



34-43 60<sup>th</sup> Street Owners Corp.  
SALES REQUIREMENTS FOR BOARD APPROVAL

*Please note: Seven copies plus the original (8) of all papers are to be submitted to the Long Island office of Excel Bradshaw Management Group, LLC Attn: Katie Blanchette ([kblanchette@ebmg.com](mailto:kblanchette@ebmg.com), 516-333-7730 x.200). All copies must be collated into individual sets for submission to the Board of Directors. Incomplete packages will not be processed.*

***Contract of Sale, Application and Financial Information:***

- Contract of Sale, fully executed – with Lead Paint Disclosure Form signed by seller, purchaser and broker.
- Purchase application and acknowledgement (enclosed forms).  
***Please attach supporting documents including two (2) months most recent checking, savings and brokerage statements.***
- Credit Application (enclosed form)
- Copies of the last two years Federal 1040 tax returns complete with W-2 forms.  
**These returns must be signed.**
- Copies of two (2) months pay stubs.
- If self-employed, copies of the last two (2) years Financial Statement and Business Tax.  
Returns **and** a letter from CPA confirming earnings.
- Statement from the applicant(s) explaining in detail the source of funds for the purchase of apartment.
- If purchase is to be financed, bank should provide:
  - A. A copy of your commitment letter
  - B. A copy of the Bank Loan Application
  - C. Three original Recognition Agreements signed by a bank officer.

**i. AZTECH FORM ONLY**

**Reference Letter**

- Two (2) Reference Letters from your bank.
- Letter from employer stating position, length of employment and annual salary
- Reference letter current Landlord or Managing Agent.
- Three (3) letters of personal reference for each apartment.

Forms to be either completed and/or signed: (Forms included with this package)

- Disclosure of Information on Lead Based Paint and/or Lead Based Paint Hazard Form to be signed by applicant.
- **Please note that once the Board approval is received in order to comply with NYC regulations, applicant(s) must complete and submit Notice for Prevention of Lead Based Paint Hazards – Inquiry regarding child and a Window Guard Rider at closing and before moving in.**
- House Rules Acknowledgement Letter



**Proof of Homeowner's Insurance**

- Must be submitted at or prior to closing in order to close.

*A Guarantor must submit the same financial information as the applicant, must complete an application form and is subject to a credit check and the credit check fee.*

**FEES TO BE SUBMITTED WITH APPLICATION:** (non-refundable fees paid by applicant/s)

- **Application Processing Fee:** \$450 payable to Excel Bradshaw Management Group, LLC
- **Credit Check Fee:** \$55.00 per person payable to Excel Bradshaw Management Group, LLC
- **\*\*Please note that if your lender requires a coop questionnaire to be completed, there is a \$50 charge for this payable to Excel Bradshaw at the time it is required.**

**FEES TO BE COLLECTED AT CLOSING:** (NON-REFUNDABLE)

**SELLER'S FEES: ALL CHECKS FROM THE SELLER MUST BE EITHER CERTIFIED, BANK CHECKS OR MONEY ORDERS (NO PERSONAL CHECKS OR ATTORNEY ESCROW CHECKS ACCEPTED)**

- **Move Out Deposit:** \$500 payable to 34-43 60<sup>th</sup> Street Owners Corp. (CERTIFIED)
- **Maintenance:** Must be paid up to date at closing.

**PURCHASER FEES: MOVE IN FEE AND DEPOSIT MUST BE CERTIFIED CHECK**

- **Move In Deposit:** \$500 payable to 34-43 60<sup>th</sup> Street Owners Corp. (CERTIFIED)



34-43 60<sup>th</sup> Street Owners Corp.

Sales Application

**Sales / Leasing Agent:** Katie Blanchette      T: 516-333-7730 x.200 F: 516-333-6182  
E: [kblanchette@ebmg.com](mailto:kblanchette@ebmg.com)

**Property Manager:** Mark Levine      T: 516-333-7730 x.201 F: 516-333-6182  
E: [mblevine@ebmg.com](mailto:mblevine@ebmg.com)

**How Many Application Copies to Submit:** The original application plus 8 copies.  
**Mail or Deliver Application to:** Excel Bradshaw Management Group, LLC  
393 Old Country Rd., Suite 204  
Carle Place, NY 11514  
Attn: Katie Blanchette

**Interviews:** *Please mail, e-mail or fax requests in writing. Please include building address and apartment number and where and to whom this information should be sent. Fees must be received prior to processing request. Offering Plans, By-laws, financial statements are not faxed. Arrangements can be made to either pick up documents or have them mailed.*

**Contact Closing Agent for the following:**

**Fees Charged\*:**

Offering Plans and Amendments	\$200
By-Laws	\$30 (PDF is Free)
Financial Statements	\$30/yr (PDF is Free)
Blank Proprietary Lease	\$30 (PDF is Free)
Coop Questionnaires	\$50
Review of Corporation Minutes	In Office Only
Open Houses	Contact Mark Levine

**Contact Manager for the following:**

Alteration Procedures and Fees

**Suggestions for expediting the process of applications:**

Designate one contact person  
Send only complete applications and submit required copies. If an item is missing from the required documents, please indicate in writing a reason for the missing item.



## CLOSING INFORMATION

Once a final decision is reached regarding your application, the Board of Directors will notify the Closing Department and we will notify you of their decision. If approved, a closing date may be scheduled, however, no sooner than two weeks after approval.

### **Maintenance and other Fees:**

Maintenance and all other fees and charges due to the Cooperative Corporation must be paid up to date. All checks from the seller must be either certified checks or money orders. Move in/out fees and deposits must be certified checks.

### **Power of Attorney:**

Please inform your attorney that if a power of attorney is being used, we request that a copy of the completed and signed power be faxed to the appropriate transfer agent in the closing department prior to the closing date for review and approval. The fax number is 516-333-6182. The original is to be delivered at closing with an affidavit as to the Power of Attorney being in full force. It is important that this information be passed on to the seller's attorney as well.

### **Lost Stock Certificate and/or Proprietary Lease:**

If the seller has lost the Stock Certificate and/or the Proprietary Lease, please notify us prior to the closing so that we may obtain lien searches where applicable and prepare an affidavit of lost stock and lease for the seller to sign. No transfer of the stock and lease will be made unless we have either a stock certificate to cancel or a signed affidavit prepared by our office.

### **Estate Transfers:**

If this is an estate transfer, please fax us in advance of the closing the requested estate paperwork. Please note that all executors must sign the required transfer documents.

### **Foreclosure Sales:**

If this is a Foreclosure sale, please ask the foreclosing lender to submit the foreclosure paperwork prior to closing.

### **Move-In/Move-Out Refunds:**

Once you have closed on your apartment and after you have moved in or moved out, please notify the Property Manager who will then process the necessary paperwork for you to receive a refund of your deposit check. Please allow between 30-45 days for this process.

### **Location:**

The closing will be scheduled with Cullen & Troia, the Cooperative's Attorney. Ms. Blanchette can aid you in that scheduling.

## PURCHASE APPLICATION FOR THE SALE OF COOPERATIVE APARTMENT

BUILDING: \_\_\_\_\_ APT: \_\_\_\_\_ SHARES: \_\_\_\_\_

PURCHASE PRICE OF STOCK: \$ \_\_\_\_\_ MONTHLY MAINTENANCE: \$ \_\_\_\_\_

AMOUNT OF FINANCING: \$ \_\_\_\_\_

DEPOSIT ON CONTRACT: \$ \_\_\_\_\_ PROPOSED CLOSING DATE: \_\_\_\_\_

SPECIAL CONDITIONS IF ANY: \_\_\_\_\_

MANAGING AGENT: \_\_\_\_\_ TELEPHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CONTACT: \_\_\_\_\_

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SELLER (S): \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_ TEL: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

FIRM: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PURCHASER (S): \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OFFICE #: (\_\_\_\_) \_\_\_\_\_ HOME #: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

OFFICE #: (\_\_\_\_) \_\_\_\_\_ HOME #: (\_\_\_\_) \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

ATTORNEY: \_\_\_\_\_ TEL: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

FIRM: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

NAMES(S) COOPERATIVE STOCK WOULD BE HELD IN:

BROKER (S): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

NEW MORTGAGE LENDER:

ATTORNEY: \_\_\_\_\_ TEL: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

**PERSONAL INFORMATION REGARDING APPLICANT(S)**

DATE \_\_\_\_\_

**APPLICANT**

**CO-APPLICANT**

NAME: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATES OF RESIDENCE: \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ TO \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

\_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

\_\_\_\_\_

EMPLOYER: \_\_\_\_\_

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PERIOD OF EMPLOYMENT: \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_ TO \_\_\_\_\_

POSITION HELD: \_\_\_\_\_

\_\_\_\_\_

PRIOR EMPLOYER AND  
POSITION OR RESIDENCE  
IF LESS THAN 3 YEARS

\_\_\_\_\_

\_\_\_\_\_

INCOME ESTIMATE FOR  
THIS YEAR: \_\_\_\_\_

\_\_\_\_\_

ACTUAL INCOME LAST YEAR: \_\_\_\_\_

\_\_\_\_\_

EDUCATIONAL BACKGROUND: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION REGARDING APPLICANTS**

Names of all persons who will reside in the Apartment: \_\_\_\_\_  
\_\_\_\_\_

Schools and colleges attended by applicants and occupants (optional): \_\_\_\_\_

Names of anyone in the building known to Applicant: \_\_\_\_\_

Are any pets to be maintained in the Apartment. If yes indicated number and kind: \_\_\_\_\_

Name of organizations to which Applicant belongs (optional): \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

**LANDLORD:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

OCCUPANCY FROM: \_\_\_\_\_ TO \_\_\_\_\_

**PREVIOUS LANDLORD:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_

OCCUPANCY FROM: \_\_\_\_\_ TO \_\_\_\_\_

**PERSONAL REFERENCES:**

**APPLICANT**

**CO-APPLICANT**

1. NAME \_\_\_\_\_

1. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

2. NAME \_\_\_\_\_

2. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

3. NAME \_\_\_\_\_

3. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

4. NAME \_\_\_\_\_

4. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

**BUSINESS AND PROFESSIONAL REFERENCES**

**APPLICANT**

**CO-APPLICANT**

1. NAME \_\_\_\_\_

1. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

2. NAME \_\_\_\_\_

2. NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

# FINANCIAL STATEMENT

Name (s) \_\_\_\_\_

Address \_\_\_\_\_

The following is submitted as being a true and accurate statement of the financial condition of the undersigned on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

ASSETS			LIABILITIES		
	Applicant	Co-Applicant		Applicant	Co-Applicant
Cash in banks			Notes Payable:		
Money markets Funds			To Banks		
Contract Deposit			To Relative		
Investments: Bonds & Stocks -see schedule			To Others		
Investment in Own Business			Installment Accounts Payable:		
Accounts and Notes Receivable			Automobile		
Real Estate Owned - see schedule			Other		
Year    Make			Other Accounts Payable		
Automobiles:			Mortgages Payable on Real		
Personal Property & Furniture			Estate - see schedule		
Life Insurance			Unpaid Real Estate Taxes		
Cash Surrender Value			Unpaid Income Taxes		
Retirement Funds/IRA			Chattel Mortgages		
401K			Loans on Life Insurance Policies		
KEOGH			(Include Premium Advances)		
Profit Sharing/Pension Plan			Outstanding Credit Card Loans		
Other Assets			Other Debts - itemize		
<b>TOTAL ASSETS</b>			<b>TOTAL LIABILITIES</b>		
<b>COMBINED ASSETS</b>			<b>NET WORTH</b>		
<b>SOURCE OF INCOME</b>			<b>COMBINED</b>		
	Applicant	Co-Applicant			
Base Salary			<b>CONTINGENT LIABILITIES</b>		
Overtime Wages			As Endorser or Co-maker on Notes	\$	
Bonus & Commissions			Alimony Payments (Annual)	\$	
Dividends and Interest Income			Child Support	\$	
Real Estate Income (Net)			Are you defendant in any legal action?		
Other Income - itemize			Are there any unsatisfied judgments?		
<b>TOTAL</b>			Have you ever taken bankruptcy? Explain:		
<b>GENERAL INFORMATION</b>			<b>PROJECTED EXPENSES / MONTHLY</b>		
	Applicant	Co-Applicant			
Personal Bank Accounts at			Maintenance		
Savings & Loans Accounts at			Apartment Financing		
Purpose of Loan			Other Mortgages		
			Bank Loans		
			Auto Loan		
			<b>TOTAL</b>		



**SCHEDULE OF BONDS AND STOCKS**

Amount of Shares	Description (Extended Valuation in Column)	Marketable Value	Non-Marketable Value

**SCHEDULE OF REAL ESTATE**

Description and Location	Cost	Actual Value	Mortgage Amount	Maturity Date

**SCHEDULE OF NOTES PAYABLE**

Specify any assets pledged as collateral, including the liabilities they secure:

To Whom Payable	Date	Amount	Due	Interest	Pledged as Security

The foregoing application (pages 1 through 5) has been carefully prepared, and the undersigned hereby solemnly declare(s) and certify(s) that all the information contained herein is true and correct.

Date \_\_\_\_\_ 20\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ 20\_\_

Signature \_\_\_\_\_



34-43 60<sup>th</sup> Street Owners Corp.  
Acknowledgement

The undersigned applicant(s) certifies that all the information on the sales application is complete and accurate statement of facts. It is understood that the Board of Directors or its designated representative will rely on the information furnished in considering this application. It is acknowledged and understood that pursuant to authority granted in the proprietary Lease, the consent of the Board of Directors or its designated representatives to this transfer is required. The undersigned authorizes the Board of Directors or its agents to contact any of the employers, banks, landlords, educational institutions, references, etc. described herein for information bearing upon this application.

It is further understood that the Board of Directors or its designated representative may require additional information and may require a personal interview with the applicant(s) and other individuals who will reside in the apartment.

It is also understood that in no event will the Corporation, its Board of Directors, or its agents be responsible for expenses or liabilities resulting from any delay in this review; and further, in no event will the Corporation, its Board of Directors, or its agents be responsible for any liabilities or expenses incurred by an applicant whose application is not approved.

The undersigned applicant(s) further acknowledges and agrees to be bound by any and all agreements affecting the use and occupancy of the Cooperative apartment that is the subject of this application, including, without limitation any alteration, or alteration agreement or other use agreement, if any, heretofore entered into prior by the owners(s) or occupant(s) of said Cooperative apartment which would be binding on or adversely affect the applicant(s) and/or the Cooperative apartment after the Closing. Furthermore, to the extent that the seller, or its predecessors, was or is obligated to effect repairs resulting from its actions or renovations, I understand that I am now responsible for the same.

The undersigned acknowledges that the apartment is being acquired "as is" and that the purchaser of a Cooperative apartment takes possession subject to the provisions of the by-laws of the Corporation and the Proprietary Lease, when issued, and assumes all of the seller's obligations thereunder.

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Building	Apartment #	Rooms	Monthly Rent \$	Security \$
Lease Start Date	Lease Term	Landlord	Broker	Agent

## UNIFORM RESIDENTIAL APPLICATION

This application is designed to be completed by one applicant only. In the spirit of U.S. Policy for the achievement of equal housing opportunity, there are no barriers to obtaining housing because of race, color, sex, sexual orientation, national origin, handicap, or familial status. Approval is based on an applicants ability to prove employment, income, residency, credit and financial history as described in detail below. All information supplied will be verified for it's accuracy. All sections must be complete before submitting for approval.

• THIS APPLICATION MUST BE PRINTED AND LEGIBLE •

### ABOUT THE APPLICANT Write your name as it appears on your credit files

First Name	Middle	Last Name	Jr, Sr, II, III	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Social Security Number	Date of Birth	Day Phone#	Evening phone#	
IN CASE OF EMERGENCY, NOTIFY		Phone #	Relationship to you	

### CURRENT RESIDENCY You may be required to produce a signed lease and/or cancelled rent checks

Address	Apt#	City	State	Zip
Name of Landlord, Management Company or Tenant of record		Phone #	Contact Name	
How Long Have You Lived at this address?	Monthly Rent / Mortgage \$	<input checked="" type="checkbox"/> Check one    Own <input type="checkbox"/> Rent <input type="checkbox"/>		

### PRIOR RESIDENCY Must be filled in if you lived at the Current Address for less than 2 years

Address	Apt#	City	State	Zip
Name of Landlord, Management Company or Tenant of record		Phone #	Contact Name	
How Long Have You Lived at this address?	Monthly Rent / Mortgage \$	<input checked="" type="checkbox"/> Check one    Own <input type="checkbox"/> Rent <input type="checkbox"/>		

### CURRENT EMPLOYMENT You may be required to produce 1- Employer Verification letter signed & dated on your company letterhead 2- Paystubs 3- 10-40, W-2, 10-99 4- Other Income Taxpayer Identification.

<b>Primary Source of Income</b>		Name of Employer			Address of Employer	City	State	Zip
Contact Name	Contact Phone #	How long on this Job	Dates (From-To)					
Your Position/Title/type of business		How long in this line of work / profession	<input checked="" type="checkbox"/> Check If: <input type="checkbox"/> Self Employed Independent Contractor <input type="checkbox"/>					

### ANNUAL INCOME In Detail

Base Income	Overtime	Bonuses	Commissions	TOTAL
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If Self Employed, Independent Contractor or use overtime, bonus or commission income to qualify 1- Fluctuating income may be averaged 2- you may be required to produce 2 years Income Tax Documentation. 3- You are required to supply information about the Accountant that prepared your most recent income tax return.

Accountant Name	Phone #	Address
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ONE PER APPLICANT PLEASE!!!

If Current Employment is Less Than 2 Years, You Must include your Previous Employment Information

<b>EMPLOYMENT 2</b>				
<input checked="" type="checkbox"/> Check one <input type="checkbox"/> Second Income Source Used to Qualify <input type="checkbox"/> Prior Employment				
Name of Employer		Address of Employer		City
				State
				Zip
Contact Name		Contact Phone #	How long on this Job	Dates (From-To)
Your Position/Title/type of business			How long in this line of work / profession	<input checked="" type="checkbox"/> Check If: <input type="checkbox"/> Self Employed Independent Contractor <input type="checkbox"/>

<b>ANNUAL INCOME In Detail</b>				
Base Income	Overtime	Bonuses	Commissions	TOTAL

**ASSET ACCOUNTS You may be required to produce Monthly Account Statements**

Check: Checking   
  Savings   
  Money Market   
  Stock Investment   
  Other \_\_\_\_\_  
 Individual Account   
 Joint Account (Supply Spouse Name & SS#) \_\_\_\_\_  
 Corporate Account (Supply Tax ID #) \_\_\_\_\_

Is This a Borrowing Account?     NO     Yes

Name of Bank or Institution	Branch Address	Account #
Name(s) Exactly As they Appear on This Account	Branch Phone #	Contact Name

Check: Checking   
  Savings   
  Money Market   
  Stock Investment   
  Other \_\_\_\_\_  
 Individual Account   
 Joint Account (Supply Spouse Name & SS#) \_\_\_\_\_  
 Corporate Account (Supply Tax ID #) \_\_\_\_\_

Is This a Borrowing Account?     NO     Yes

Name of Bank or Institution	Branch Address	Account #
Name(s) Exactly As they Appear on This Account	Branch Phone #	Contact Name

**References Other Than Family Members**

Name	Phone #	Relationship to you
Name	Phone #	Relationship to you

**Department of Motor Vehicles Identification - Must be Completed if Registered Motorist**

Motorist License ID #	State of License	Primary Vehicle License Plate	Manufacturer	Year	Model

**AUTHORIZATION TO RELEASE INFORMATION** I the applicant, give full authorization for an investigative report whereby third parties may be contacted to report on my character, general reputation, personal characteristics, mode of living, salary-income, consumer credit and banking-financial practices. I have the right to make a written request for disclosure of the nature, results and scope of this investigation. I may not however receive or view my consumer credit file. I agree to hold N2K Reporting harmless for any claims that may arise as a result of this investigation. I authorize Banks, Financial Institutions, Landlords, Business Associates, Credit Bureaus, Attorneys, Accountants and other persons or institutions with whom I am acquainted to furnish any and all information regarding me. This authorization also applies to any update reports which may be ordered as needed. I am willing that a photocopy or fax of this authorization be accepted with the same authority as this original.

My Printed Name \_\_\_\_\_     
 My Signature \_\_\_\_\_     
 Date of my Authorization \_\_\_\_\_

Building	Apartment #	Rooms	Monthly Rent \$	Security \$
Lease Start Date	Lease Term	Landlord	Broker	Agent

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First Name	Middle	Last Name	Jr, Sr, II, III	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Social Security Number	Date of Birth	Day Phone#	Evening phone#	
IN CASE OF EMERGENCY, NOTIFY		Phone #	Relationship to you	

### CURRENT RESIDENCY You may be required to produce a signed lease and/or cancelled rent checks

Address	Apt#	City	State	Zip
Name of Landlord, Management Company or Tenant of record		Phone #	Contact Name	
How Long Have You Lived at this address?	Monthly Rent / Mortgage \$	<input checked="" type="checkbox"/> Check one    Own <input type="checkbox"/> Rent <input type="checkbox"/>		

### PRIOR RESIDENCY Must be filled in if you lived at the Current Address for less than 2 years

Address	Apt#	City	State	Zip
Name of Landlord, Management Company or Tenant of record		Phone #	Contact Name	
How Long Have You Lived at this address?	Monthly Rent / Mortgage \$	<input checked="" type="checkbox"/> Check one    Own <input type="checkbox"/> Rent <input type="checkbox"/>		

### CURRENT EMPLOYMENT Primary Source of Income

You may be required to produce 1- Employer Verification letter signed & dated on your company letterhead 2- Paystubs 3- 10-40, W-2, 10-99 4- Other Income Taxpayer Identification.

Name of Employer	Address of Employer	City	State	Zip
Contact Name	Contact Phone #	How long on this Job	Dates (From-To)	
Your Position/Title/type of business		How long in this line of work / profession	<input checked="" type="checkbox"/> Check If: <input type="checkbox"/> Self Employed Independent Contractor <input type="checkbox"/>	

### ANNUAL INCOME In Detail

Base Income	Overtime	Bonuses	Commissions	TOTAL
-------------	----------	---------	-------------	-------

If Self Employed, Independent Contractor or use overtime, bonus or commission income to qualify 1- Fluctuating income may be averaged 2- you may be required to produce 2 years Income Tax Documentation. 3- You are required to supply information about the Accountant that prepared your most recent income tax return.

Accountant Name	Phone #	Address
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ONE PER APPLICANT PLEASE!!!

If Current Employment is Less Than 2 Years, You Must include your Previous Employment Information

<b>EMPLOYMENT 2</b>				
<input checked="" type="checkbox"/> Check one <input type="checkbox"/> Second Income Source Used to Qualify <input type="checkbox"/> Prior Employment				
Name of Employer	Address of Employer	City	State	Zip
Contact Name	Contact Phone #	How long on this Job	Dates (From-To)	
Your Position/Title/type of business		How long in this line of work / profession	<input checked="" type="checkbox"/> Check If: <input type="checkbox"/> Self Employed Independent Contractor <input type="checkbox"/>	

<b>ANNUAL INCOME In Detail</b>				
Base Income	Overtime	Bonuses	Commissions	TOTAL

<b>ASSET ACCOUNTS</b> You may be required to produce Monthly Account Statements				
<input checked="" type="checkbox"/> Check: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock Investment <input type="checkbox"/> Other _____				
<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account (Supply Spouse Name & SS#) _____				
<input type="checkbox"/> Corporate Account (Supply Tax ID #) _____				
Is This a Borrowing Account? <input type="checkbox"/> NO <input type="checkbox"/> Yes				

Name of Bank or Institution	Branch Address	Account #
Name(s) Exactly As they Appear on This Account	Branch Phone #	Contact Name

<input checked="" type="checkbox"/> Check: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock Investment <input type="checkbox"/> Other _____				
<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account (Supply Spouse Name & SS#) _____				
<input type="checkbox"/> Corporate Account (Supply Tax ID #) _____				
Is This a Borrowing Account? <input type="checkbox"/> NO <input type="checkbox"/> Yes				

Name of Bank or Institution	Branch Address	Account #
Name(s) Exactly As they Appear on This Account	Branch Phone #	Contact Name

<b>References Other Than Family Members</b>		
Name	Phone #	Relationship to you
Name	Phone #	Relationship to you

<b>Department of Motor Vehicles Identification Must be Completed if Registered Motorist</b>					
Motorist License ID #	State of License	Primary Vehicle License Plate	Manufacturer	Year	Model

**AUTHORIZATION TO RELEASE INFORMATION** I the applicant, give full authorization for an investigative report whereby third parties may be contacted to report on my character, general reputation, personal characteristics, mode of living, salary-income, consumer credit and banking-financial practices. I have the right to make a written request for disclosure of the nature, results and scope of this investigation. I may not however receive or view my consumer credit file. I agree to hold N2K Reporting harmless for any claims that may arise as a result of this investigation. I authorize Banks, Financial Institutions, Landlords, Business Associates, Credit Bureaus, Attorneys, Accountants and other persons or institutions with whom I am acquainted to furnish any and all information regarding me. This authorization also applies to any update reports which may be ordered as needed. I am willing that a photocopy or fax of this authorization be accepted with the same authority as this original.

My Printed Name \_\_\_\_\_ My Signature \_\_\_\_\_ Date of my Authorization \_\_\_\_\_



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

**Lead Warning Statement**

Housing built before 1978 may contain lead-based paint. Lead from paint, paint 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 known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

**Lessor's Disclosure**

Presence of lead-based paint and/or lead-based hazards (Check (i) or (ii) below):

(i) ---- Known lead-based paint and/or lead-based paint hazards are present in the housing (explain)

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(ii) ---- Lessor has no knowledge of lead-based paint and/or lead-based paint hazard in the housing.

Records and reports available to the lessor (Check (i) or (ii) below):

(i) ---- Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

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

**Agent's Acknowledgement**

Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

**Lessee's Acknowledgement**

Lessee has received copies of all information listed above.

Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*

_____ Lessee	_____ Date	_____ Lessee	_____ Date
_____ Agent	_____ Date	_____ Agent	_____ Date
_____ Lessor	_____ Date	_____ Lessor	_____ Date



34-43 60<sup>th</sup> Street Owners Corp.

House Rules Acknowledgement

Re: Apartment \_\_\_\_\_

I have received a copy and read the current House Rules for 34-43 60<sup>th</sup> Street Owners Corp. and abide by them.

I also understand that I may not move into the building until:

- The Board of Directors has approved my application
- I/we have paid all required move-in fees and deposits and have scheduled a move-in date with the Superintendent.

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

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



34-43 60th Street Owners Corp.

Emergency Contact Form

*Occasionally an emergency or maintenance problem will occur where it is imperative for us to contact a tenant who is not at home.*

*Repair work can be hampered when tenants are away on vacation or at work. Extensive damage can be prevented if we have a method of contacting the occupant.*

*To avoid this problem, we are requesting that you fill in the information below.*

APARTMENT#: \_\_\_\_\_

OCCUPANTS NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

TELEPHONE #:      BUS: \_\_\_\_\_ HOME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

IN CASE OF EMERGENCY  
CONTACT: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE #:      BUS: \_\_\_\_\_ HOME: \_\_\_\_\_

PLEASE ADD ANY ADDITIONAL INFORMATION YOU MAY FEEL MAY ASSIST IN NOTIFYING YOU IN THE EVENT OF AN EMERGENCY



34-43 60<sup>th</sup> Street Owners Corp.

### MOVE-IN AND MOVE-OUT PROCEDURES

In order to facilitate a successful move-in/out, the following procedures are to be followed when moving furniture, furnishings, and/or personal property into or out of the buildings:

#### MOVE-IN / MOVE-OUT FEES AND DEPOSITS

The payment of the following fees is due at the time of closing (for unit purchases and sales) or at any time you submit the sublet application (for sublets). These fees apply to both moves IN and OUT of the buildings, and are payable by both the shareholder/seller who is moving out, and the prospective purchaser/sub lessee who is moving in.

- A. By certified check, bank check, or money order, the amount of FIVE HUNDRED DOLLARS (\$500), payable to 34-43 60<sup>th</sup> Street Owners Corp., as **a security deposit for a move-in or move-out, which shall be refunded after final inspection by the Superintendent / Managing Agent and assurance that no damage has occurred during the move.**

All checks must be made payable to 34-43 60<sup>th</sup> Street Owners Corp.

Please note that Shareholders who move out prior to a closing or a submission of a sublet application package must also submit to Excel Bradshaw Management Group the move-out fees and deposits required prior to scheduling a move-out date with the Superintendent. No refund checks will be issued unless you inform Excel Bradshaw of your forwarding address. The Superintendent will not schedule a moving date unless approval is received from the Managing Agent.

#### MOVE-IN/OUT SCHEDULING

Move in and out of the buildings **must occur between 9:00 a.m. and 5:00 p.m., Monday through Friday, excluding holidays.** It is very important that you schedule a moving date with the Superintendent at least one week before the move. This will allow the Superintendent to take the proper precautions, including the hanging of elevator padding, to prevent possible damage to common areas of the building. Please take this into consideration when you make arrangements with moving companies. There will be no exceptions to this policy.

An inspection of the common areas of the premises, including elevators will be made within a reasonable time after you move. If any damage has occurred, the managing agent will notify you in writing. The cost of repairs will be deducted from your deposit amount and the balance, if any, will be refunded to you. If there is any damage that exceeds the amount of your deposit, you will be required to pay the additional amount within ten (10) days of receipt of notification by the Managing Agent. If there is no



damage, the deposit will be refunded in full. Please note that the refund process will take 30-45 days, since confirmation of no damage must be received and refund checks drawn. Also, please be reminded that you must inform us of your new address if you are moving out of the building.

INSURANCE REQUIREMENTS

Please note that all moving companies who are hired to move you **in or out** of the buildings will be required to provide the Cooperative with the required Certificates of Insurance. This certificate will name 34-43 60<sup>th</sup> Street Owners Corp. and Excel Bradshaw Management Group, LLC as additionally insured on their policy. The Certificate of Insurance requirements can be found within this package.

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Please sign below indicating that you have read and agree to abide by all of the above procedures.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_



34-43 60<sup>th</sup> Street Owners Corp.

### Delivery Procedure

Please note that all residents of the Cooperative must follow the following procedure when having any furniture or bulky appliances delivered to their units:

1. Superintendent must be informed at least 48 hours prior to delivery. This will allow the Super to hang the appropriate padding in the elevators to prevent damage to the elevators.
2. All items must be unpacked either outside the building or in the individual's apartment – not in the basement or other common areas of the building.
3. All boxes and packing materials must be removed by the delivery person. If it is left behind, the resident is responsible for breaking down and folding all packing, and the proper disposing and recycling of all materials.
4. **Any damage to the elevators, the lobby, or any other common areas of the building will be the sole responsibility of the resident.** Please note that the Management company will assess any damage and bill the Shareholder immediately if any damage is found.

Your cooperation and adherence to these policies will keep the elevators and common areas looking good for many years to come.

Thank you,

Your Board of Directors



34-43 60<sup>th</sup> Street Owners Corp.

### NAME TAG INFORMATION

Below, please place your name as you would like to see it presented on the nametag beside the mailbox.

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Please retain the attached copy of the House Rules and Lead Information Brochure for your records.

It is not necessary to return copies of the House Rules and Lead Information Brochure with the application package.



34-43 60<sup>th</sup> Street Owners Corp.  
Work Rules

1. Before beginning new work in any apartment, all craftspeople must check-in and review work plans with the building Superintendent.
2. Noisy work is allowed only from 9 a.m. to 4 p.m. There is an hour's grace at the beginning and end of the workday when equipment can be moved in or out of the apartment. All workers must be out of the building by 5 p.m.
3. No work is permitted on weekends, federal, state and union holidays or important religious holidays. Check with the Superintendent for specific dates.
4. Any cabinetwork that is to be fixed to the walls or is immovable must provide immediate access to heating, plumbing, gas, electrical and telephone lines. Specific details must be reviewed with the Superintendent.
5. Circuit breakers and circuit breaker panel, gas meter, telephone boxes and plumbing valves:
  - i. Must be easily accessible
  - ii. Individual circuit breakers should be labeled as to which rooms they control
  - iii. On completion of work, diagrams showing the location of the above items must be given to the Superintendent
6. During heavy construction, the front door should be taped. This requirement helps prevent dust from entering common foyers and elevators.
7. Refuse must be removed in sturdy metal or plastic bins. Removal times must be approved by the Superintendent. All refuse may be left in back elevator halls, basement, courtyard or sidewalk.
8. There must be a designated foreman in the apartment at all times with whom the Superintendent can discuss any work problem. In addition, the Superintendent should be given the beeper or mobile number for the contractor should there be an urgent reason to reach the contractor.
9. The Superintendent has the authority to order work suspended, in part or entirely, if he has reason to believe that any aspect of work being done is unauthorized or unsafe if he believes that there is a failure to cooperate with house work rules. The suspension shall continue until all parties can agree to an acceptable solution.
10. All compensated contracting companies must provide adequate proof of insurance naming the Cooperative and the Managing Agent as additionally insured (see requirements page).



**Certificate of Insurance Requirements for  
34-43 60<sup>th</sup> Street Owners Corp.**

As per the terms of our contracts, it is required that you submit to us a certificate of insurance noting the following:

- |                                |                      |
|--------------------------------|----------------------|
| <b>1. General Liability</b>    | <b>1,000,000</b>     |
| <b>2. Property Damage</b>      | <b>50,000</b>        |
| <b>3. Workers Compensation</b> | <b>Statutory</b>     |
| <b>4. Auto Coverage</b>        | <b>If Applicable</b> |

In addition, we also require that the following be noted on your policy as additionally insured:

- a. Excel Bradshaw Management Group, LLC**
- b. 34-43 60<sup>th</sup> Street Owners Corp.**

Also, please note the following Certificate Holders:

- a. Excel Bradshaw Management Group, LLC**  
393 Old Country Road  
Carle Place, NY 11514
- b. 34-43 60<sup>th</sup> Street Owners Corp.**  
C/o Excel Bradshaw Management Group, LLC  
393 Old Country Road  
Carle Place, NY 11514

# Simple Steps To Protect Your Family From Lead Hazards

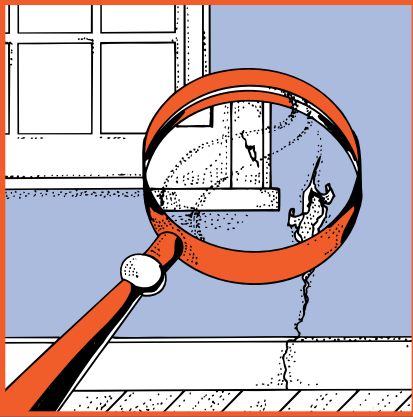
## If you think your home has high levels of lead:

- ◆ Get your young children tested for lead, even if they seem healthy.
- ◆ Wash children's hands, bottles, pacifiers, and toys often.
- ◆ Make sure children eat healthy, low-fat foods.
- ◆ Get your home checked for lead hazards.
- ◆ Regularly clean floors, window sills, and other surfaces.
- ◆ Wipe soil off shoes before entering house.
- ◆ Talk to your landlord about fixing surfaces with peeling or chipping paint.
- ◆ Take precautions to avoid exposure to lead dust when remodeling or renovating (call 1-800-424-LEAD for guidelines).
- ◆ Don't use a belt-sander, propane torch, high temperature heat gun, scraper, or sandpaper on painted surfaces that may contain lead.
- ◆ Don't try to remove lead-based paint yourself.



**Recycled/Recyclable**

Printed with vegetable oil based inks on recycled paper  
(minimum 50% postconsumer) process chlorine free.



# Protect Your Family From Lead In Your Home



 **EPA** United States  
Environmental  
Protection Agency



United States  
Consumer Product  
Safety Commission



United States  
Department of Housing  
and Urban Development

# Are You Planning To Buy, Rent, or Renovate a Home Built Before 1978?

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**M**any houses and apartments built before 1978 have paint that contains high levels of lead (called lead-based paint). Lead from paint, chips, and dust can pose serious health hazards if not taken care of properly.



**OWNERS, BUYERS, and RENTERS** are encouraged to check for lead (see page 6) before renting, buying or renovating pre-1978 housing.

**F**ederal law requires that individuals receive certain information before renting, buying, or renovating pre-1978 housing:



**LANDLORDS** have to disclose known information on lead-based paint and lead-based paint hazards before leases take effect. Leases must include a disclosure about lead-based paint.



**SELLERS** have to disclose known information on lead-based paint and lead-based paint hazards before selling a house. Sales contracts must include a disclosure about lead-based paint. Buyers have up to 10 days to check for lead.



**RENOVATORS** disturbing more than 2 square feet of painted surfaces have to give you this pamphlet before starting work.

# IMPORTANT!

## Lead From Paint, Dust, and Soil Can Be Dangerous If Not Managed Properly

- FACT:** Lead exposure can harm young children and babies even before they are born.
- FACT:** Even children who seem healthy can have high levels of lead in their bodies.
- FACT:** People can get lead in their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- FACT:** People have many options for reducing lead hazards. In most cases, lead-based paint that is in good condition is not a hazard.
- FACT:** Removing lead-based paint improperly can increase the danger to your family.

If you think your home might have lead hazards, read this pamphlet to learn some simple steps to protect your family.

# Lead Gets in the Body in Many Ways

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**Childhood lead poisoning remains a major environmental health problem in the U.S.**

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**Even children who appear healthy can have dangerous levels of lead in their bodies.**

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**People can get lead in their body if they:**

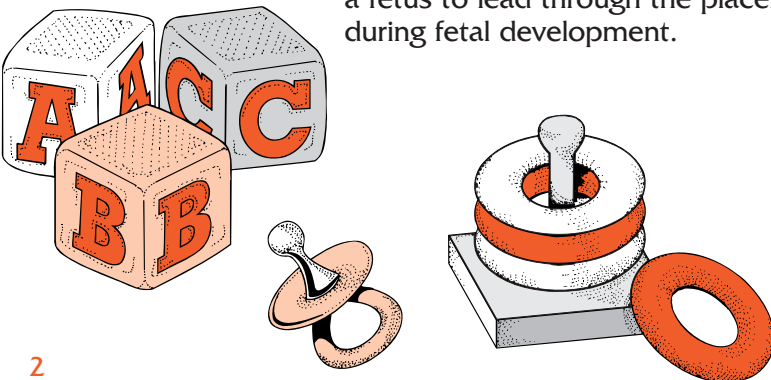
- ◆ Breathe in lead dust (especially during renovations that disturb painted surfaces).
- ◆ Put their hands or other objects covered with lead dust in their mouths.
- ◆ Eat paint chips or soil that contains lead.

**Lead is even more dangerous to children under the age of 6:**

- ◆ At this age children's brains and nervous systems are more sensitive to the damaging effects of lead.
- ◆ Children's growing bodies absorb more lead.
- ◆ Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.

**Lead is also dangerous to women of childbearing age:**

- ◆ Women with a high lead level in their system prior to pregnancy would expose a fetus to lead through the placenta during fetal development.



## Lead's Effects

It is important to know that even exposure to low levels of lead can severely harm children.

### In children, lead can cause:

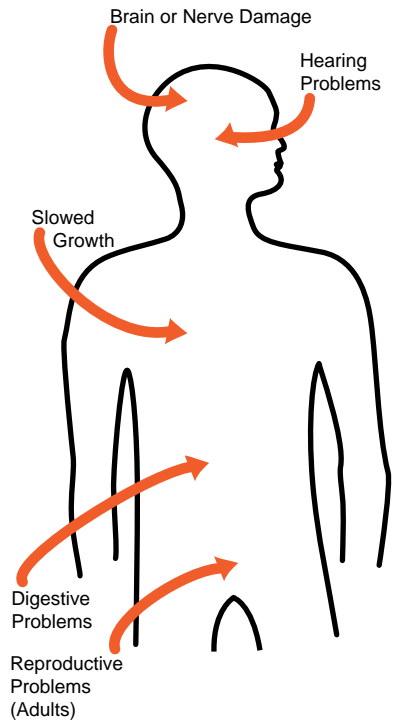
- ◆ Nervous system and kidney damage.
- ◆ Learning disabilities, attention deficit disorder, and decreased intelligence.
- ◆ Speech, language, and behavior problems.
- ◆ Poor muscle coordination.
- ◆ Decreased muscle and bone growth.
- ◆ Hearing damage.

While low-lead exposure is most common, exposure to high levels of lead can have devastating effects on children, including seizures, unconsciousness, and, in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults too.

### In adults, lead can cause:

- ◆ Increased chance of illness during pregnancy.
- ◆ Harm to a fetus, including brain damage or death.
- ◆ Fertility problems (in men and women).
- ◆ High blood pressure.
- ◆ Digestive problems.
- ◆ Nerve disorders.
- ◆ Memory and concentration problems.
- ◆ Muscle and joint pain.



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**Lead affects  
the body in  
many ways.**

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## Where Lead-Based Paint Is Found

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**In general, the older your home, the more likely it has lead-based paint.**

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**Many homes built before 1978 have lead-based paint.** The federal government banned lead-based paint from housing in 1978. Some states stopped its use even earlier. Lead can be found:

- ◆ In homes in the city, country, or suburbs.
- ◆ In apartments, single-family homes, and both private and public housing.
- ◆ Inside and outside of the house.
- ◆ In soil around a home. (Soil can pick up lead from exterior paint or other sources such as past use of leaded gas in cars.)

## Checking Your Family for Lead

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**Get your children and home tested if you think your home has high levels of lead.**

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**To reduce your child's exposure to lead, get your child checked, have your home tested (especially if your home has paint in poor condition and was built before 1978), and fix any hazards you may have.** Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect high levels of lead. Blood tests are usually recommended for:

- ◆ Children at ages 1 and 2.
- ◆ Children or other family members who have been exposed to high levels of lead.
- ◆ Children who should be tested under your state or local health screening plan.

Your doctor can explain what the test results mean and if more testing will be needed.

# Identifying Lead Hazards

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**Lead-based paint** is usually not a hazard if it is in good condition, and it is not on an impact or friction surface, like a window. It is defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter, or more than 0.5% by weight.

**Deteriorating lead-based paint (peeling, chipping, chalking, cracking or damaged)** is a hazard and needs immediate attention. It may also be a hazard when found on surfaces that children can chew or that get a lot of wear-and-tear, such as:

- ◆ Windows and window sills.
- ◆ Doors and door frames.
- ◆ Stairs, railings, banisters, and porches.

**Lead dust** can form when lead-based paint is scraped, sanded, or heated. Dust also forms when painted surfaces bump or rub together. Lead chips and dust can get on surfaces and objects that people touch. Settled lead dust can re-enter the air when people vacuum, sweep, or walk through it. The following two federal standards have been set for lead hazards in dust:

- ◆ 40 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) and higher for floors, including carpeted floors.
- ◆ 250  $\mu\text{g}/\text{ft}^2$  and higher for interior window sills.

**Lead in soil** can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. The following two federal standards have been set for lead hazards in residential soil:

- ◆ 400 parts per million (ppm) and higher in play areas of bare soil.
- ◆ 1,200 ppm (average) and higher in bare soil in the remainder of the yard.

The only way to find out if paint, dust and soil lead hazards exist is to test for them. The next page describes the most common methods used.

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**Lead from paint chips, which you can see, and lead dust, which you can't always see, can both be serious hazards.**

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# Checking Your Home for Lead

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**Just knowing that a home has lead-based paint may not tell you if there is a hazard.**

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You can get your home tested for lead in several different ways:

- ◆ A paint **inspection** tells you whether your home has lead-based paint and where it is located. It won't tell you whether or not your home currently has lead hazards.
- ◆ A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards.
- ◆ A combination risk assessment and inspection tells you if your home has any lead hazards and if your home has any lead-based paint, and where the lead-based paint is located.

Hire a trained and certified testing professional who will use a range of reliable methods when testing your home.

- ◆ Visual inspection of paint condition and location.
- ◆ A portable x-ray fluorescence (XRF) machine.
- ◆ Lab tests of paint, dust, and soil samples.

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency (see bottom of page 11) for more information, or call **1-800-424-LEAD (5323)** for a list of contacts in your area.

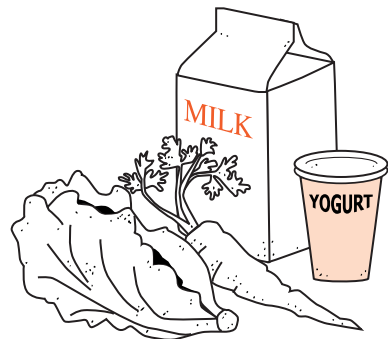
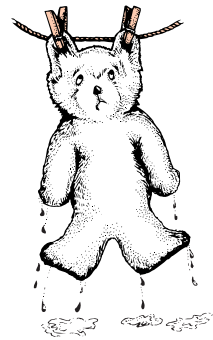
**Home test kits for lead are available, but may not always be accurate.** Consumers should not rely on these kits before doing renovations or to assure safety.

# What You Can Do Now To Protect Your Family

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If you suspect that your house has lead hazards, you can take some immediate steps to reduce your family's risk:

- ◆ If you rent, notify your landlord of peeling or chipping paint.
- ◆ Clean up paint chips immediately.
- ◆ Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner or a cleaner made specifically for lead. REMEMBER: NEVER MIX AMMONIA AND BLEACH PRODUCTS TOGETHER SINCE THEY CAN FORM A DANGEROUS GAS.
- ◆ Thoroughly rinse sponges and mop heads after cleaning dirty or dusty areas.
- ◆ Wash children's hands often, especially before they eat and before nap time and bed time.
- ◆ Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- ◆ Keep children from chewing window sills or other painted surfaces.
- ◆ Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- ◆ Make sure children eat nutritious, low-fat meals high in iron and calcium, such as spinach and dairy products. Children with good diets absorb less lead.



# Reducing Lead Hazards In The Home

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**Removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.**

**Always use a professional who is trained to remove lead hazards safely.**



In addition to day-to-day cleaning and good nutrition:

- ◆ You can **temporarily** reduce lead hazards by taking actions such as repairing damaged painted surfaces and planting grass to cover soil with high lead levels. These actions (called “interim controls”) are not permanent solutions and will need ongoing attention.
- ◆ To **permanently** remove lead hazards, you should hire a certified lead “abatement” contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent removal.

Always hire a person with special training for correcting lead problems—someone who knows how to do this work safely and has the proper equipment to clean up thoroughly. Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

Once the work is completed, dust cleanup activities must be repeated until testing indicates that lead dust levels are below the following:

- ◆ 40 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) for floors, including carpeted floors;
- ◆ 250  $\mu\text{g}/\text{ft}^2$  for interior windows sills; and
- ◆ 400  $\mu\text{g}/\text{ft}^2$  for window troughs.

Call your state or local agency (see bottom of page 11) for help in locating certified professionals in your area and to see if financial assistance is available.

# Remodeling or Renovating a Home With Lead-Based Paint

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Take precautions before your contractor or you begin remodeling or renovating anything that disturbs painted surfaces (such as scraping off paint or tearing out walls):

- ◆ **Have the area tested for lead-based paint.**
- ◆ **Do not use a belt-sander, propane torch, high temperature heat gun, dry scraper, or dry sandpaper** to remove lead-based paint. These actions create large amounts of lead dust and fumes. Lead dust can remain in your home long after the work is done.
- ◆ **Temporarily move your family** (especially children and pregnant women) out of the apartment or house until the work is done and the area is properly cleaned. If you can't move your family, at least completely seal off the work area.
- ◆ **Follow other safety measures to reduce lead hazards.** You can find out about other safety measures by calling 1-800-424-LEAD. Ask for the brochure "Reducing Lead Hazards When Remodeling Your Home." This brochure explains what to do before, during, and after renovations.

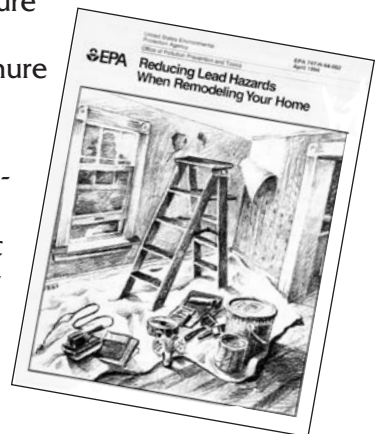
If you have already completed renovations or remodeling that could have released lead-based paint or dust, get your young children tested and follow the steps outlined on page 7 of this brochure.



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**If not conducted properly, certain types of renovations can release lead from paint and dust into the air.**

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# Other Sources of Lead

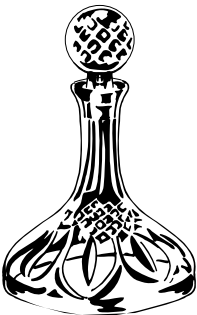
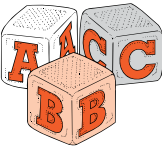
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**While paint, dust, and soil are the most common sources of lead, other lead sources also exist.**

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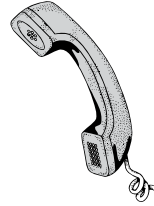
- ◆ **Drinking water.** Your home might have plumbing with lead or lead solder. Call your local health department or water supplier to find out about testing your water. You cannot see, smell, or taste lead, and boiling your water will not get rid of lead. If you think your plumbing might have lead in it:
  - Use only cold water for drinking and cooking.
  - Run water for 15 to 30 seconds before drinking it, especially if you have not used your water for a few hours.
- ◆ **The job.** If you work with lead, you could bring it home on your hands or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- ◆ Old painted **toys** and **furniture**.
- ◆ Food and liquids stored in **lead crystal** or **lead-glazed pottery or porcelain**.
- ◆ **Lead smelters** or other industries that release lead into the air.
- ◆ **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture.
- ◆ **Folk remedies** that contain lead, such as “greta” and “azarcon” used to treat an upset stomach.

## For More Information

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### The National Lead Information Center

Call **1-800-424-LEAD (424-5323)** to learn how to protect children from lead poisoning and for other information on lead hazards. To access lead information via the web, visit **[www.epa.gov/lead](http://www.epa.gov/lead)** and **[www.hud.gov/offices/lead/](http://www.hud.gov/offices/lead/)**.

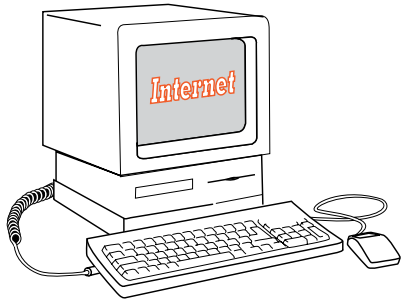


### EPA's Safe Drinking Water Hotline

Call **1-800-426-4791** for information about lead in drinking water.

### Consumer Product Safety Commission (CPSC) Hotline

To request information on lead in consumer products, or to report an unsafe consumer product or a product-related injury call **1-800-638-2772**, or visit CPSC's Web site at: **[www.cpsc.gov](http://www.cpsc.gov)**.



### Health and Environmental Agencies

Some cities, states, and tribes have their own rules for lead-based paint activities. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your local contacts on the Internet at **[www.epa.gov/lead](http://www.epa.gov/lead)** or contact the National Lead Information Center at **1-800-424-LEAD**.

For the hearing impaired, call the Federal Information Relay Service at **1-800-877-8339** to access any of the phone numbers in this brochure.

# EPA Regional Offices

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Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

## EPA Regional Offices

**Region 1** (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

Regional Lead Contact  
U.S. EPA Region 1  
Suite 1100 (CPT)  
One Congress Street  
Boston, MA 02114-2023  
1 (888) 372-7341

**Region 2** (New Jersey, New York, Puerto Rico, Virgin Islands)

Regional Lead Contact  
U.S. EPA Region 2  
2890 Woodbridge Avenue  
Building 209, Mail Stop 225  
Edison, NJ 08837-3679  
(732) 321-6671

**Region 3** (Delaware, Maryland, Pennsylvania, Virginia, Washington DC, West Virginia)

Regional Lead Contact  
U.S. EPA Region 3 (3WC33)  
1650 Arch Street  
Philadelphia, PA 19103  
(215) 814-5000

**Region 4** (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Regional Lead Contact  
U.S. EPA Region 4  
61 Forsyth Street, SW  
Atlanta, GA 30303  
(404) 562-8998

**Region 5** (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Regional Lead Contact  
U.S. EPA Region 5 (DT-8J)  
77 West Jackson Boulevard  
Chicago, IL 60604-3666  
(312) 886-6003

**Region 6** (Arkansas, Louisiana, New Mexico, Oklahoma, Texas)

Regional Lead Contact  
U.S. EPA Region 6  
1445 Ross Avenue, 12th Floor  
Dallas, TX 75202-2733  
(214) 665-7577

**Region 7** (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact  
U.S. EPA Region 7  
(ARTD-RALI)  
901 N. 5th Street  
Kansas City, KS 66101  
(913) 551-7020

**Region 8** (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact  
U.S. EPA Region 8  
999 18th Street, Suite 500  
Denver, CO 80202-2466  
(303) 312-6021

**Region 9** (Arizona, California, Hawaii, Nevada)

Regional Lead Contact  
U.S. Region 9  
75 Hawthorne Street  
San Francisco, CA 94105  
(415) 947-4164

**Region 10** (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact  
U.S. EPA Region 10  
Toxics Section WCM-128  
1200 Sixth Avenue  
Seattle, WA 98101-1128  
(206) 553-1985