Natural Entity Unit Owner: _____

Principal Address of Non-Natural Entity:

Street: _____

City: _____ State: _____ Zip Code: _____

Type of Non-Natural Entity (e.g.: corporation, limited liability company, trust): _____

Date of Formation of Non-Natural Entity: _____

Expected Date of Dissolution of Non-Natural Entity: _____

Name of Designated Representative of Non-Natural Entity to Occupy Unit:

Relationship of Designated Representative to Non-Natural Entity: _____

Consideration to Be Paid by Designated Representative to Non-natural Entity for Use of Unit:

Designated Attorney as Agent for Service of Process:

Name: _____

Address: Street: _____

City: _____ State: _____ Zip Code: _____

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION:

- (A) Proof of Formation and Continued Existence of Non-natural Entity;
- (B) A List of the Names and Addresses of all officers, members, partners, trustees, and/or beneficiaries of Non-Natural Entity;
- (C) Proof of Relationship of Designated Representative to Non-natural Entity.

RIDER

SMOKE/CARBON MONOXIDE DETECTORS

The 260 West Broadway Condominium

Unit #: _____

I _____ am the prospective Tenant / Owner (circle one) of the
[Print Name(s)]

above referenced apartment. By signing below, I certify that I have inspected the above referenced apartment and operational Smoke and Carbon Monoxide detectors are properly installed therein. I understand that it is my responsibility as the resident to maintain said smoke/CO detectors after the initial installation. I acknowledge that maintenance of a smoke detector includes changing the batteries.

Print Name #1

Signature of Applicant #1

Print Name #2

Signature of Applicant #2

Date: _____

RIDER

WINDOW GUARDS REQUIRED

NOTICE TO RESIDENT

You are required by law to have window guards installed if a child 10 years of age or younger lives in your apartment.

The Condominium is required by law to install window guards in your apartment if:

- A child 10 years of age or younger lives in your apartment.
- You ask the Condominium to install window guards in your apartment.

(Please note that you are responsible for the cost of the window guard)

The Condominium will install window guards in your apartment, at any time, if you request them. Any request for window guards **MUST** be made by submitting this signed form to the management office.

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

The 260 West Broadway Condominium

Unit #: _____

Please check one:

_____ CHILDREN 10 YEARS OF AGE OR
YOUNGER LIVE IN MY APARTMENT.

_____ NO CHILDREN 10 YEARS OF AGE
YOUNGER LIVE IN MY APARTMENT.

_____ I WANT WINDOW GUARDS EVEN
THOUGH I HAVE NO CHILDREN
10 YEARS OF AGE OR YOUNGER.

Print Name

Signature of Applicant

Print Name

Signature of Applicant

Date: _____

**DISCLOSURE INFORMATION ON
LEAD BASED-PAINT AND/OR LEAD-BASED PAINT HAZARDS**

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 be 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 possesses 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 possessions 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

- (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 apartment (explain).
 - ii) ___ Seller has no knowledge of lead based paint and/or lead-based paint hazards in the apartment.
-

- (b) Records and reports available to the Seller (Check i or ii below):
- i) ___ Seller has provided the Purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the apartment (list documents below)

 - ii) ___ Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the apartment.
-

Purchaser's Acknowledgement (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 i or ii 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.
 - ___ Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Managing Agent's Acknowledgement

- (e) ___ Agent has informed the Seller of the Seller's obligation under 42 U.S.C. 4852d and is aware of agent's independent 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.

| | | | |
|--------|-------|-----------|-------|
| _____ | _____ | _____ | _____ |
| Seller | Date | Purchaser | Date |
| _____ | _____ | _____ | _____ |
| Seller | Date | Purchaser | Date |
| _____ | _____ | _____ | _____ |
| Agent | Date | Agent | Date |

Consent to Service of Process

The 260 West Broadway Condominium

Unit # _____

The applicant(s) agree(s) that in the event the Board of Managers waives its right of first refusal and the applicants become unit owners (the "Unit Owner(s)"), then in the event the Board of Managers commences an action against the Unit Owner(s) for any reason, including but not limited to one predicated upon a breach of the By-Laws, Declaration or Rules and Regulations of The 260 West Broadway Condominium by the Unit Owner(s) and/or the Unit Owner(s)' tenants, the Supreme Court of the State of New York, County of New York, shall have jurisdiction over all such actions, and the service of process shall be accomplished by mailing a copy of the Summons and Complaint to the Unit Owner(s) at the address designated below, by certified mail, return receipt requested. Service shall be deemed "completed" (as such term is used in the Civil Practice Law & Rules) one business day after mailing.

Mailing Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Applicant and prospective Unit Owner #1

Name: _____

Signature: _____

Applicant and prospective Unit Owner #2

Name: _____

Signature: _____

FINANCIAL STATEMENT

APPLICANT NAME: _____

CO- APPLICANT NAME: _____

ADDRESS: _____

FOR THE PURPOSE OF OBTAINING A WAIVER OF ITS RIGHT OF FIRST REFUSAL FROM THE ABOVE NAMED CONDOMINIUM, THE FOLLOWING IS SUBMITTED AS BEING A TRUE AND ACCURATE STATEMENT OF FINANCIAL CONDITION OF THE UNDERSIGNED ON THE _____ DAY OF _____ 20____

ASSETS

| | <u>APPLICANT</u> | <u>CO-APPLICANT</u> | <u>TOTAL</u> |
|--|------------------|---------------------|--------------|
| CASH IN BANKS: | | | |
| SAVINGS & LOAN SHARES: | | | |
| EARNEST MONEY DEPOSITED: | | | |
| INVESTMENTS: BONDS & STOCKS: (SEE SCHEDULE) | | | |
| INVESTMENT IN OWN BUSINESS: | | | |
| REAL ESTATE OWNED: (SEE SCHEDULE) | | | |
| | | | |
| AUTOMOBILES: | | | |
| | | | |
| PERSONAL PROPERTY & FURNITURE: | | | |
| LIFE INSURANCE/CASH SURRENDER: | | | |
| OTHER ASSETS (ITEMIZE): | | | |
| | | | |
| | | | |
| | | | |
| TOTAL ASSETS: | | | |

LIABILITES

APPLICANT CO-APPLICANT TOTAL

| NOTES PAYABLE (SEE SCHEDULE): | | | |
|--|--|--|--|
| TO BANKS: | | | |
| TO OTHERS: | | | |
| | | | |
| | | | |
| | | | |
| INSTALLMENT ACCOUNTS PAYABLE: | | | |
| AUTOMOBILE(S) PAYABLE: | | | |
| OTHER ACCOUNTS PAYABLE: | | | |
| | | | |
| MORTGAGE PAYABLE: | | | |
| (SEE SCHEDULE) | | | |
| UNPAID REAL ESTATE TAXES: | | | |
| UNPAID INCOME TAXES: | | | |
| CHATTEL MORTGAGES: | | | |
| LOANS ON LIFE INSURANCE | | | |
| POLICIES (INCLUDE PREMIUM ADV.) | | | |
| | | | |
| OTHER DEBTS (ITEMIZE): | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL LIABILITIES: | | | |
| NET WORTH: | | | |
| TOTAL LIABILITES & NET WORTH: | | | |

APPLICANT(S) SOURCES OF INCOME

APPLICANT CO-APPLICANT TOTAL

| | | | |
|------------------------------|--|--|--|
| BASE SALARY: | | | |
| S/E INCOME: | | | |
| BONUS & COMMISIONS: | | | |
| DIVIDENDS & INTEREST INCOME: | | | |
| REAL ESTATE INCOME (NET): | | | |
| OTHER INCOME (ITEMIZE): | | | |
| | | | |
| | | | |
| TOTAL INCOME: | | | |

APPLICANT(S) CONTINGENT LIABILITIES

APPLICANT CO-APPLICANT TOTAL

| | | | |
|--|--|--|--|
| AS ENDORSER OR CO-MAKER ON NOTES: | | | |
| ALIMONY PAYMENTS (ANNUAL): | | | |
| <u>APPLCIANT #1:</u> ARE YOU A DEFENDANT IN ANY LEGAL ACTIONS? (EXPLAIN): <u>APPLICANT #2:</u> | | | |
| <u>APPLCIANT #1:</u> ARE THERE ANY UNSATISFIED JUDGEMENTS? (EXPLAIN): <u>APPLICANT #2:</u> | | | |
| <u>APPLCIANT #1:</u> HAVE YOU EVER FILED FOR BANKRUPTCY? (EXPLAIN): <u>APPLCIANT #2:</u> HAVE YOU EVER FILED FOR BANKRUPTCY? (EXPLAIN): | | | |

Certification of Financial Condition

To: 260 West Broadway Condominium

I (we) hereby certify, under the penalties of perjury, that the foregoing Financial Statement and the details pertaining thereto, both printed and written, have been prepared and carefully reviewed by the undersigned, and the undersigned hereby solemnly declares that same is(are) a full and correct statement of my/our financial condition.

Applicant #1:

Print Name

Signature of Applicant

Date: _____

Applicant #2:

Print Name

Signature of Applicant

Date: _____

260 WEST BROADWAY CONDOMINIUM

CURRENT UNIT OWNER(S) PERSONAL INFORMATION
(TO BE COMPLETED BY CURRENT OWNER(S) OF THE UNIT FOR SALE)

Unit #: _____

Name(s) of current Unit Owner(s): #1: _____

#2: _____

Unit Owner #1 forwarding address: _____

Apt. #: _____ City: _____ State: _____ Zip: _____

Unit Owner #2 forwarding address: _____

Apt. #: _____ City: _____ State: _____ Zip: _____

Unit Owner #1:

New Telephone Number (Day): _____

New Telephone Number (Eve): _____

E-mail Address (optional): _____

Unit Owner's Business Address: _____

C/o: _____ City: _____ State: _____ Zip: _____

Phone: _____

Unit Owner #2:

New Telephone Number (Day): _____

New Telephone Number (Eve): _____

E-mail Address (optional): _____

Unit Owner's Business Address: _____

C/o: _____ City: _____ State: _____ Zip: _____

Phone: _____

260 WEST BROADWAY CONDOMINIUM

BUILDING LINK – APARTMENT PROFILE

| | | |
|--------------|---------------------|----------|
| APARTMENT #: | OWNER (CIRCLE ONE): | YES / NO |
|--------------|---------------------|----------|

PRIMARY USER INFORMATION

| | | | |
|-------------------|--------------------|--------------|--------------|
| <u>LAST NAME:</u> | <u>FIRST NAME:</u> | <u>M.I.:</u> | <u>M / F</u> |
|-------------------|--------------------|--------------|--------------|

| | | | |
|-----------------------------|----------------------|----------------------|---------------|
| <u>HOME E-MAIL ADDRESS:</u> | <u>HOME PHONE #:</u> | <u>CELL PHONE #:</u> | <u>FAX #:</u> |
|-----------------------------|----------------------|----------------------|---------------|

| | | | |
|-----------------------------|----------------------|-----------------|-------------------|
| <u>WORK E-MAIL ADDRESS:</u> | <u>WORK PHONE #:</u> | <u>PAGER #:</u> | <u>WORK FAX#:</u> |
|-----------------------------|----------------------|-----------------|-------------------|

HOUSEHOLD MEMBERS

| | | | |
|-------------------|--------------------|--------------|---------------------|
| <u>LAST NAME:</u> | <u>FIRST NAME:</u> | <u>M.I.:</u> | <u>MALE/FEMALE:</u> |
|-------------------|--------------------|--------------|---------------------|

| | | | |
|-------------------|--------------------|--------------|---------------------|
| <u>LAST NAME:</u> | <u>FIRST NAME:</u> | <u>M.I.:</u> | <u>MALE/FEMALE:</u> |
|-------------------|--------------------|--------------|---------------------|

| | | | |
|-------------------|--------------------|--------------|---------------------|
| <u>LAST NAME:</u> | <u>FIRST NAME:</u> | <u>M.I.:</u> | <u>MALE/FEMALE:</u> |
|-------------------|--------------------|--------------|---------------------|

| | | | |
|-------------------|--------------------|--------------|---------------------|
| <u>LAST NAME:</u> | <u>FIRST NAME:</u> | <u>M.I.:</u> | <u>MALE/FEMALE:</u> |
|-------------------|--------------------|--------------|---------------------|

SPECIAL NEEDS, EXPLAIN: (FOR EMERGENCY SERVICE)

| |
|--|
| OXYGEN, WHEELCHAIRS, CONFINED TO BED, ETC... |
|--|

EMERGENCY CONTACT INFORMATION

| | | |
|-------------------|----------------------|--------------------|
| <u>FULL NAME:</u> | <u>RELATIONSHIP:</u> | <u>PHONE #(S):</u> |
|-------------------|----------------------|--------------------|

| | | |
|-------------------|----------------------|--------------------|
| <u>FULL NAME:</u> | <u>RELATIONSHIP:</u> | <u>PHONE #(S):</u> |
|-------------------|----------------------|--------------------|

PET INFORMATION (FOR EMERGENCY SERVICE)

| | | | |
|---------------------|--------------|---------------|--|
| <u>TYPE OF PET:</u> | <u>NAME:</u> | <u>M / F:</u> | <u>BREED & DESCRIPTION (COLOR, ETC.)</u> |
|---------------------|--------------|---------------|--|