

**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 2<sup>nd</sup> fl  
New York, N.Y. 10019  
Direct Line: (212) 484-3737  
Direct Fax: (212) 586-4524

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**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 2<sup>nd</sup> FLOOR NY, NY 10019  
WITH THE PROCESSING FEE.**

**260 WEST BROADWAY CONDOMINIUM**

**PURCHASE APPLICATION**

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**(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)**

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**(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**

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**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)?: \_\_\_\_\_

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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**

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**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):			
<b>TOTAL ASSETS:</b>			

# LIABILITES

APPLICANT   CO-APPLICANT   TOTAL

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>	<u>TOTAL</u>
<b>NOTES PAYABLE (SEE SCHEDULE):</b>			
TO BANKS:			
TO OTHERS:			
<b>INSTALLMENT ACCOUNTS PAYABLE:</b>			
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.)			
<b>OTHER DEBTS (ITEMIZE):</b>			
<b>TOTAL LIABILITIES:</b>			
<b>NET WORTH:</b>			
<b>TOTAL LIABILITES &amp; NET WORTH:</b>			

## 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):			
<b>TOTAL INCOME:</b>			

## 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):			



# APPLICANT #2 – Schedules to Financial Statement

<b>SCHEDULE OF BONDS AND STOCKS</b>			
AMT OR NUMBER OF SHARES	DESCRIPTION ENTER VALUATION IN PROPER COLUMN →	MARKETABLE ACTUAL MARKET VALUE	NON MARKETABLE (UNLISTED SECURITIES)

<b>SCHEDULE OF REAL ESTATE</b>				
DESCRIPTION AND LOCATION	COST	ACTUAL MARKET VALUE	MORTGAGE	
			AMOUNT	MATURITY DATE

<b>SCHEDULE OF MORTGAGES PAYABLE</b>					
BANK/ENTITY PAYABLE TO	DATE	LOAN AMOUNT	DUE	INTEREST	CURRENT BALANCE

<b>SCHEDULE OF NOTES PAYABLE</b>					
<i>(SPECIFY ANY ASSETS PLEDGED AS COLLATERAL, INDICATING THE LIABILITIES WHICH THEY SECURE)</i>					
TO WHOM PAYABLE	DATE	AMOUNT	DUE	INTEREST	ASSETS PLEDGED AS SECURITY

## 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
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**PRIMARY USER INFORMATION**

<u>LAST NAME:</u>	<u>FIRST NAME:</u>	<u>M.I.:</u>	<u>M / F</u>
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<u>HOME E-MAIL ADDRESS:</u>	<u>HOME PHONE #:</u>	<u>CELL PHONE #:</u>	<u>FAX #:</u>
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<u>WORK E-MAIL ADDRESS:</u>	<u>WORK PHONE #:</u>	<u>PAGER #:</u>	<u>WORK FAX#:</u>
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*HOUSEHOLD MEMBERS*

<u>LAST NAME:</u>	<u>FIRST NAME:</u>	<u>M.I.:</u>	<u>MALE/FEMALE:</u>
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<u>LAST NAME:</u>	<u>FIRST NAME:</u>	<u>M.I.:</u>	<u>MALE/FEMALE:</u>
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<u>LAST NAME:</u>	<u>FIRST NAME:</u>	<u>M.I.:</u>	<u>MALE/FEMALE:</u>
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<u>LAST NAME:</u>	<u>FIRST NAME:</u>	<u>M.I.:</u>	<u>MALE/FEMALE:</u>
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**SPECIAL NEEDS, EXPLAIN: (FOR EMERGENCY SERVICE)**

OXYGEN, WHEELCHAIRS, CONFINED TO BED, ETC...
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*EMERGENCY CONTACT INFORMATION*

<u>FULL NAME:</u>	<u>RELATIONSHIP:</u>	<u>PHONE #(S):</u>
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<u>FULL NAME:</u>	<u>RELATIONSHIP:</u>	<u>PHONE #(S):</u>
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**PET INFORMATION (FOR EMERGENCY SERVICE)**

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