Purchase Application

Dear Applicant,

Please read your application form and all materials pertaining to this property before answering the questions. All sections must be answered. If a question does not pertain to you, simply write N/A in the space provided.

Please submit all required documentation to prevent any delays with process. Kindly submit 3 additional copies to submit to the Board.

- 1. Purchaser Profile
- 2. Completed application form.
- 3. A copy of your latest Federal Income Tax Return; Form 1040 with W-2 Forms.
- 4. Copy of the last (3) pay stubs.
- 5. Contract of Sale/Copy of Lease Agreement (fully executed)
- 6. Mortgage commitment letter from the bank, if applicable.
- 7. Three (3) reference letters.
- 8. Application Processing Fee \$400.00 payable to Anker Management Corp.
- 9. Background Check Fee \$175 (per person) payable to Anker Management Corp.
- 10. Criminal Check Fee \$175.00 (per person) payable to Anker Management Corp.
- 11. Move out deposit (Seller) \$250.00 payable to The Waring Hall Condominium.
- 12. Move in deposit (Buyer) \$250.00 payable to The Waring Hall Condominium.
- 13. Executed acknowledgement of receipt of House Rules.

Only certified, bank or attorney check will be accepted.

Sincerely,
Board of Managers for
The Waring Hall Condominium

RETURN THIS APPLICATION TO:

REQUEST FOR WAIVER OF RIGHT OF FIRST REFUSAL/PURCHASER PROFILE

The W c/o Ar 440 M	l of Managers Varing Hall Condominium oker Management Corp. Namaroneck Ave Suite S512 on, NY 10528	
RE:	Sale of Unit No 610 Waring Avenue Bronx, NY 10467	
/We u subjec regula	nderstand that any interest I/We shall at to the provisions of the Declaration o	ove referenced unit. I/We hereby certify that I have in the Unit and Condominium will be held f Condominium By-Laws and any rules and shed by the Owners of Units, as any or all of the
	urther understand that certain informators ore make the following available to the	tion is required to be furnished to you, and best of my knowledge.
Name((s) of Purchaser(s):	SSN:
***************************************		SSN:
		SSN:
How m	nany people will occupy the premises?	
Please	list names, ages, relationship:	
Teleph	one: Home: Work: Mobile:	

RETURN THIS APPLICATION TO:

Employment:				
Company:				
Address: _				
Position: _				
Length of employment:				
Supervisor:				
Phone:				
Present Address:				
Length of time at present address: Do you Own? Rent?				
If you rent, pleas	se provide:			
Landlord's Name			eldeda	
Landlord's Addre	?SS:			
Landlord's Phone	e #:			
Previous Address:				
Length of time at previo	us address:	Did you Own? Rent?		
If rented, please	provide:			
Landlord's Name	•			
Landlord's Addre				
Landlord's Phone			· · · · ·	

RETURN THIS APPLICATION TO:

Name of Bank:		
Account No.:		
Address:		
Phone:		
Seller's Attorney:		***************************************
Phone No.:		
Fax No.:		
Address:		
Email:		*****
Buyers's Attorney:		
Phone No.:		
Fax No.:		AMANDO OF STREET, STRE
Address:		<u></u>
Email:		
	information is true and correct and understand tha given in deciding of whether to exercise your Right o	

RETURN THIS APPLICATION TO:

MOVE IN/OUT FORM Rules and Regulations Form #36

The Board of Managers of The Waring Hall Condominium, at a regularly scheduled meeting, voted to adopt a revised RULES AND REGULATIONS #36. It has been in effect since January 1, 2002. Unit Owners, including owners that rent their unit, are responsible to that RULES AND REGULATIONS #36 is followed.

RULES AND REGULATIONS #36 has been adopted to:

- 1- Prevent damage to the common areas,
- 2- Diminish the inconvenience to the residents of The Waring Hall Condominium, and
- 3- To deactivate the ACS keys allotted to the unit, if necessary.

PLEASE COMPLETE THE FOLLOWING AND SIGN BELOW

	MOVE OUT	
UNIT #	NAME OF PARTY MOVING	
DATE OF MOVE	EST. TIME C	PF MOVE
NAME OF MOVERS		
	MOVE IN	
UNIT # NAME OF PARTY MOVING		
DATE OF MOVE	EST. TIME O	F MOVE
NAME OF MOVERS		
	f insurance completed by the moving turn and Management as certificate he	
SIGNED,		
Seller (sign)	Buyer (sign)	
Seller (sign)	Buyer (print)
Date		A A THE A SEC PORT OF THE PASSED CONTRACTOR AND A PROPERTY OF THE PASSED CONTRACTOR AND A PASSED CONTR

RETURN THIS APPLICATION TO:

The Waring Hall Condominium c/o Anker Management Corp. 440 Mamaroneck Ave Suite S-512, Harrison, NY 10528 F. (914) 461-2910

Office: (914)288-0200

OWNER/INVESTOR FORM Rules and Regulations Form #38

This form is to be completed by Unit Owner ONLY if the unit is rented.

This FORM is based on NEW YORK SESSIONS LAW, CHAPTER 594, LAWS 1991, SECTION 352-e (2-d) subsections (b), (c) and (e). The pertinent sections of the LAW are printed below.

Subdivision (b) states that the unit owner must inform each renter of the unit the provisions of this law.

Subdivision (c) states that in case of arrears in the payment of COMMON CHARGES by the Unit Owner to the condominium, the tenant must pay the rent to the condominium Board when requested by the Board to do so. The payments are to continue until the arrears are exhausted.

Subdivision (e) states that payment of rent by the tenant to the condominium Board relieves the tenant of the obligation to pay to the Unit Owner during that time.

PLEASE COMPLETE THE F	OLLOWING AND SIGN BELOW		
l,	, the Owner of Unit,	, the Owner of Unit,, have explained the	
	Chapter 594, Laws 1991, Sections 352-e (If the tenant agreed to abide by it.	2-d), Subsections (a), (b), (c)	
SIGNED,			
Tenant (sign)	Unit Owner (s	sign)	
Tenant (sign)	Unit Owner (p	orint)	
Date	 Date	MATERIAL MATERIAL MATERIAL AND	



Anker Management Corp.
440 Mamaroneck Avenue Suite S-512
Harrison NY 10528
914-288-0200

RELEASE OF INFORMATION AUTHORIZATION

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR INSTITUTION TO RELEASE TO <u>ANKER MANAGEMENT CORP</u>.

AND/OR ITS REPRESENTATIVE ANY AND ALL INFORMATION THAT THEY HAVE CONCERNING ANY CREDIT HISTORY

I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION.

NAME (PRINT)			
DATE OF BIRTH			
ADDRESS			
CITY		ZIP	
SOCIAL SECURITY NUMBER			
SIGNATURE			
DATE			



Anker Management Corp.
440 Mamaroneck Avenue Suite S-512
Harrison NY 10528
914-288-0200

CRIMINAL AUTHORIZATION FORM RELEASE OF INFORMATION AUTHORIZATION

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR INSTITUTION TO RELEASE TO <u>ANKER MANAGEMENT CORP</u>.

AND/OR ITS REPRESENTATIVE TO OBTAIN A CRIMINAL BACKGROUND

I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER INCURRED IN FURNISHING SUCH INFORMATION.

NAME (PRINT)			
DATE OF BIRTH			
ADDRESS			
CITY	STATE	ZIP	
SOCIAL SECURITY NUMBER			
SIGNATURE			
DATE			

RULES	S AND REGULATIONS A	ACKNOWLEDGEMENT
I, The Waring Hall Condominium	, of unit # n's Rules and Regulation	have provided the buyer of my unit with ons.
		ed with The Waring Hall Condominium's Condominium's rules and regulations.
SIGNED,		
Seller (sign)		Buyer (sign)
Seller (sign)	W.A	Buyer (print)
Date		Date