Excel Bradshaw Management Group

Dear Prospective Resident:

Thank you for your interest in The 34 Crooke Avenue Condominium!

Enclosed is your Purchase Application. Please complete and forward this application, along with the required documents, to Excel Bradshaw Management Group, LLC, for processing.

It is important that you urge your references to submit their letters of reference to you as soon as possible, since your application cannot be processed until they are received.

If you have any questions regarding your application, please contact Excel Bradshaw Management Group's Application Processor at 718-266-1110.

Again, thank you for your interest in The 34 Crooke Avenue Condominium! We look forward to hearing from you.

Sincerely,

Excel Bradshaw Management Group, LLC

Sales / Leasing Department

393 Old Country Rd., Suite 204, Carle Place, NY 11514 – T: 516 333-7730 F: 516-333-6182
501 Surf Avenue, Brooklyn, NY 11224 – T: 718-266-1110 F: 718-996-3674
www.ebmg.com

The 34 Crooke Avenue Condominium
SALES REQUIREMENTS FOR BOARD APPROVAL

*Please note: Five copies plus the original (6) of all papers are to be submitted to Excel Bradshaw Management Group, LLC Gloria Taras. All copies must be collated into individual sets for submission to the Board of Managers. Incomplete packages will not be processed. Please allow twenty (20) days for the Board to review.*

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

- Contract of Sale, fully executed.
- 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

***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.
- Two (2) letters of personal reference for each applicant.

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

- Sale Waiver Request
- Occupancy Rider
- Addendum to Contract of Sale
- Acknowledgement of Receipt of Offering Plan
- House Rules Acknowledgement Letter
- Pet Rider
- CO / Smoke Detector Acknowledgement

***Proof of Homeowner's Insurance***

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

***A Guarantor must submit the same financial information as the applicant, must complete an application form and is subject to a credit check and the credit check fee.***
**FEES TO BE SUBMITTED WITH APPLICATION**: (non-refundable fees paid by applicant/s)

- **Application Processing Fee:** **$450** payable to **Excel Bradshaw Management Group, LLC**
- **Credit Check Fee:** **$75.00 per person** payable to **Excel Bradshaw Management Group, LLC**

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

- **Move Out Deposit:** **$500** payable **The 34 Crooke Avenue Condominium. (CERTIFIED)**
- **Common Charge Letter:** **$50** payable to **Excel Bradshaw Management Group, LLC**
- **Waiver of Right of First Refusal Form:** **Free**

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

- **Move In Deposit:** **$500** payable to **The 34 Crooke Avenue Condominium (CERTIFIED)**

The 34 Crooke Avenue Condominium

Sales Application

| | | |
|---|---|---|
| **Sales / Leasing Agent:** | Gloria Taras | T: 718-266-1110 F: 718-996-3674<br>E: gtaras@ebmg.com |
| **Property Manager:** | Mark Levine | T: 516-333-7730 x.201 F: 516-333-6182<br>**E:** mblevine@ebmg.com |

**How Many Application Copies to Submit:** The original application plus 5 copies.

**Mail or Deliver Application to:**
Excel Bradshaw Management Group
501 Surf Avenue
Brooklyn, NY 11224
Attn: Gloria Taras

| **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) |
| Condo Questionnaires | $50 |
| Review of Corporation Minutes | Free – In Office Only |
| Open Houses | Contact Manager |

**Contact Manager for the following:**

Alteration Procedures and Fees

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

| 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 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#) _____

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

| Name(s) Exactly As they Appear on This Account | Branch Phone # | Contact Name |
|---|---|---|
| | | |

## References Other Than Family Members

| Name | Phone # | Relationship to you |
|---|---|---|
| | | |
| Name | Phone # | Relationship to you |
| | | |

## Department of Motor Vehicles Identification Must be Completed if Registered Motorist

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

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

My Printed Name _____ My Signature _____ Date of my Authorization _____

| Building | Apartment # | Rooms | Monthly Rent | Security |
|---|---|---|---|---|
| | | | $ | $ |

| Lease Start Date | Lease Term | Landlord | Broker | Agent |
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| Social Security Number | Date of Birth | Day Phone# | Evening phone# |
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|---|---|---|
| | | |

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|---|---|---|
| | $ | ☑ 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 | |
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## 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 |
|---|---|---|---|---|---|
| | | | | | |

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 _____

UNIT OWNER'S SALE WAIVER REQUEST

Date:_____

To: The 34 Crooke Avenue Board of Managers
c/o Excel Bradshaw Management Group, LLC
501 Surf Avenue
Brooklyn, NY 11224

Dear Sir or Madam,
I hereby request the Board of Managers to waive their right of first refusal for the sale of my unit # _____ at the 34 Crooke Avenue Condominium.

Thank you for your assistance in this matter.

Respectfully,

_____ _____
Unit-owner(s) Print Name

_____
Address

_____
Telephone

**OCCUPANCY RIDER TO CONTRACT OF SALE**

Owners(s): _____

Unit# _____

It is understood that the above noted apartment is to be used for residential purposes only by:

_____

_____ _____

Unit-Owner(s) Date

Excel Bradshaw Management Group

**ADDENDUM TO CONTRACT OF SALE**

This contract of sale is subject to and purchaser(s) confirm receipt of the Offering Memorandum, as amended, and confirm that he/she/they are aware of and shall comply with the terms and conditions of the Declaration of the Condominium, By-Laws and Rules and Regulations of the 34 Crooke Avenue Condominium, as the same may be amended.

| | |
|---|---|
| Purchaser | Date |
| Purchaser | Date |

Excel Bradshaw Management Group

**NOTIFICATION OF LEGAL MAILING ADDRESS FOR UNIT OWNERS**

All communications and invoices regarding the ownership of Unit No._____ should be sent to the following address:

Name: _____

Address: _____

_____

Telephone: _____

Email: _____

393 Old Country Rd., Suite 204, Carle Place, NY 11514 – T: 516 333-7730 F: 516-333-6182
501 Surf Avenue, Brooklyn, NY 11224 – T: 718-266-1110 F: 718-996-3674
www.ebmg.com

**PET RIDER**

No bird, reptile, or animal shall be permitted, raised, bred, kept or harbored in the residential units or in any public portions of the building, without approval of the Board of Managers. There will be no exceptions made to this rule.

I agree to and understand that the building's rules do not permit any animals of any kind into the building, without prior written approval of the Board of Managers.

| _____ | _____ | _____ |
|---|---|---|
| Resident Signature | Apt# | Date |

**ACKNOWLEDGEMENT OF RECEIPT OF OFFERING PLAN, HOMEOWNER/RESIDENT GUIDE AND REGULATIONS AND FINE POLICY**

This is to confirm that I/we have received a copy of the Offering Plan, the Homeowner/Resident's Guide and Regulations and the Fine Policy as each pertains to the 34 Crooke Avenue Condominium and the purchase of unit #_____.

I/We have read and will abide by all regulations set forth in these documents.

_____
Purchaser

_____
Purchaser

The charge for a copy of the plan is $200, payable to Excel Bradshaw Management Group, LLC.

Should you receive a copy of the offering plan from the prior owner(s), the $200 charge will be waived upon written confirmation of receipt.

Excel Bradshaw Management Group

**SMOKE DETECTOR AND CARBON MONOXIDE DETECTOR ACKNOWLEDGEMENT**

Date: _____

Address: _____

Re: Apartment _____

I (we), _____
Acknowledge that an operational smoke detector and carbon monoxide detector are installed in the apartment and that I am (we are) responsible for maintaining them in proper working order.

_____
Applicant Signature

_____
Applicant Name

The 34 Crooke Avenue Condominium

Delivery Procedure

Please note that all residents of the Condominium 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 Managers

The 34 Crooke Avenue Condominium

HOUSE RULES ACKNOWLEDGEMENT

Re: Apartment _____

I have received a copy and read the current House Rules for The 34 Crooke Avenue Condominium and abide by them.

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

- The Board of Managers 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: _____

ADDENDUM TO THE BY-LAWS OF

THE 34 CROOKE AVENUE CONDOMINIUM

RULES AND REGULATIONS

1. The sidewalks, entrances, passages, public halls, vestibules, corridors and stairways of or appurtenant to the Building shall not be obstructed or used in any manner to impede the ingress and egress to the units.

2. No article (including, but not limited to, garbage cans, bottles or mats) shall be placed or stored in any of the halls or any of the staircases or fire tower landings of the Building, nor shall any fire exit thereof be obstructed in any manner.

3. Nothing shall be hung or shaken from any doors, window, or open terraces or patios, or placed upon the window-sills, of the Building, and no Unit Owner shall sweep or throw, or permit to be swept or thrown, any dirt, debris or other substance therefrom.

4. There shall be no playing or lounging in the entrances, passages, public halls, vestibules, corridors, stairways, or fire towers of the Building, except in recreational areas or other areas designated as such in the Declaration or by the Condominium Board.

5. The Condominium Board or the Managing Agent may, from time to time, curtail or relocate any portion of the Common Elements devoted to storage, recreations, or service purposes in the Building.

6. Northing shall be done or be kept in an Unit or in the Common Elements that will increase the rate of insurance of the Building, or the contents thereof, without the prior written consent of the Condominium Board. No Unit Owner shall permit anything to be done or kept in his or her Unit or in the Common Elements that will result in the cancellation of insurance of the Building, or the contents thereof, or that would be in violation of any Law. No Unit Owner or any of his of her Family Members, agents, servants, employees, licensees, or visitors shall, at any time, bring into or keep in his or her unit any inflammable, combustible, or explosive fluid, material, chemical, or substance, except as shall be necessary and appropriate for the permitted uses of such Unit.

7. There shall be no barbecuing in the Units, or in the Common Elements, except for those areas (if any) specifically designated for barbecuing by the Condominium Board. Porches, decks and backyards, if any, are designated for barbecuing.

8. No Unit Owner shall make, cause, or permit any unusual, disturbing, or objectionable noises (except for noises made by children under the age of ten (10) years or odors to be produced upon or to emanate from his or her Unit or permit anything to be done therein that will interfere with the rights, comforts, or conveniences of the other Unit Owners. No Unit Owner shall play upon or suffer to be played upon any musical instrument, or shall operate or permit to be operated a phonograph, radio, television set, or other loudspeaker in such Unit

Owner's Unit between midnight and the following 8:00 A.M., if the same shall disturb or annoy other occupants of the Building, and in no event shall any Unit Owner practice or suffer to be practiced either vocal or instrumental music between the hours of 10:00 P.M. and the following 9:00 A.M. The manner of dress of each Unit Owner, his family and guests and invitees shall be modest and inoffensive to the majority of the unit owners. No construction, repair work, or other installation involving noise shall be conducted in any Unit except on weekdays (not including legal holidays) and only between the hours of 8:00A.M. and 5:00 P.M., unless such construction or repair work is necessitated by an emergency.

9. No bird, reptile, or animal shall be permitted, raised, bred, kept or harbored in the Building unless, in each instance, the same shall have been consented to in writing by the Condominium Board or the Managing Agent, which consent shall not be unreasonably withheld. Any such consent, if given, shall be revocable at any time by the Condominium Board or the Managing Agent in their sole discretion. In no event shall any bird, reptile, or animal be permitted in any public area of the Building or in any of the public portions of the building, unless carried or on a leash.

10. All radio, television, or other electrical equipment of any kind or nature installed or used in each Unit shall fully comply with all rules, regulations, requirements, or recommendations of the New York Board of Fire Underwriters and the public authorities having jurisdiction, and the Unit Owner alone shall be liable for any damage or injury caused by any radio, television, or other electrical equipment.

11. Water-closets and other water apparatus in the Building shall not be used for any other purpose other than those for which they were designed, and no sweepings, rubbish, rags or any other article shall be thrown into the same. Any damage resulting from misuse of any water-closets or other apparatus in a Unit shall be repaired and paid for by the owner of such Unit.

12. Each Unit Owner shall keep his or her Unit in a good state of preservation, condition, repair and cleanliness in accordance with the terms of the By-Laws.

13. The agents of the Condominium Board or the Managing Agent and any contractor or workman authorized by the Condominium Board or the Managing Agent, may enter any room or Unit at any reasonable hour of the day, on at least one day's prior notice to the Unit Owner, for the purpose of inspecting such Unit for the presence of 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; however, such entry, inspection and extermination shall be done in a reasonable manner so as not to unreasonably interfere with the use of such Unit for its permitted purposes.

14. The Condominium Board or the Managing Agent may retain a pass-key to each Unit. If any lock is altered or a new lock is installed, the Condominium Board or the Managing Agent shall be provided with a key thereto immediately upon such alteration or installation. If the Unit Owner is not personally present to open and permit an entry to his or her Unit at any time when an entry there is necessary or permissible under these Rules and Regulations or under the By-Laws, and has

not furnished a key to the Condominium Board or the Managing Agent, then the Condominium Board or Managing Agent or their agents (but, except in an emergency, only when specifically authorized by an Officer of the Condominium or an officer of the Managing Agent) may forcibly enter such Unit without liability for damages or trespass by reason thereof (if, during such entry, reasonable care is given to such Unit Owner's property).

15. If any key or keys are entrusted by a Unit Owner, by any Family Member thereof, or by his or her agent, servant, employee, licensee, or visitor to an employee of the Condominium or of the Managing Agent, whether for such Unit Owner's Unit or an automobile, trunk, or other item of personal property, the acceptance of the key shall be at the sole risk of such Unit Owner, and neither to Condominium Board nor the Managing Agent shall (except as otherwise provided herein) be liable for injury, loss or damage of any nature whatsoever, directly or indirectly resulting therefrom or connected herewith.

16. Unit Owners and their respective Family Members, guests, servants, employees, agents, visitors, or licensees shall not at any time for any reason whatsoever enter upon, or attempt to enter upon, the roof of the Building.

17. No occupant of the Building shall send any employee of the Condominium or of the Managing Agent out of the Building on any private business.

18. Any consent or approval given under these Rules and Regulations may be amended, modified, added to, or repealed at any time by resolution of the Condominium Board. Further, any such consent or approval may, in the discretion of the Condominium Board or the Managing Agent, be conditional in nature.

19. Complaints regarding the service of the Condominium shall be made in writing to the Condominium Board or to the Managing Agent.

The 34 Crooke Avenue Condominium

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:* _____

*CUTY / 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

Excel Bradshaw Management Group

The 34 Crooke Avenue Condominium

Common Area Event Request Form

Name: _____ Apartment: _____

Telephone: _____

Date of Event: _____

Event Start Time: _____ Event End Time: _____

Approximate # of Attendees: _____

Will You Be Hiring Someone for Event? Y / N

**If Yes, Please Obtain Certificate of Insurance for all compensated service providers as per Management Guidelines.**

By signing below, you acknowledge that should any damage occur to any common area of the Condominium, all costs incurred by the building to repair or replace the damaged areas will be the sole responsibility of the Condominium Owner / resident reserving the room.

In addition, Unit Owner / resident agrees to abide by the various rules, regulations of the Condominium as well as the laws governing General Assembly set forth by the City of New York.

_____ _____

Signature Date

**Please fax this form back to 516-333-6182 or email to mblevine@ebmg.com.**