



EMILY TOWERS OWNERS CORP.
SALES REQUIREMENTS FOR BOARD APPROVAL

Please note: Three copies plus the original (4) of all papers are to be submitted to Excel Bradshaw Management Group, LLC Attn: Nina Arnold. All copies must be collated into individual sets for submission to the Board of Directors. Incomplete packages will not be processed.

Contract of Sale, Application and Financial Information:

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

Reference Letter

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

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

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



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

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

- Application Processing Fee: \$400 payable to Excel Bradshaw Management Group, LLC
- Application Processing Fee: \$100 payable to Emily Towers Owners Corp.
- Credit Check Fee: \$75.00 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.**

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

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

- Move Out Fee: \$200 payable to Emily Towers Owners Corp.
(CERTIFIED)
- Move Out Deposit: \$500 payable to Emily Towers Owners Corp.
(CERTIFIED)
- Maintenance: Must be paid up to date at closing.

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

- Move In Fee: \$200 payable to Emily Towers Owners Corp.
- Move In Deposit: \$500 payable to Emily Towers Owners Corp.



EMILY TOWERS OWNERS CORP.
35-10 150TH STREET
Flushing, NY 11354

Sales Application

Sales / Leasing Contact: Nina Arnold T: 516-333-7730 x.206 F: 516-333-6182
E: narnold@ebmg.com

Property Manager: Bob Marra T: 516-333-7730 x.207 F: 516-333-6182
E: rmarra@ebmg.com

How Many Application Copies to Submit: The original application plus 3 copies.
Mail or Deliver Application to: Excel Bradshaw Management Group, LLC
393 Old Country Rd., Suite 204 Carle Place, NY 11514
Attn: Nina Arnold

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 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.



CLOSING INFORMATION

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

Maintenance and other Fees:

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

Power of Attorney:

Please inform your attorney that if a power of attorney is being used, we request that a copy of the completed and signed power be faxed to the appropriate transfer agent in the closing department prior to the closing date for review and approval. The fax number is 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.

Estate Transfers:

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

Foreclosure Sales:

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

Move-In/Move-Out Refunds:

Once you have closed on your apartment and after you have moved in or moved out, please notify the Property Manager who will then process the necessary paperwork for you to receive a refund of your deposit check. Please allow between 35-45 days for this process.



EMILY TOWERS OWNERS CORP.

MOVE-IN AND MOVE-OUT PROCEDURES FOR 35-10 150TH STREET, FLUSHING

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 TWO HUNDRED DOLLARS (\$200), payable to Emily Towers Owners Corp., as a **non-refundable move-in or move-out fee**.
- B. By certified check, bank check, or money order, the amount of FIVE HUNDRED DOLLARS (\$500), payable to Emily Towers 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 Emily Towers 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 Emily Towerst 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 _____



**Certificate of Insurance Requirements for
Emily Towers**

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. Emily Towers Owners Corp.**

Also, please note the following Certificate Holders:

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



Emily Towers Owners Corp.
35-10 150th Street
Flushing, NY 11354

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



Emily Towers 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).



Emily Towers Owners Corp.

Delivery Procedure

Please note that all residents of the Emily Towers 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



Emily Towers 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 _____

**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 _____

OCCUPATION: _____

NATURE OF BUSINESS: _____

EMPLOYER: _____

ADDRESS: _____

PERIOD OF EMPLOYMENT: _____ 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: _____

_____ TO _____

_____ TO _____

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

1. NAME _____

ADDRESS _____

2. NAME _____

ADDRESS _____

3. NAME _____

ADDRESS _____

4. NAME _____

ADDRESS _____

CO-APPLICANT

1. NAME _____

ADDRESS _____

2. NAME _____

ADDRESS _____

3. NAME _____

ADDRESS _____

4. NAME _____

ADDRESS _____

BUSINESS AND PROFESSIONAL REFERENCES

APPLICANT

1. NAME _____

ADDRESS _____

2. NAME _____

ADDRESS _____

CO-APPLICANT

1. NAME _____

ADDRESS _____

2. NAME _____

ADDRESS _____

FINANCIAL STATEMENT

PAGE 4

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			To Others		
-see schedule			Installment Accounts Payable:		
Investment in Own Business			Automobile		
Accounts and Notes Receivable			Other		
Real Estate Owned - see schedule			Other Accounts Payable		
Year Make			Mortgages Payable on Real		
Automobiles:			Estate - see schedule		
Personal Property & Furniture			Unpaid Real Estate Taxes		
Life Insurance			Unpaid Income Taxes		
Cash Surrender Value			Chattel Mortgages		
Retirement Funds/IRA			Loans on Life Insurance Policies		
401K			(Include Premium Advances)		
KEOGH			Outstanding Credit Card Loans		
Profit Sharing/Pension Plan			Other Debts - itemize		
Other Assets			TOTAL LIABILITIES		
TOTAL ASSETS			NET WORTH		
COMBINED ASSETS					
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					
	Applicant	Co-Applicant			
Personal Bank Accounts at			PROJECTED EXPENSES / MONTHLY		
Savings & Loans Accounts at			Maintenance		
Purpose of Loan			Apartment Financing		
			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 _____

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 ☐ F ☐
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 \$	☒ Check one Own ☐ Rent ☐		

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 \$	☒ Check one Own ☐ Rent ☐		

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.

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	☒ Check If: ☐ Self Employed Independent Contractor ☐	

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☒ Check one☐ Second Income Source Used to Qualify☐ 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☒ Check If: ☐ Self Employed
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.

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First Name	Middle	Last Name	Jr, Sr, II, III	Sex: M ☐ F ☐
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 \$	☒ Check one Own ☐ Rent ☐		

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 \$	☒ Check one Own ☐ Rent ☐		

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	☒ Check If: ☐ Self Employed Independent Contractor ☐	

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☒ Check one ☐ Second Income Source Used to Qualify ☐ 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	☒ Check If: ☐ Self Employed ☐ 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
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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



EMILY TOWERS OWNERS CORP.

NAME TAG INFORMATION

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



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.

Emily Towers Owners Corp.
House Rules
Updated December 2009

1. The public halls, stairwells and fire escapes of the building shall not be obstructed or used for any other purpose than to enter and to exit or for emergency purposes, respectively.
2. Personal items included but not limited to doormats, shoes and umbrellas are not permitted in any public areas.
3. Unless expressly authorized by the Board of Directors in each case, the floors of each apartment must be covered with rugs or carpeting *and at least 1/2"padding* or equally effective noise-reducing material to the extent of at least 80% of the floor of each room excepting only kitchens, pantries, bathrooms, closets and foyers.
4. No sublets are allowed without prior approval from the Board of Directors. Sublets will only be allowed in an extreme hardship scenario and on a case by case basis.
5. Children shall not play in any common areas such as but not limited to the lobby, public halls, courtyards, stairways, fire escapes or elevators and shall not be permitted on the roof unless accompanied by a responsible adult and with prior permission from the Lessor or the Managing Agent.
6. Lessee shall make an appointment with the managing agent and notify the superintendent when furniture and/or heavy trunks and heavy baggage shall be taken in or out of the building. Lessee must adhere to the "Move in – Move out" procedures as are presented under separate cover. A fee of \$200 and a security deposit of \$500 shall be submitted for all move-in and move-out's.
7. Alterations shall not be made by Lessee without the prior written consent of the Board or Managing Agent. Please contact your building Manager for the alteration application.
8. No Lessee shall make or permit any disturbing noises in the building or in any apartment at any time or do or permit anything to be done therein which will interfere with the rights, comfort or convenience of other Lessees.
9. No construction or repair work or other installation involving noise shall be conducted in any apartment except on weekdays (not including legal holidays) and only between the hours of 9am and 5pm.

10. No sign, notice or advertisement shall be inscribed or exposed on or at any window or other part of the building, except as shall have been approved in writing by the Lessor or the Managing Agent. Approved notices or advertisements shall be placed on the laundry room bulletin board only.
11. No articles / decorations shall be permitted to hang from apartment doors with the exception of Seasonal/Holiday decorations and only for a reasonable amount of time. Lessor has the right to request decorations to be taken down at any time.
12. No tricycles, bicycles, scooters or similar vehicles, baby strollers or baby carriages shall be allowed to stand in public halls, passageways, areas or courtyards of the building.
13. No Lessee shall send any employee of the Lessor out of the building on any private business of a Lessee.
14. Pets – Dogs and cats shall be approved by the Lessor prior to habitation in the building. Please contact your managing agent for the procedures.
15. No pigeons or other birds or animals are to be fed from the window sills, fire escapes or in the yard, court spaces or public portions of the building or on the sidewalks or street adjacent to the building.
16. No items shall be attached to or hung from the exterior of the building without the prior written approval of the Lessor or the managing agent.
17. No vehicle belonging to a Lessee or a member of the family or guest, subtenant or employee of a Lessee shall be parked in the parking lot unless they are a registered renter of a parking spot. Violators are subject to tow at their own expense.
18. No Lessee shall install or operate a washing machine and / or clothes dryer in the apartment. Grandfathered apartments (with continual machines before 1987) shall relinquish their washing machines at the sale of the apartment or upon the discontinuation of use of the original machine. No Lessee with an existing washing machine and/or dryer in the apartment shall operate such equipment between the hours of 10pm and 8am.
19. The Lessor shall have the right from time to time to curtail or relocate any space devoted to storage or laundry purposes.
20. No exercising or loitering shall be allowed in any of the common areas of the property. This includes but is not limited to the lobby, stairwells, hallways and basement areas.

21. No group tour or exhibition of any apartment or its contents shall be conducted, nor shall any auction sale be held in any apartment without the consent of the Lessor or its managing agent.
22. The Lessee shall keep the windows of the apartment clean. In case of refusal or neglect of the Lessee during 10 days after notice in writing from the Lessor or the managing agent to clean windows, the Lessor may do such cleaning. The Lessor has the right to enter the apartment for the purpose and to charge the cost of such cleaning to the Lessee.
23. Complaints regarding the services of the building shall be made in writing and signed to the managing agent of the Lessor.
24. The following rules shall be observed with respect to garbage, refuse and recyclable disposal:
 - All wet debris is to be securely wrapped and bagged in small package size to fit easily into the garage chute in the compactor closets.
 - Debris should be completely drip-free before it leaves the apartment and carried to the compactor closet in a careful manner and in a drip-proof container, then placed into the garbage chute for disposal.
 - Recyclables – bottles, cans and plastic, should be cleaned and dried and shall be placed in the bin designated for such use in each compactor closet.
 - Cartons, boxes, crates, sticks of wood or other solid materials shall not be stuffed into the garbage chute. Small items of this nature may be left in a neat manner on the compactor closet floor. Bulky items should be brought by the Lessee to the basement to be disposed of by service employees.
 - Under no circumstances should carpet sweepings containing naphthalene, camphor balls or flakes, floor scrapings, plastic wrappings or covers oil soaked rags, empty paint or aerosol cans or any other flammable, explosive, highly combustible or noxious substances or lighted cigarettes or cigars stubs, be thrown into the garbage chute.
 - Vacuum cleaner bags must never be emptied into the garbage chute. Such dust, dirt, etc. should be wrapped in a securely tied bag or package and then be placed into the garbage chute.
 - Pet waste, cigarette ashes, lit cigarettes or other loose items should not be dropped directly into the compactor chute. All of these items must be bagged first and then placed into the compactor chute.
 - The superintendent shall be notified of any drippings, or moist refuse appearing in the compactor closet floor or corridors.

25. The agents of the Lessor, and any contractor or workman authorized by the Lessor, may enter any apartment at a reasonable hour of the day for the purposes of inspecting such apartment to ascertain whether measures are necessary or desirable to control or exterminate any vermin, insects or other pests and for the purpose of taking such measures as may be necessary to control or exterminate any such vermin, insects or other pests. If the Lessor takes measure to control or exterminate carpet beetles and bed bugs, the cost thereof shall be payable by the Lessee, as additional rent.
26. The House Rules may be amended or repealed at any time by resolution of the Board of Directors of the Lessor.

Please sign and return this form to your building Superintendent or your building manager once you have fully read the House Rules for the Cooperative. Each unit will need to submit this form.

Emily Towers Owners Corp.

HOUSE RULES ACKNOWLEDGEMENT

Re: Apartment _____

I have received a copy and read the current House Rules for Emily Towers Owners Corp. and agree to abide by them.

Signed: _____ Date: _____

Signed: _____ Date: _____



Emily Towers Owners Corp.

Complaint Procedure

All reported offenses of the rules and regulations of Emily Towers Owners Corp. are to be reported to the Management company in writing. This written communication should contain the date, time and place of the occurrence and the name, address and unit number of the individual making the violation plus any other material information.

All written communications will be kept confidential within the Management files and will enable the Board of Directors to act accordingly on all violations cited by residents.



Emily Towers Owners Corp.

Alteration Procedures

All alterations and renovations to apartments must first be approved by your Board of Directors and/or Management. Please contact your building manager for the procedure set forth.

Any failure to abide by the Cooperative rules regarding alterations and renovations could result in legal action as well as fines to the Shareholder.



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



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: _____

Simple Steps To Protect Your Family From Lead Hazards

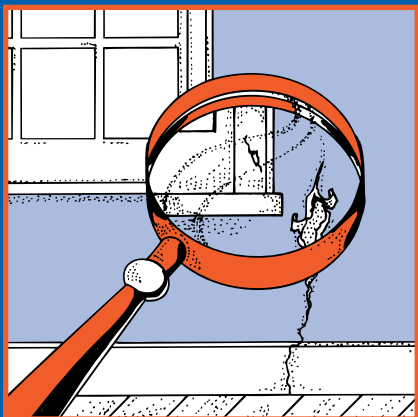
If you think your home has high levels of lead:

- ◆ 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:

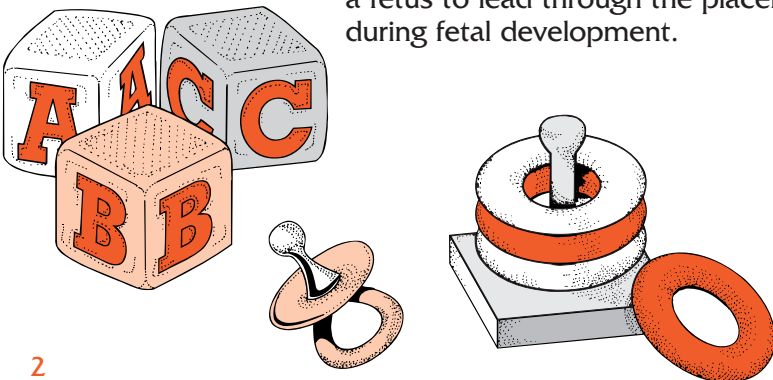
- ◆ Breathe in lead dust (especially during renovations that disturb painted surfaces).
- ◆ Put their hands or other objects covered with lead dust in their mouths.
- ◆ Eat paint chips or soil that contains lead.

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:

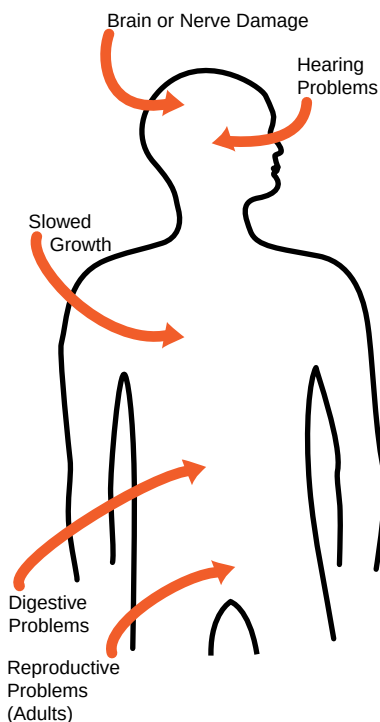
- ◆ Nervous system and kidney damage.
- ◆ Learning disabilities, attention deficit disorder, and decreased intelligence.
- ◆ Speech, language, and behavior problems.
- ◆ Poor muscle coordination.
- ◆ Decreased muscle and bone growth.
- ◆ Hearing damage.

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.

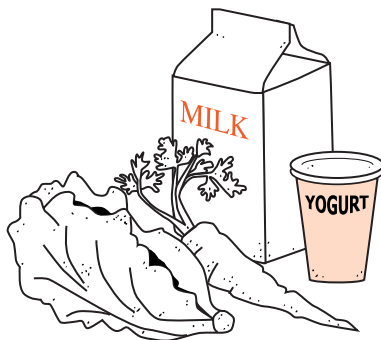
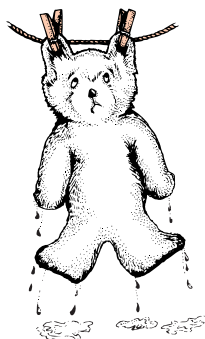
There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency (see bottom of page 11) for more information, or call **1-800-424-LEAD (5323)** for a list of contacts in your area.

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

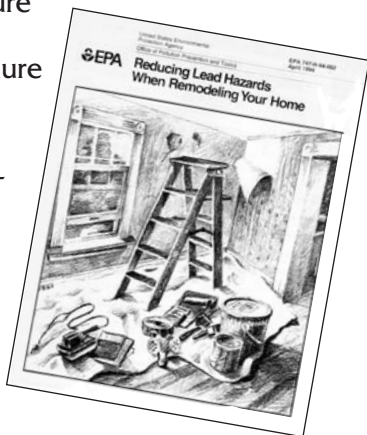
Take precautions before your contractor or you begin remodeling or renovating anything that disturbs painted surfaces (such as scraping off paint or tearing out walls):

- ◆ **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.



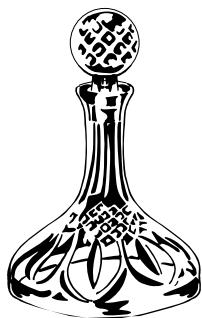
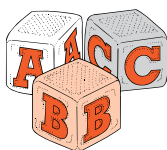
If not conducted properly, certain types of renovations can release lead from paint and dust into the air.



Other Sources of Lead



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

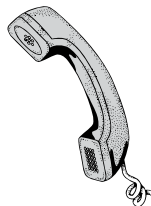


- ◆ **Drinking water.** Your home might have plumbing with lead or lead solder. Call your local health department or water supplier to find out about testing your water. You cannot see, smell, or taste lead, and boiling your water will not get rid of lead. If you think your plumbing might have lead in 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

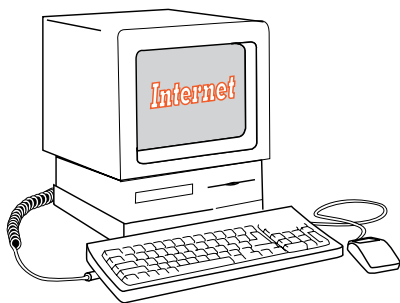
Call **1-800-426-4791** for information about lead in drinking water.

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
(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

CPSC Regional Offices

Your Regional CPSC Office can provide further information regarding regulations and consumer product safety.

Eastern Regional Center

Consumer Product Safety Commission
201 Varick Street, Room 903
New York, NY 10014
(212) 620-4120

Western Regional Center

Consumer Product Safety Commission
1301 Clay Street, Suite 610-N
Oakland, CA 94612
(510) 637-4050

Central Regional Center

Consumer Product Safety Commission
230 South Dearborn Street, Room 2944
Chicago, IL 60604
(312) 353-8260

HUD Lead Office

Please contact HUD's Office of Healthy Homes and Lead Hazard Control for information on lead regulations, outreach efforts, and lead hazard control and research grant programs.

U.S. Department of Housing and Urban Development

Office of Healthy Homes and Lead Hazard Control
451 Seventh Street, SW, P-3206
Washington, DC 20410
(202) 755-1785

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U.S. EPA Washington DC 20460
U.S. CPSC Washington DC 20207
U.S. HUD Washington DC 20410

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