



Excel
Bradshaw
Management
Group

Date: _____

RE: FORT PLACE COOPERATIVE INC.

APT. # _____ Shares _____

This will acknowledge receipt of your letter/ phone call in which you notify FORT PLACE COOPERATIVE INC., of your intention to vacate the apartment and sell your shares of stock in the cooperative.

Please be advised that FORT PLACE COOPERATIVE INC., does not elect to exercise its option to purchase the shares of stock assigned to the apartment, and contingent upon the following provisions, grants you permission to obtain a purchaser for said shares.

1. The prospective purchaser is required to meet the financial criteria of the corporation. This will be verified from the information submitted and the application herewith enclosed. The Board of Directors will require a personal interview with applicants before granting their approval. This MUST be complied with before completing your transaction and the closing.
2. In consideration of the Corporations not exercising its option to purchase your shares of stock, you will be required to remit an Administrative Fee of \$10.00 per share of stock assigned to your apartment.
3. Please be advised that all closings MUST take place at the office of the attorney for the Cooperative. The seller will be obligated for the Attorney's fee (Attorney for the Cooperative) see attached
4. Purchaser is responsible for \$350.00 to EXCEL BRADSHAW MANAGEMENT GROUP, for Administrative paper work at the time of closing.
5. Cooperatives RULES & REGULATIONS – FORBIDS THE HARBORING OF DOGS, on corporate premises by any and all Stockholders.
6. Title search required. If Mortgagee does not require one (at the expense of the purchaser)
7. The completed application, together with required documents and a check in the amount of \$50.00 (for each person, to cover the cost of processing each credit report) should be submitted to Excel Bradshaw Management Group, 501 Surf Avenue, Office, Brooklyn, NY 11224. Attn: Gloria Taras. Processing of the credit report and application will take at least 10 working days from the receipt of the application.
8. There are NO OPEN HOUSES permitted.
9. There is a minimum of 10% down payment on all purchases.

You will be notified as soon as the Board of Directors approves the applicant and a date for closing is set.

This acknowledgement and waiver of option will expire within 90 days or no later than _____.

Excel Bradshaw Management Group as agent for: FORT PLACE COOPERATIVE
CC: President

Excel Bradshaw Management Group, LLC
501 Surf Avenue
Brooklyn, N.Y. 11224
Tel: 718-266-1110 > Fax 718-996-3674

LAW OFFICES
JACOBI, SIEGHARDT, BOUSANTI, PIAZZA & FITZPATRICK, P.C.
235 FOREST AVENUE
STATEN ISLAND, NEW YORK 10301
TEL: (718) 442-4600
FAX: (718) 442-3148

SIDNEY JACOBI (1930-1985)
CELIA D'ALESSANDRO (1933-1977)
MORDECAI JACOBI*
GEORGE A. SIEGHARDT
ANTHONY J. BOUSANTI
MARK S. PIAZZA**
CHRISTOPHER J. FITZPATRICK**

*ADMITTED IN NEW YORK
AND PENNSYLVANIA

**ADMITTED IN NEW YORK
AND NEW JERSEY

NEW JERSEY OFFICE
150 Highway 35, 2nd Floor
Olivewood Beach, New Jersey 07735
(732) 696-5237

FORT PLACE COOPERATIVE, INC.

- (a) \$500.00, where no financing is involved. (This fee is paid by the Seller)
(b) \$750.00, where financing is involved. (\$500.00 paid by the Seller and \$250.00 paid by the Buyer) together with the overnight delivery fee for return of the documents to Excel Bradshaw Management Group, LLC. (Presently the overnight delivery fee is \$25.00)

ALL CLOSINGS TO TAKE PLACE AT OUR OFFICE, NO EXCEPTIONS!



Excel
Bradshaw
Management
Group

Date:

RE: Application for Resale

APT# _____

BLDG _____

Dear Cooperator:

Enclosed herewith please find the application for resale, which you requested on _____.

Kindly have the **prospective purchaser** fill out all information and submit with the following:

A Copy of the last three (3) pay stubs

A copy of the last three (3) cancelled checks in reference to rent payments

A copy of the last three (3) bank statements

Financial Statements

Income Tax – previous year and W2 forms

A copy of sales contract - **10% down required**

If financing – a copy of bank commitment letter

A check in the amount of \$50.00 (for each person) made out to

Excel Bradshaw Management Group for a TRW report and Credit Check

If there are any questions, please feel free to contact me.

Thank you.

Very truly yours,

Gloria Taras
Adm. Asst.

EXCEL BRADSHAW MANAGEMENT GROUP AS AGENT FOR:
Fort Place Cooperative Inc.

Excel Bradshaw Management Group, LLC
501 Surf Avenue
Brooklyn, N.Y. 11224
Tel: 718-266-1110 > Fax 718-996-3674

Fort Place Cooperative Inc.
50 Fort Place, Staten Island NY 10301

Confidential Application to Purchase _____ Shares for Apt. # _____ Presently owned
by _____ Present monthly maintenance is \$ _____
Purchaser Full Name _____ SSN _____ D.O.B _____
Current Address _____
Own or Rent _____ How Long there _____ Telephone _____
If there less then 3 years Previous Address _____

Employment and Income:

Employer _____ Since _____ Address _____
Position _____ Your Salary Income _____ Per Year
Other Income _____ Source _____
Telephone for Employer _____
Previous Employer _____

Refrences:

Bank reference _____ Address _____ Checking or Savings
Bank reference _____ Address _____ Checking or Savings
Name and Address of Nearest Relative not living with you _____

Personal Reference _____ Address _____

Creditors Leins and Loans:

Name of Creditor	Address	Account Number	Original Amount	Balance Due	Monthly Payment

Assets:

Proposed Purchase Price for the Shares \$ _____ How Financed _____
Your Assets: Cash on Hand and in Banks \$ _____ Bank _____
Real Estate Owned _____ Original Cost \$ _____ Present Value \$ _____
Securities _____ Original Cost \$ _____ Present Value \$ _____
Cash Value on Insurence and other Assets \$ _____
Assets Total \$ _____

Liabilitites:

Liabilities Secured (as above) \$ _____
Liabilitties Non-Secured (as above) \$ _____
Liabilities Mortgages (as above) \$ _____
Other Debt \$ _____
Your Net Worth \$ _____

Who Would live in the Apartment

Name	Age	Relationship

1. The undersigned represents to Fort Place Cooperative Inc. that the above information is true and complete. Fort Place Cooperative Inc. is authorized to request a consumer report and otherwise verify the above information. The undersigned hereby applies for membership in the cooperative, affirms that if this application is accepted he will obey its rules and regulations, of which he has been given a list. This application remains the property of Fort Place Cooperative Inc.
2. I understand that the Board of Directors may cause to be instituted such an investigation of my backround as the Board may deem necessary. Accordingly, I specifically authorize the Board of their Agent to make such investigation, and agree that the information contained in this and the attachments may be used in such investigation, and that the Board & Agent itself shall be held harmless from any action or claim by me in connection with the use of the information contained herein or any investigation conducted by the Board. In making the foregoing application, I am aware that the decision of the Board will be final and no reason will be given for any action taken by the board. I agree to be governed by the decision of the Board of Fort Place Cooperative Inc.

Applicant Signaure _____ Date _____
Applicant Signaure _____ Date _____