



CRESTWOOD APARTMENTS OWNERS CORP.
SALES REQUIREMENTS FOR BOARD APPROVAL

Please note: Seven copies plus the original (8) of all papers are to be submitted to Excel Bradshaw Management Group, LLC Attn: Gloria Taras. All copies must be collated into individual sets for submission to the Board of Directors. Incomplete packages will not be processed. Gloria can be reached by phone at 718-266-1110 or via email at gtaras@ebmg.com.

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 (**80% financing permitted**)
 - 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.
FEEES 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 you are refinancing, the 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.**

FEEES 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 Crestwood Apartments Owners Corp. (CERTIFIED)
- **Maintenance:** Must be paid up to date at closing.

PURCHASER FEES: MUST BE CERTIFIED CHECK

- **Move In Deposit:** \$500 payable to Crestwood Apartments Owners Corp.

FLIP TAX: MUST BE CERTIFIED CHECK

\$6.00 per share payable to Crestwood Apartments Owners Corp.



CRESTWOOD APARTMENTS OWNERS CORP.

Sales Application

Closing Agent: Gloria Taras T: 718-266-1110 F: 718-996-3674
E: gtaras@ebmg.com

Property Manager: Mark Levine T: 516-333-7730 F: 516-333-6182
E: 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
501 Surf Ave., Brooklyn, NY 11224
Attn: Gloria Taras

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: | <u>Fees Charged*:</u> |
|---|------------------------------|
| Offering Plans and Amendments | \$100 |
| 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 | At Management Office Only |
| Open Houses | |

Contact Manager for the following:

Alteration Procedures

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.
- Management shall be allowed thirty (30) days for processing of this package.



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.

Please contact Management once approved for a closing date and time. Closing may be subject to additional fees from the law firm that transacts the closing for the Cooperative. Management will submit additional information in the future.

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 718-996-3674. 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.

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 35-45 days for this process.



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 35-45 days for this process.



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: _____

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 | | |
| TOTAL ASSETS | | | TOTAL LIABILITIES | | |
| COMBINED ASSETS | | | NET WORTH | | |
| SOURCE OF INCOME | | | COMBINED | | |
| | Applicant | Co-Applicant | | | |
| Base Salary | | | CONTINGENT LIABILITIES | | |
| 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? | | |
| TOTAL | | | Have you ever taken bankruptcy? Explain: | | |
| GENERAL INFORMATION | | | PROJECTED EXPENSES / MONTHLY | | |
| | Applicant | Co-Applicant | | | |
| Personal Bank Accounts at | | | Maintenance | | |
| Savings & Loans Accounts at | | | Apartment Financing | | |
| Purpose of Loan | | | Other Mortgages | | |
| | | | Bank Loans | | |
| | | | Auto Loan | | |
| | | | TOTAL | | |



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 _____



Crestwood Apartments 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 _____

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

| | | | | |
|---|---------------------|--|---|-----|
| EMPLOYMENT 2 | | | | |
| <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 <input type="checkbox"/> Independent Contractor | |

| | | | | |
|--------------------------------|----------|---------|-------------|-------|
| ANNUAL INCOME In Detail | | | | |
| 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 |

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 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 |
|-----------------|---------|---------|

ONE PER APPLICANT PLEASE!!!

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

| | | | | |
|---|---------------------|--|--|-----|
| EMPLOYMENT 2 | | | | |
| <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"/> | |

| | | | | |
|--------------------------------|----------|---------|-------------|-------|
| ANNUAL INCOME In Detail | | | | |
| Base Income | Overtime | Bonuses | Commissions | TOTAL |

| | | | | |
|---|--|--|--|--|
| ASSET ACCOUNTS | | | | |
| 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 |

| | | |
|---|---------|---------------------|
| 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 _____



CRESTWOOD APARTMENTS 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



MOVE-IN AND MOVE-OUT PROCEDURES FOR CRESTWOOD APARTMENTS OWNERS CORP.

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 Crestwood Apartments 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 Crestwood Apartments 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 Crestwood Apartments 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.

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

Print Name _____ Signature _____

Date _____



**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)

(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 |



Crestwood Apartments Owners Corp.

Delivery Procedure

Please note that all residents of the Crestwood Apartments Owners Corp. 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



CRESTWOOD APARTMENTS OWNER CORP.

NAME TAG INFORMATION

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



**Crestwood Apartments Owners Corp.
Subleasing Acknowledgement**

I, _____, purchasing unit # _____ at Crestwood Apartments Owners Corp. understand and agree to abide by the Cooperative's subleasing policy, which states that I can not sublease my apartment for more than three (3) years in total during the time that I am a Shareholder in the Corporation.

If and when I sublease the apartment, I will contact Management to obtain all of the proper applications and requirements as prescribed by the Board of Directors.

Purchaser

Purchaser

Date



Crestwood Apartments 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
Crestwood Apartments Owners Corp.**

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

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

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

- a. Excel Bradshaw Management Group, LLC**
- b. Crestwood Apartments Owners Corp.**

Also, please note the following Certificate Holders:

- 1. Excel Bradshaw Management Group, LLC
393 Old Country Road
Carle Place, NY 11514**
- 2. Crestwood Apartments Owners Corp.
C/o Excel Bradshaw Management Group, LLC
393 Old Country Road
Carle Place, NY 11514**



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.

Board of Directors

124-16 84th Road
Kew Gardens, NY 11415

THE RESTWOOD

COOPERATIVES



House Rules

Effective January 27, 2007

Contents

| | |
|------------------------------------|----|
| Introduction..... | 2 |
| Interior of Building..... | 2 |
| Compactor Rooms..... | 2 |
| Laundry Room | 3 |
| Fitness Center | 4 |
| Fitness Center Guest Policy: | 5 |
| Exterior | 6 |
| Backyard and Fixtures | 6 |
| Parking Lot | 7 |
| Entry and Exit | 8 |
| Pets | 8 |
| Apartments | 8 |
| Procedures | 9 |
| Moving In/Out | 10 |
| Sublet Policy..... | 11 |
| Sales Policy..... | 12 |

Introduction

These rules were instituted to meet City, State and Federal codes for the fire department, police department, insurance, and general safety and quality of life issues. Members of the cooperative are responsible for complying with these rules at all times.

In general, members should conduct themselves in a manner that allows their neighbors to live comfortably in their homes.

Interior of Building

1. Public halls and stairways may not be obstructed or used for storage, even temporarily. This includes, but is not limited to, umbrellas, shoes, doormats or shopping carts.
2. Storage areas shall be designated by the Board of Directors only. Basement rooms not delegated for storage may not be used without the written approval of the Board.
3. Smoking is not allowed in any public places of the building.
4. The doors of the hallway, including those into apartments, shall not be decorated, even during holiday seasons. The only items allowed on hallway doors are one religious item, security alarm notification and/or decals required by the fire department such as apartment identifications and pet alert decals. None of these should exceed 4" x 4".
5. No alterations may be made to the common areas including the hallways and doors except as authorized by the Board.
6. No solicitation may be done within the building without the written consent of the Board.

Compactor Rooms

1. Compactor room doors must be kept closed at all times and no garbage or refuse is to be left outside the compactor rooms.
2. The city requires sorting of refuse. Bottles, cans and paper shall be separated into their proper receptacles. Follow the posted recycling guidelines as to proper pail usage.

3. Bags put into the compactor must be closed. Garbage or refuse generating offensive smells must be disposed in air-tight sealed plastic bags.
4. Under no circumstances should carpet sweepings containing naphthalene, camphor balls or flakes, floor scrapings, oil soaked rags, empty paint or aerosol cans or any other inflammable, explosive or highly combustible or noxious substance, or lighted cigarette or cigar stubs be thrown into the compactor flue.
5. Large cartons must be brought to the basement and placed in the designated refuse areas near the elevators. All cartons must be flattened and tied.
6. Residents must make arrangements to have all bulk garbage removed from the premises (i.e., old kitchen appliances, furniture, beds, carpeting, etc.) at their own expense.
7. Residents should limit usage of the compactor rooms between the hours of 10:00 P.M. and 8:00 A.M.

Laundry Room

1. Laundry facilities are provided in the basement. The hours of operation are from 6:00 am to 11 pm. Under no circumstances may a washer or dryer be installed in an apartment, regardless of the size of the machine.
2. The door to the laundry room must be kept closed when the room is not occupied.
3. People using the laundry room must make every effort to keep it clean.
4. Laundry room lights should be turned off when the room is not in use.
5. Rolling carts and furniture may not be removed from the laundry room under any circumstances.
6. The laundry room may not be used for anything but its express purpose.
7. Use of the laundry room is at your own risk and expense.
8. Those using the laundry room should make every effort to remove finished clothing promptly at the end of the cycle.

Fitness Center

General Conduct:

1. The Crestwood Fitness Center is for the sole use of paid members in good standing and their paid guests (guest policy follows). The Center is for exercising and may not be used as a lounge or for any other purpose without the approval of the Board. The following rules/etiquette are in effect at all times:
2. No pets are allowed in the Fitness Center.
3. No food, beverages, gum or glass containers. Plastic sports bottles containing water are permitted.
4. No smoking.
5. No loud radios (iPods and other personal music devices are permitted).
6. Appropriate athletic attire only--shirts required no heeled shoes.
7. No body builder's oil may be used.
8. No entry into Fitness Center when under the influence of alcohol or narcotics.
9. Members must supply their own towels and must wipe down equipment after each use.
10. Television is to be used during exercise only, at a reasonable volume. The sound system should be kept at a volume that allows gym members to hear each other speak.
11. The VCR is to be used for exercise videotapes only. Instructional videos take precedence over network television viewing, when more than one person wishes to watch the TV.
12. Chairs may not be placed on exercise mats.
13. Cardiovascular machines have 30 minute usage limits while others are waiting.
14. Do not monopolize weight equipment, particularly when taking a rest between sets.
15. Return all dumbbells to racks after each use.

16. No removal of Fitness Center property (with the exception of ping pong paddles and balls, which must be returned promptly after use).
17. Turn off all lights, fans and television after use.
18. These rules may be amended or supplemented at any time. Failure to adhere to the rules of the Fitness Center may result in loss of all membership privileges without refund of fees. For a complete listing of Fitness Center policies, including rates, refunds and renewal information, please see a Crestwood Fitness Center Membership Agreement, available in the Superintendent's office.

Fitness Center Guest Policy:

1. Non-resident guest memberships are offered on an annual basis to friends and family of Crestwood residents. Day passes are not available.
2. All guest memberships must be associated with a Crestwood resident.
3. Only one guest membership per resident member.
4. Guest memberships are non-transferable and fees are non-refundable.
5. Owners are responsible for any damage caused by guests associated with their units.
6. All guests must be 21 or older.
7. All guest members must gain access to the gym through the resident member (no keys will be supplied by the coop nor are residents permitted to supply keys to their guests).
8. All guests must adhere to the rules of the Fitness Center. Failure to do so may result in loss of Membership Privileges for the guest and the hosting member, without refund of membership fees.
9. The Crestwood reserves the right to limit the number of annual guest memberships, at the Board's discretion, to prevent overcrowding.

Exterior

1. The exterior of the building (including windows) may not be altered except for the installation of window air conditioners consistent with the type of windows installed. Such window air conditioners must be installed with a proper outside mounting and may not alter the window in any way. Awnings are prohibited.
2. Nothing may be expelled through the windows or doors of an apartment, including but not limited to cigarette butts and liquids (grease, water, etc.)
3. Nothing may be put on the fire escapes. Nothing may block access to the fire escapes.
4. Please do not feed the birds, squirrels, or other animals from your windows or the exterior of the property.
5. No television or radio antennas shall be attached to or hung from the outside of the building.

Backyard and Fixtures

1. The backyard, picnic tables and barbecue area are meant for the enjoyment of all residents and should be shared accordingly. The following rules apply:
2. Groups utilizing the picnic tables and barbeque area should limit their usage to the hours between 9:00 am and 10:00 pm. At all times, noise should be held to a level consistent with consideration for your neighbors.
3. All guests must be accompanied by a resident. More than 12 guests qualify as a "party". Parties may not be thrown without notifying the Board in advance.
4. Children and pets are not permitted in the enclosed barbeque area at any time. The chain link gate must be kept closed at all times for their safety.
5. Use of propane barbeque equipment is prohibited. Table-top and freestanding charcoal barbeques are permitted and may be used at your own risk. Use of newspaper or other paper goods to accelerate a fire is strictly prohibited, as embers may become airborne. Liquid charcoal accelerant should be used sparingly as to not raise flames beyond a safe level.

6. Table-top barbeques must be placed on the metal table provided. Freestanding barbeques must be placed in the center of the enclosed barbeque area (away from parked vehicles and pedestrians). Barbeques may not be left unattended. Remaining coal embers must be promptly disposed of in the metal container provided.
7. Toys, barbeque equipment and lawn chairs must be removed promptly after each use. Inflatable swimming pools are not permitted.
8. All food, containers and utensils must be disposed of in sealed plastic bags in the containers provided. Recycling laws apply.
9. Leashed pets are permitted on cement areas only.
10. Pea gravel should not be disturbed.

Parking Lot

1. The parking lot shall be kept closed at all times except during actual entry and exit.
2. Parking spaces may not be sublet.
3. Each car shall be maintained in such a way as to not do damage to the parking lot surface (leaks, mechanical defects, etc.)
4. No mechanical work is to be done in the parking lot, nor parts left in the parking lot, including but not limited to tires and gas cans.
5. No vehicle belonging to a lessee shall be parked in such a manner as to impede access to the entrance or another vehicle.
6. Illegally parked cars will be towed away at owner's expense.
7. Residents parking illegally will lose their right to future parking privileges.
8. The parking lot is for the use of non-commercial vehicles only.
9. No parking space may be painted or have signs put on by the lessee.

Entry and Exit

1. Fire exit doors are for emergency use only.
2. The roof is not accessible to residents except in emergency situations such as fire or elevator failure.
3. Deliveries must be made through the rear (basement) doors. This includes bikes, shopping carts, hand trucks or furniture.
4. Deliveries should be made Monday through Saturday, 9:00 am to 6:00 pm.
5. Roller blades, skate boards, cleats and bicycles may not be used inside the building. They must be transported outside before use.
6. Residents with bicycles, carriages, carts, skate boards, cleats and roller blades should enter and leave the building through the basement.
7. Residents will not purposely allow strangers free access to the building.
8. Anyone in the building must not hold the elevator door as this is the only means of access for some residents.

Pets

1. No new pets are allowed in the building. Pets which have been grandfathered shall enter and leave through the basement doors and not through the main lobby.
2. In no event shall pets be allowed in the elevators or other public places without a leash or cage.
3. Residents are required to gutter and clean up after their pets.

Apartments

1. Loud noises are prohibited from 10:00 pm to 8:00 am. At all times, noise should be held to a level consistent with consideration for your neighbors.
2. By law, each apartment must have a UL-listed carbon monoxide detector within 15 ft. of the primary entrance to each sleeping room. The Crestwood utilizes combination

smoke/carbon monoxide units to detect CO and fire. These units must be kept in proper working order and tested at least twice a year (by residents).

3. By law, shareholders with children under 11 are required to have window guards. A certification of status is required once a year of each tenant regardless of whether this affects them or not.
4. Water leaks in walls or ceilings must be reported to the Managing Agent immediately.
5. The floor of each apartment shall be covered to 80% with carpeting or rugs with sufficient padding to maintain proper effective noise suppression.
6. Windows of the apartment must be kept clean to a reasonable degree and window coverings (i.e., shades, blinds and curtains) kept in good condition.
7. No signs, notices, advertisements or illuminations may be displayed in the window or any other part of the building except as allowed, in writing, by the Managing Agent at the authorization of the Board.
8. No alteration may be made to the interior of the apartment without prior review of the Managing Agent and written approval of the Board. Alterations must be made by a licensed contractor with all necessary permits, certificates and insurance obtained. Unauthorized changes may be removed and the apartment restored to its original condition at the discretion of the Board and at the expense of the owner.
9. Any resident having problems with the interior temperature of their apartment is responsible for containing heat leakage through air conditioners (or removing same from windows), checking and maintaining radiator valves, and locking windows for a tight seal.
10. Residents are expected to cooperate with specialty workmen brought into the building and/or special situations which arise and require attention. In the past, this has included exterminators, plumbers, electricians and contractors.

Procedures

1. All applicable Federal, State and City laws must be observed and take precedence in a conflict.
2. The Board has the right to change, amend, add and delete these rules at any time upon written notification. Posting changes in the common areas and elevators of the building constitutes such notification.

3. All requests must be made to the Board in writing, care of the Managing Agent. Failure to respond does not constitute approval.
4. Failure to abide by these rules can result in fines and penalties assessed by the Board.
5. Complaints concerning the building or service in the building should be made in writing to the Managing Agent. Please do not send such complaints with maintenance bill payments, as the bank will not forward them.
6. Any person defacing, mutilating, destroying or damaging the property will be prosecuted to the fullest extent of the law. Residents are responsible for the behavior of those they knowingly invite into the building or onto the grounds.
7. No one may request building employees to perform personal business during regular business hours.
8. The maintenance is due on the 1st of the month, with a grace period to the 10th of the month.
9. Any account which is sent to our attorney because it is in default due to non-payment or violation of other clauses of the proprietary lease will be charged an administrative fee or \$150 to cover associated costs.
10. If a default is not corrected, the stock and lease are terminated as called for in the proprietary lease (paragraph 31) and an additional administrative fee of \$500 will be charged.

Moving In/Out

1. Moving, in or out, shall be done Monday through Friday, 9:00 am to 6:00 pm.
2. The person moving in or out shall inform the Managing Agent.
3. Damage done on moving in or out is the responsibility of the shareholder.

Sublet Policy

1. A shareholder may only sublet their apartment after three years of shareholder occupancy.*
2. A shareholder may sublet their apartment for a maximum of three years, which may be taken in one (1) year increments (any portion of a year counts as an entire year). The sublets do not need to be successive years (e.g., an apartment may be sublet in 2007, reoccupied by the owner, sublet in 2012, reoccupied by the owner, then sublet for the last time in 2014).*

***Note:** As the previous two subletting rules were revised in 2006, the following exemptions apply:*

**If an apartment was occupied by a sublet in 2006, but the shareholder never resided in it since original purchase, the shareholder is exempt from this rule.*

***All sublet apartments in 2006 have three years remaining under the new policy (the counter has been set to zero on these apartments, regardless of previous sublet history).*

3. Sublet agreements must be renewed annually, subject to Board approval (e.g., no sublet agreement may have a term longer than one year).
4. The incremental fees for subletting are:
 - \$3/share for the first year
 - \$6/share for the second year
 - \$9/share for the third year
5. The building will not have more than seven (7) sublets running concurrently.
6. All sublet candidates must fill out a standard Board Package and be interviewed and approved by the Board before occupancy.
7. Failure to adhere to any of the above subletting rules may result in loss of subletting privileges.
8. At no time shall a Shareholder own more than two apartments concurrently. Second apartments are subject to subletting restrictions, as stated under Sublet Policy.

Sales Policy

1. Real estate agents working to sell an apartment in the building may not hold an “open house”. Strangers being shown an apartment must be accompanied by a responsible individual.
2. The purchaser must supply financial information in the Crestwood’s standard Board Package format. The purchaser is responsible for obtaining Board Package forms from the Managing Agent.
3. Please note that all prospective buyers, except those purchasing directly from the sponsor, TJS Associates, must be interviewed and approved by the Board of Directors. The appointment for such an interview cannot be made until all paperwork has been completed, including credit and reference checks as made by the Managing Agent.
4. There is a transfer fee of \$6 per share for each apartment sold, payable to The Crestwood Apartment Owners Corporation, which is the responsibility of the seller upon closing.

Refinancing

1. Shareholders wishing to refinance their mortgage must submit a Refinance Application to the Board for approval. Applications are available from the Managing Agent.



Crestwood Apartments Owners Corp.
Acknowledgement
No Pets Rule

The undersigned applicant(s) certifies that they understand and will be in compliance with the Cooperative's "No Pet Policy" as spelled out in the House Rules. The applicant(s) hereby acknowledge that any breach of the "No Pet Policy" will result in immediate legal action, removal of the pet and Management will notify the applicant(s) bank of the breach of the House Rules and building policies.

All charges incurred by the Cooperative (legal and otherwise) as a result of a breach of the "No Pet Policy" will be charged to the Shareholder's maintenance.

Applicant's Signature _____ Date Signed _____

Applicant's Signature _____ Date Signed _____



Crestwood Apartments Owners Corp.

HOUSE RULES ACKNOWLEDGEMENT

Re: Building: _____
Apartment _____

I have received a copy and read the current House Rules for CRESTWOOD APARTMENTS 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: _____

Simple Steps To Protect Your Family From Lead Hazards

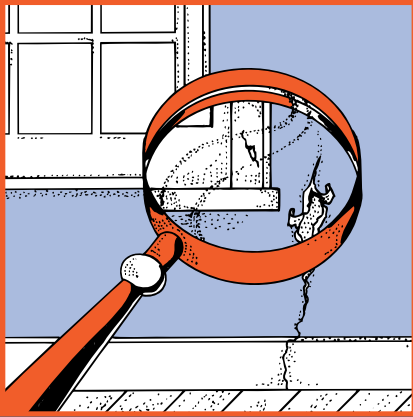
If you think your home has high levels of lead:

- ◆ 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?

Many 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.

Federal 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

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

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

People can get lead in their body if they:

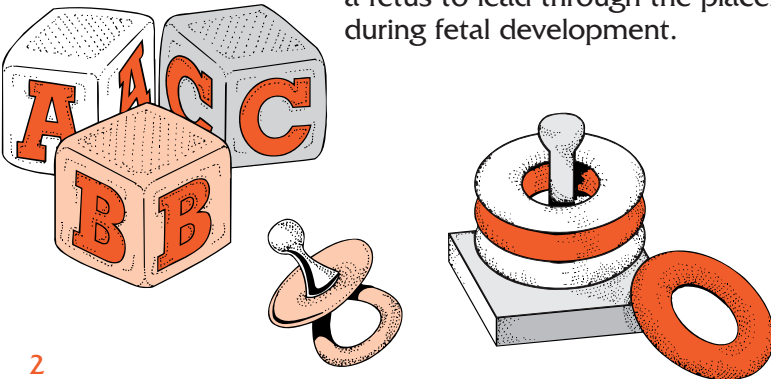
- ◆ Breathe in lead dust (especially during renovations that disturb painted surfaces).
- ◆ Put their hands or other objects covered with lead dust in their mouths.
- ◆ Eat paint chips or soil that contains lead.

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:

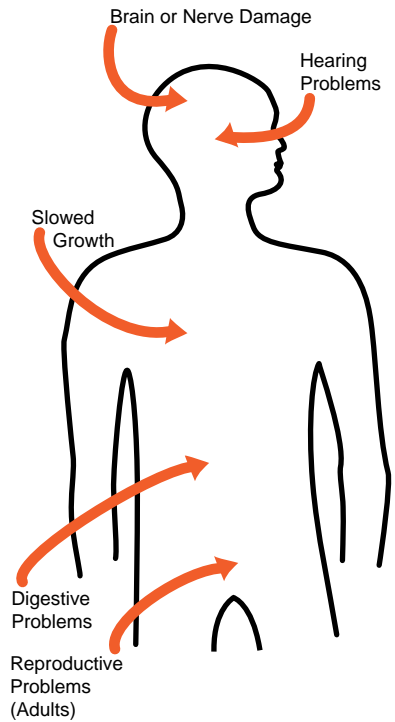
- ◆ Nervous system and kidney damage.
- ◆ Learning disabilities, attention deficit disorder, and decreased intelligence.
- ◆ Speech, language, and behavior problems.
- ◆ Poor muscle coordination.
- ◆ Decreased muscle and bone growth.
- ◆ Hearing damage.

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.



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

Where Lead-Based Paint Is Found

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

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

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

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

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.

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

Checking Your Home for Lead

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



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.

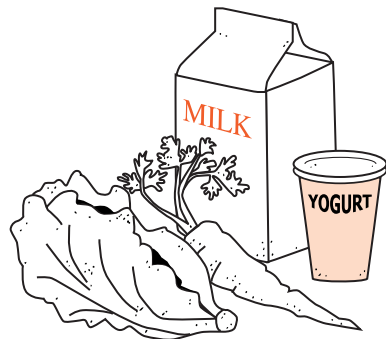
There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency (see bottom of page 11) for more information, or call **1-800-424-LEAD (5323)** for a list of contacts in your area.

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

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

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

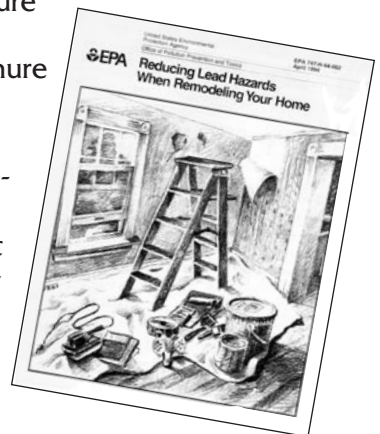
Take precautions before your contractor or you begin remodeling or renovating anything that disturbs painted surfaces (such as scraping off paint or tearing out walls):

- ◆ **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.



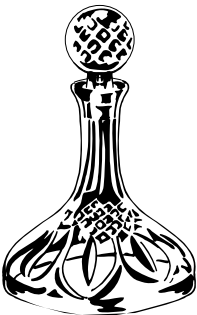
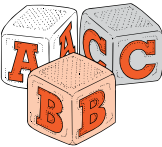
If not conducted properly, certain types of renovations can release lead from paint and dust into the air.



Other Sources of Lead



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



- ◆ **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

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** and **www.hud.gov/offices/lead/**.

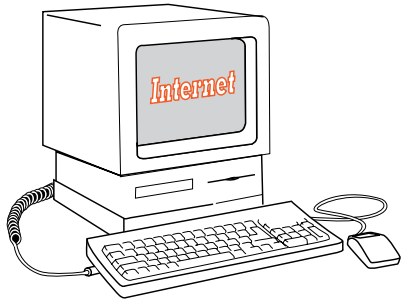


EPA's Safe Drinking Water Hotline

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**.



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** 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

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