



75 Prospect Park West 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: Liz Madray. All copies must be collated into individual sets for submission to the Board of Directors. Incomplete packages will not be processed. Liz can be reached by phone at 516-333-7730 X.205, fax at 516-333-6182 or via email at LMadray@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 six (6) 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:** \$75.00 per person payable to Excel Bradshaw Management Group, LLC
- ****Please note that if the lender requires a coop questionnaire to be completed, there is a \$125 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)

- **Administrative Closing Fee:** \$450 payable to Excel Bradshaw Management Group, LLC
- **Move Out Fee:** \$100 payable to 75 Prospect Park West Owners Corp.
- **Move Out Deposit:** \$1,000 payable to 75 Prospect Park West Owners Corp. (Refundable)
- **Flip Tax:** 2.5% of Sale payable to 75 Prospect Park West Owners Corp.
- **Maintenance:** Must be paid up to date at closing.

PURCHASER FEES: MUST BE CERTIFIED CHECK

- **Move In Fee:** \$100 payable to 75 Prospect Park West Owners Corp.
- **Move In Deposit:** \$1,000 payable to 75 Prospect Park West Owners Corp. (Refundable)

Once approved for closing, the Cooperative's attorney is:

Ilene Guralnick t: 212-406-4454 f: 212-406-3379 e: Guralnickesq@aol.com



75 Prospect Park West Owners Corp.

Sales Application

Closing Agent: Liz Madray T: 516-333-7730 F: 516-333-6182
E: LMadray@ebmg.com

How Many Application Copies to Submit: The original application plus 7 copies.
Mail or Deliver Application to:

Excel Bradshaw Management Group, LLC
393 Old Country Road, Suite 204
Carle Place, NY 11514
Attn: Liz Madray

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)
Lost Stock Certificate	\$200
Coop Questionnaires	\$200
Review of Corporation Minutes	At Management Office Only
Open Houses	

*All above fees to be made payable to **Excel Bradshaw Management Group, LLC**

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.

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.



AUTHORIZATION FORM FOR CONSUMER REPORTS / CREDIT APPLICATION

In connection with your application for tenancy, understand that consumer reports which may contain public record information may be requested or made on you including consumer credit, criminal records, landlord tenant court records and others. Further, understand that information from various Federal, State, local and other agencies which contain your past activities may be requested.

By signing below, you hereby authorize without reservation, any part or agency contacted by Excel Bradshaw Management Group or CoreLogic SafeRent, Inc., to furnish the above-mentioned information. You also agree that a fax or photocopy of this authorization with your signature be accepted with the same authority as the original. By signing below, you also authorize without reservation CoreLogic SafeRent, Inc. to provide an applicant's information to various government, law enforcement and Consumer Reporting Agencies.

You have the right to make a request of CoreLogic SafeRent, Inc., upon proper identification and the payment of any legally permissible fees, for the information in its files on you at the time of the request.

You hereby authorize and request, without any reservation, any present or former police department, financial institution, consumer reporting agencies or other person or agencies having knowledge about you to furnish CoreLogic SafeRent, Inc. with any and all background information in their possession regarding you, in order that your qualifications may be evaluated.

CoreLogic SafeRent, Inc.
7300 Westmore Road – Suite 3
Rockville, MD 20850 – 5223

Full Name: First _____ Middle _____ Last _____

Current Street Address: _____

City: _____ State _____ ZIP _____

Social Security Number _____

The following is for identification purposes only to perform the background check.

Date of Birth _____ / _____ / _____

Gender (M / F)

Signature _____

Date _____

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 _____



75 Prospect Park West 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.

Primary Source of Income		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 <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

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

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
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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 _____



75 Prospect Park West 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



75 Prospect Park West Owners Corp. Sprinkler Acknowledgement Form

Pursuant to the New York State Sprinkler Law, a new law that as of December 3, 2014 requires an Acknowledgement Form signed by all lessees, we are asking that all residents please fill out the form below, sign and return via e-mail to mblevine@ebmg.com or by leaving it with the Superintendent for pickup by Management.

Please note that this form applies to both Shareholders and non-Shareholders that are residing in the building.

Name: _____

Building Address: 75 Prospect Park West, Brooklyn, NY 11215

Unit #: _____

I DO have a sprinkler system in my apartment

I DO NOT have a sprinkler system in my apartment

If you marked that you do have a sprinkler system above, please fill out the below information:

Date of Last Inspection: _____

Signed

Date of Signature: _____



75 Prospect Park West Owners Corp.

MOVE-IN AND MOVE-OUT PROCEDURES FOR

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 ONE HUNDRED DOLLARS (\$100), payable to 75 Prospect Park West Owners Corp., as a **non-refundable move-in or move-out fee**.
- B. By certified check, bank check, or money order, the amount of ONE THOUSAND DOLLARS (\$1,000), payable to 75 Prospect Park West 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 75 Prospect Park West 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 75 Prospect Park West 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



75 Prospect Park West Owners Corp.

Delivery Procedure

Please note that all residents of the 75 Prospect Park West 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.
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



75 Prospect Park West Owners Corp.

NAME TAG INFORMATION

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



75 Prospect West 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. Padding will be needed in the elevators.
2. Regular work is allowed from 8 a.m. to 6 p.m. on weekdays only (no legal holidays). Eligible construction or repair work that does not disturb surrounding apartments or does not otherwise involve noise shall be permissible on Saturday only between the hours of 9:00 a.m. and 5:00 p.m. and is subject to the discretion of the Lessor or managing agent.
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
75 Prospect Park West 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. 75 Prospect Park West Owners Corp.**

Also, please note the following Certificate Holders:

- 1. Excel Bradshaw Management Group, LLC
393 Old Country Road
Carle Place, NY 11514**
- 2. 75 Prospect Park West 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.

HOUSE RULES

75 PROSPECT PARK WEST

Note that these rules replace those distributed or listed in the prospectus. They do not replace or supplant items related to rules or regulations listed in the proprietary lease.

I. MOVING IN/MOVING OUT

1. Only one Resident may move in or out on the same day. The scheduling of moves must be between the hours of 9am and 5pm Monday through Friday, excluding holidays unless specifically authorized by the Board of Directors. Requests for deviations from these regulations must be submitted to the Managing Agent at least 4 weeks prior to the moving date.
2. All Residents must request approval of a moving date in writing to the Managing Agent two (2) weeks prior to the moving date. This will ensure that the superintendent and/or another employee can be available to oversee and provide security during the move. The employee will place protective pads in the elevator, ensure that movers have access to the basement door, provide movers with an elevator key if necessary, and watch the back door to ensure continuous supervision so that no one improperly enters the building. A non-refundable fee of \$100 must be paid by certified check and submitted with the move request.
3. Residents moving in or out of all floors except those on the lobby must use the basement entrance.
4. Movers used by Residents must be insured and bonded against any damage to the building related to the moving process. Proof of insurance and bonding must be faxed or sent to the Managing Agent with the request for approval of the moving date. A \$1000 security deposit must also be included with the request, paid by certified check made out to the 75 Prospect Park West Owners. A refund will be made within 30 days of the move after an inspection of the premises is conducted and no damage is found. Any repair and/or clean-up costs will be deducted from the amount.

II. MOVING ITEMS AND DELIVERIES

1. Residents must notify the Managing Agent at least 2 business days before delivery of large items (e.g., appliances, furniture, etc.) so that the Superintendent can place protective pads in the elevator. Delivery of large items must be made through the basement entrance.
2. Damages incurred when moving any items in or out of the building or when receiving any delivery shall be the direct responsibility of the Resident and the Resident shall be responsible for payment of any costs for repairs, clean-up, replacement, etc.

III. CONSTRUCTION/RENOVATION

1. Board approval in writing is mandatory before beginning any construction/renovation using the form provided by the Managing Agent. All requests must be made at least 30 days in advance of the requested date for starting work.
2. All contractors must have a minimum of \$1,000,000 of insurance and list the Owners Corporation as an additional insured. Proof of insurance must be submitted with the request for renovation.
3. All plumbing and electrical work must be completed by licensed professionals. Plumbers and electrician licenses must be submitted with the request for work approval.
4. All work must be in accordance with the rules and regulations of any governmental agencies having jurisdiction thereof.
5. All work must be completed during normal business hours (weekdays excluding holidays from 9am-5pm)
6. Residents must submit a \$1,500 deposit and \$100 non-refundable fee in the form of a certified check made out to the 75 Prospect Park Owners Corporation and it must be paid with all requests for construction/renovation. Any damage or clean-up costs to the building or other apartments related to the construction/renovation shall be the direct responsibility of the Residents who shall be held financially accountable. The security deposit shall be returned within 30 days of completion of the work after an inspection of the premises is conducted and no damage is found. Any repair and/or clean-up costs will be deducted from the amount.
7. Dryers must be vented through windows and cannot vent on a window facing Prospect Park West or 3rd Street. (Note that washers are allowed and can be installed in apartments that do not have them, but residents are requested to use low suds/High Efficiency detergent.)

IV. TRASH, GARBAGE AND OTHER REFUSE

1. Residents must bring all garbage and refuse to the basement.
2. Residents are required to participate in the New York City recycling program. All items defined as recyclable by New York City regulations should be rinsed and placed in the appropriate containers in the basement. Residents are encouraged to participate in other recycling programs in which the building participates.
3. No other items are to be left in the basement common areas unless specifically authorized by the Board of Directors. Items that remain after written notification requesting removal will be discarded.
4. **LARGE OBJECT DISPOSAL:** Residents must notify the Superintendent prior to placing any items larger than 8 cubic feet (2' x 2' x 2') including, but not limited to construction materials, furniture, lumber, mattresses, appliances, large packing boxes, or any object that does not fit into the refuse bins. Residents will be required to pay for disposal if items cannot be disposed of free of charge.
5. **NOTHING** other than toilet paper - no paper towels, rags, sponges, diapers, dental floss, Q-tips, cotton balls, sanitary napkins, cat litter, etc. - shall be discarded in the toilet.

V. SECURITY

1. Residents are responsible for allowing access into the building ONLY OF THOSE PERSONS KNOWN TO THEM. In the event the intercom is inoperable, Residents must meet their guests personally at the front door to permit access into the building.

VI. PUBLIC SPACES: EXTERIOR AREA, BUILDING FACADES, LOBBIES, HALLWAYS, STAIRWELLS, FIRE-EXITS, BASEMENTS, ROOFTOPS AND OTHER GENERAL BUILDING SPACES

1. No Resident shall do any of the following in these areas without written permission of the Board of Directors:
 - o place, remove or replace anything,
 - o construct or cause to be constructed;
 - o paint or cause to be painted;
 - o recarpet or add flooring;
 - o change existing hall lighting; or
 - o change existing door hardware.
2. The public hallways and stairwells shall not be obstructed. No article shall be placed in the halls or on the staircase landings or fire escapes, nor shall anything be hung from the doors, windows, terrace, balconies or window sills.
3. Shareholders will be responsible for all fines incurred during fire inspection due to items placed inappropriately in the hallway or common areas.
4. Any damage to hallways walls, doors, floors, elevators, rooftops, etc. shall be assessed and the costs of damages will be imposed on the Residents responsible.
5. No items may be placed on the exterior of the building including, but not limited to, awnings; dryer vents, telephone, television or computer cables; television antennas without written consent of the Board. Items are to be placed in the least visible location (e.g., courtyard, rear of the building) and not on the Prospect Park West or Third Street side of the building.
6. Smoking is prohibited in all interior public spaces.
7. Laundry must be removed promptly from the laundry room in the basement.
8. Shareholders must keep the windows of the apartment clean. In case of refusal or neglect after 10 days notice in writing from the Board of Directors or Managing Agent, the Corporation will arrange for the windows to be cleaned at the shareholder's expense.

VII. HOMEOWNER'S INSURANCE

1. All Residents must maintain a minimum of \$300,000 liability insurance.
2. Shareholders of the subleased apartments are responsible for the insurance of the Sublessees.
3. Verification of such insurance coverage is required on an annual basis by submitting a copy of the declaration page to the Managing Agent annually. Failure to submit the

documentation when requested by the Managing Agent will result in a \$100 penalty for each month that the material is missing

4. Residents must provide the Managing Agent with a Certificate of Insurance naming the 75 Prospect Park West Owners Corporation as additional insured.

VIII . SUBLET RULES

1. All Residents must obtain permission from the Board of Directors to sublet an apartment. All requests must be made in writing at least 30 days prior to the requested start date of the sublet. As indicated in the proprietary lease (item 15. page. 9), "With respect to the subletting of the apartment for less than 12 months, the Board and shareholders shall not unreasonably withhold their consent."
2. Shareholders must pay a monthly fee equivalent to 10% of the rental agreement.
3. Subleases may not exceed 2 years.
4. No more than 3 units may be sublet at any given time.
5. Subletters must submit financial information and receive approval from the Board of Directors.

IX. PETS

1. Residents will not acquire, keep, maintain, or otherwise have a pet (permanently or temporarily) for any reason without written permission from the Board of Directors.
2. Written permission applies only to the specific pet for which said permission was requested and constitutes conditional approval subject to the following conditions:
 - o Dogs must be leashed at all times within public spaces of the building.
 - o Pet owners are responsible for cleaning up after their pets and will be fined and/or otherwise held accountable for damages incurred by their pet.
 - o Having pets on the elevator is discouraged and will be reviewed on a case by case basis. The Board retains the right to revoke that privilege.
 - o The Board of Directors may, at any time, revoke conditional approval for any reason including, but not limited to, the following: breach of any of the above rules, complaint by Residents within the building; and/or determination by the Board of Directors that the pet is a nuisance, a danger, or creates a problem. If the Board revokes conditional approval, the Resident must remove the pet within 10 days of written notice. In the event that such notice is given and the Resident does not remove the pet, legal action will be initiated, injunctive relief sought and the Resident will be liable for all expenses incurred in said legal actions and in obtaining relief including, but not limited to, attorney fees, court costs, and Management Company costs.

X. GENERAL CONDITIONS

1. All Residents must provide all door keys to their apartments to the Managing Agent to be used in the event of an emergency.

2. Residents must be considerate of others and respect their right to quiet from 11pm to 8 am. As indicated in the Proprietary Lease (item 18b, page 14), "The Lessee shall not permit or suffer any unreasonable noises or anything which will interfere with the rights of the Lessees, their subtenant or their guests or unreasonably annoy them..."
3. Residents must maintain their apartments in such a way as to discourage the presence of vermin, insects, or pests. The Board of Directors may provide entrance to your apartment to any contractor or workman during any reasonable hour of the day to inspect and ascertain whether measures are necessary or desirable to control any vermin, insects or other pests and for taking measures to control or exterminate the above.
4. Flammable liquids that are not normal household items must not be stored in any apartment. These include, but are not limited to gasoline, kerosene. etc. 5. The Board of Directors reserves the right to make additional rules and regulations as may be required from time to time. These rules will be distributed and shall be binding. All residents are responsible for abiding by any and all future House Rules.

Rev. May 2010



75 Prospect Park West Owners Corp.

HOUSE RULES ACKNOWLEDGEMENT

Re: Building: _____
Apartment _____

I have received a copy and read the current House Rules for 75 Prospect Park West 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: _____



75 Prospect Park West Owners Corp.
Acknowledgement
Pet Policy

The undersigned applicant(s) certifies that they understand and will be in compliance with the Cooperative's "Pet Policy" as spelled out in the House Rules. The applicant(s) hereby acknowledge that any breach of the "Pet Policy" will result in immediate legal action, removal of the illegal pet and Management will notify the applicant(s) bank of the breach of the House Rules and building policies.

Applicant agrees to request, in writing to the Board of Directors, any proposed purchase, adoption or care of a pet in the building. No snakes will be allowed in the building at any time.

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 _____

Simple Steps To Protect Your Family From Lead Hazards

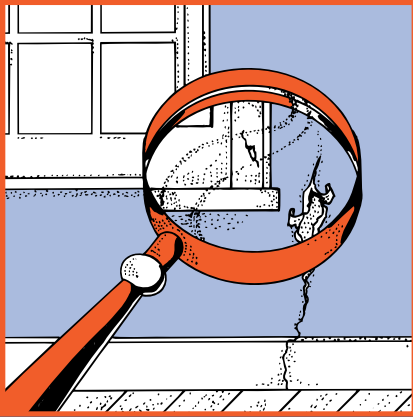
If you think your home has high levels of lead:

- ◆ 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

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(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:

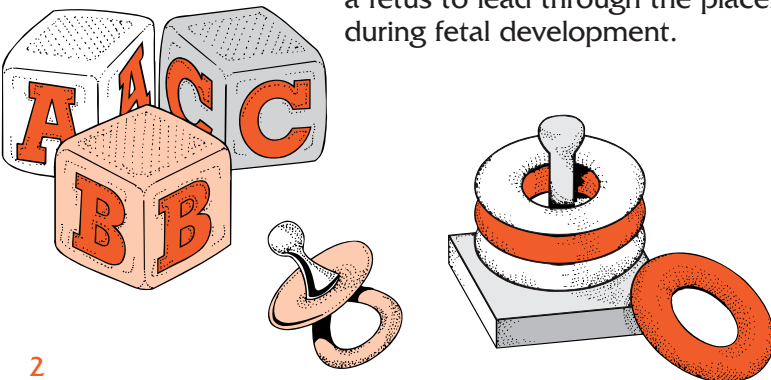
- ◆ Breathe in lead dust (especially during renovations that disturb painted surfaces).
- ◆ Put their hands or other objects covered with lead dust in their mouths.
- ◆ Eat paint chips or soil that contains lead.

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:

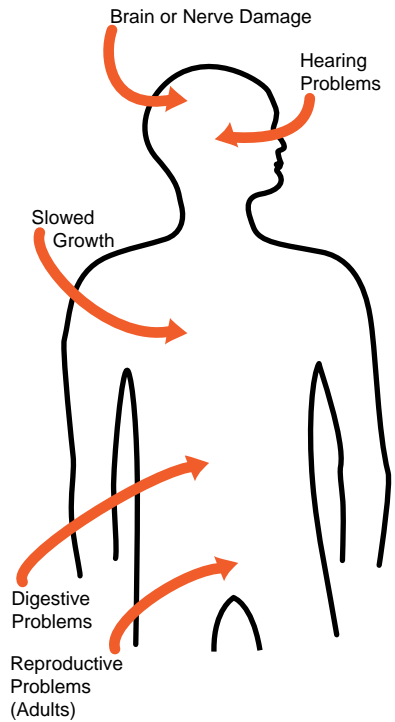
- ◆ Nervous system and kidney damage.
- ◆ Learning disabilities, attention deficit disorder, and decreased intelligence.
- ◆ Speech, language, and behavior problems.
- ◆ Poor muscle coordination.
- ◆ Decreased muscle and bone growth.
- ◆ Hearing damage.

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.

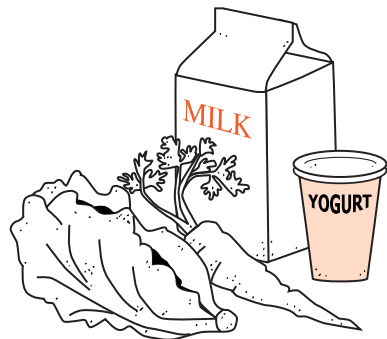
There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency (see bottom of page 11) for more information, or call **1-800-424-LEAD (5323)** for a list of contacts in your area.

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

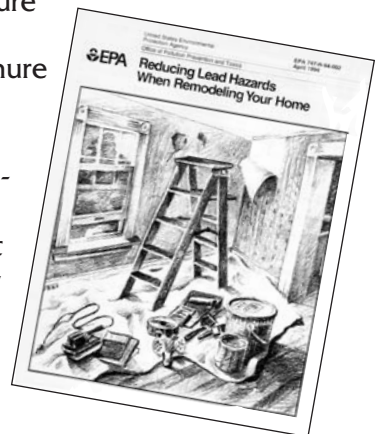
Take precautions before your contractor or you begin remodeling or renovating anything that disturbs painted surfaces (such as scraping off paint or tearing out walls):

- ◆ **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.



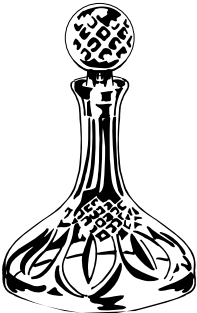
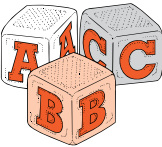
If not conducted properly, certain types of renovations can release lead from paint and dust into the air.



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/**.

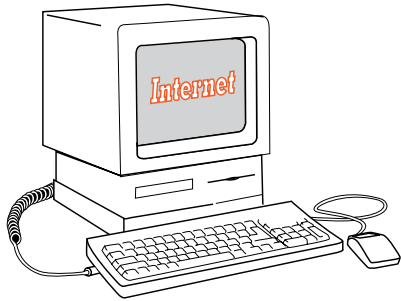


EPA's Safe Drinking Water Hotline

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



State of New York
Division of Housing and Community Renewal
 Office of Rent Administration
 Web Site: www.nysdhcr.gov

**NOTICE TO TENANT
 DISCLOSURE OF BEDBUG INFESTATION HISTORY**

Pursuant to the NYC Housing Maintenance Code, an owner/managing agent of residential rental property shall furnish to each tenant signing a vacancy lease a notice that sets forth the property's bedbug infestation history.

Name of tenant(s): _____

Subject Premises: _____

Apt. #: _____

Date of vacancy lease: _____

BEDBUG INFESTATION HISTORY
 (Only boxes checked apply)

- There is no history of any bedbug infestation within the past year in the building or in any apartment.
- During the past year the building had a bedbug infestation history that has been the subject of eradication measures. The location of the infestation was on the _____ floor(s).
- During the past year the building had a bedbug infestation history on the _____ floor(s) and it has not been the subject of eradication measures.
- During the past year the apartment had a bedbug infestation history and eradication measures were employed.
- During the past year the apartment had a bedbug infestation history and eradication measures were not employed.
- Other: _____

Signature of Tenant(s): _____ Dated: _____

Signature of Owner/Managing Agent: _____ Dated: _____