

STILLMAN MANAGEMENT, INC.
440 MAMARONECK AVENUE, SUITE S-512
HARRISON NY 10528

IMPORTANT INFORMATION REGARDING YOUR SOCIAL SECURITY NUMBER

PROTECTING YOUR PRIVACY

IN ORDER TO PROTECT YOUR PRIVACY PLEASE REMOVE/BLACK OUT YOUR SOCIAL SECURITY NUMBER FROM EACH FINANCIAL INSTITUTION DOCUMENT INSERTED INTO THE APPLICATION.

FINANCIAL CONDITION (NET WORTH)

TAX RETURNS

PERSONAL LOANS

BANK STATEMENTS

IRA STATEMENTS

CD'S

SAVINGS, ETC.

THE CREDIT AGENCY AUTHORIZATION FORM AND THE AUTHORIZATION FORM FOR A BACKGROUND CHECK ARE THE ONLY FORMS THAT REQUIRE THE SOCIAL SECURITY NUMBER. ONLY SEND ONE EACH OF THESE FORMS. ONCE THE REQUIRED FORMS ARE OBTAINED THE AUTHORIZATION FORMS WILL BE SHREDDED AND YOUR SOCIAL SECURITY NUMBER ON THE DOCUMENTS OBTAINED WILL BE BLACKED OUT.

Please be advised that if you do not comply with the above to protect your identity, we will not be held responsible. It is up to you to black out the relevant information as we will not do it for you.

IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT THE SALES AND LEASING DEPARTMENT AT STILLMAN MANAGEMENT.

FARBAND HOUSING CORPORATION

2925 Matthews Avenue Bronx, NY 10467-8630 (718) 655-3376

Cooperative Stock Application

****No application will be forwarded to the Board if applicant has a DTI greater than 25% and a FICO credit score of under 700****

Please submit (1) hard copy of the following information to be distributed to the Board members:

1. Signed "Notice to All Applicants" acknowledgement
2. Completed Authorization of Credit/Background check for all Applicant(s) and Persons over the age of **18** that will reside in the unit.
3. Copy of a fully executed Contract of Sale. ****including Lead Paint Disclosure and Carbon Monoxide/Smoke Detector Affidavit****
4. Completed Application w/ Bank and Employment Verifications
5. Verification of Payment history from former Landlord
6. Last four (4) paystubs (1 months' worth)
7. Last four (4) bank statements ****For your protection, keep only the last four digits of your account # and remove the rest****
8. Complete W-2 and Tax Returns for the last two (2) years. ****For your protection, keep only the last four digits of your SS#****
9. A non-refundable processing fee of \$350.00 for the Applicant and a non-refundable processing fee of \$150.00, for the Co-Applicant whose name(s) will appear on the cooperative stock shares.
10. Note: Interviews for prospective purchasers will not be scheduled until a fully completed application along with all documentation has been received and reviewed by the Board of Managers and/or interview committee.

Please complete and forward the application, along with required documents, to

Stillman Management, Inc (attention Sales & Leasing Dept.)

440 Mamaroneck Avenue
Suite S-512
Harrison, NY 10528

NOTICE TO ALL APPLICANTS

- It has been the policy of the FARBAND HOUSING CORPORATION not to participate in negotiations or decision-making between applicants and shareholders
- The shares of the FARBAND HOUSING CORPORATION *cannot* and *will not* be used as collateral to obtain a mortgage loan from any lending source and *cannot* nor *will not* be used as collateral to any other transaction on behalf of a shareholder without the prior written approval of the Corporation.
- The potential shareholder(s) are advised that in transferring of their shares of the FARBAND HOUSING CORPORATION in a Seller-Purchaser transaction, the *seller* shall pay a flip tax
- The FARBAND HOUSING CORPORATION is no longer under the supervision of the New York State Division of Housing or any of its successor agencies and that all references to it in the By-Laws and on the stock certificates are null and void
- All apartments are to be inspected by applicant. The applicant accepts the apartment with all appliances, fixtures, etc., **As Is**, and any alterations as if made by the applicant.
- In no event will the Corporation, the Board of Directors, or its agents be responsible for any liabilities or expenses incurred by an applicant whose application is disapproved.
- The Buyer understands that no financing of any kind is permitted for the purchase of apartment and cooperative shares.
- The applicant acknowledges that, if the application is accepted, the undersigned will not, pledge the shares of the Corporation's stock, to a bank, seller, or any other lending institution without the prior written consent of the Board of Directors.
- The applicant acknowledges that, if the application is accepted, the undersigned will not make structural alterations to the apartment until an Alteration Agreement is signed with the Corporation, a deposit of \$1000.00 is submitted and the written consent of the Board of Directors is obtained.
- The applicant acknowledges that, if the application is accepted, the undersigned will not sublease the apartment, nor permit non-family members to reside in the apartment, without the prior written consent of the Board of Directors.
- The undersigned hereby makes the application to purchase shares of stock in the Corporation for the apartment described on the application.
- Falsification of any information or omission of material information here from, may result, without limitation, in revocation of the Board of Directors' approval of this transfer of the stock.
- *No Clothes Dryer, Laundry, Garbage Disposal or Dish Washing machines are permitted in the apartments without the prior written consent of the Board of Directors.*
- No radio or television aerial shall be attached to or hang from the roof and exterior of the building without the prior written consent of the Board of Directors

- *New residents may not move into the building until the due application process has been completed, and the Board has given its approval (including the transferring of shares to the new resident)*
- The applicant acknowledges that, if the application is accepted, it is permissible to move into and out of the building only Monday through Friday, excluding legal holidays 8:30am to 4:30pm. *No move into or out of the building will be allowed unless it is scheduled (7) days in advance* (to prepare the elevator for a major move) *with the superintendent or the management office*. The superintendent of the building will oversee all moves to help expedite the move, insure minimal disruption to other residents and to ascertain if any damage occurred to the premises as a result of the move. The individual moving into or out of the building shall make all repairs to the apartment and to any other part of the building which occur as the result of the move. All such repair restorations and replacements shall be in quality and class equal to the original work or installations. If the resident fails to proceed to make such repairs, restorations or improvements within seven (7) days after notice from the Corporation and to complete then with due diligence, the repairs, restorations or improvements may be made by the Corporation at the expense of the Resident within 7 days after receipt of bill or statement therefore. Boxes, cartons, and other refuse must be disposed of properly.
- A **MOVE-IN / MOVE-OUT REFUNDABLE DEPOSIT** fee of \$500.00, check or money order, is required to be given to the Corporation *prior* to the move. This deposit will be returned after it has been determined that there was no damage done to the building. For a move out, payment must be by certified check or money order.
- The Board of Directors will utilize this application to obtain background information regarding the proposed purchasers of the stock. An Admissions Committee investigates the applicant's character, background, and will interview the applicant.
- A non-refundable processing fee of \$350.00, for **THE APPLICANT** and a non-refundable processing fee of \$150.00, for **THE CO-APPLICANT** whose name(s) will appear on the cooperative stock shares, will be required.
- While the Board of Directors will attempt to promptly review all applications, the Corporation, the Board of Directors and its agents assume no responsibility for expenses or liabilities resulting from any delay in its review. *This application process may take from two to six weeks or longer to be completed.*
- The applicant agrees to abide by the By-Laws, rules and regulations presently in affect governing the membership of the cooperative and to abide by all future rules, regulations and charges adopted by the shareholders at the duly and legally called shareholders' meetings.
- The applicant acknowledges that the proposed stock transfer cannot be consummated without the Board's consent.
- The undersigned hereby authorizes the Board of Directors and Credit View Inc. to contact any of the employers, banks, landlords, educational institutions, references, etc. described herein in order to elicit information bearing upon this application.

- Disputes between the undersigned and any other resident or, at the election of the Board of Directors, any dispute between the undersigned and the Board of Directors, shall be conducted before one arbitrator in New York City by the American Arbitration Association or any successor organization or, at the election of the FARBOARD HOUSING CORPORATION an arbitration panel selected by the Board of Directors. The arbitration shall be conducted in accordance with the arbitrator's rules then in effect and the decision rendered in such arbitration shall be binding upon the parties and may be entered in any court having jurisdiction. The fees, costs and expenses of the arbitrator will be borne equally by the disputants unless the arbitrator specifically rules to the contrary. The term "dispute" shall mean a dispute which arises out of or in any way relates to the By-Laws or the alleged breach thereof, or the alleged breach of a house rule (whether previously or hereafter in force), or any claim for relief resulting from any act or omission of the parties (or of any other resident) in any way connected with the Apartment; excepting only a dispute respecting alleged nonpayment of maintenance or the consequences thereof. This arbitration clause shall survive the assignment or termination, the sale or other disposition of shares by the shareholder.
- Any change or addition to the family composition in the apartment (other than those listed on the initial application) must be reported to and approved by the Board of Directors.
- The undersigned confirms the accuracy of all of the information contained herein.

I\We have read the **"NOTICE TO ALL APPLICANTS AND SELLERS"**.

Signed: _____
Applicant

Date: _____

Signed: _____
Applicant

Date: _____

Signed: _____
Seller

Date: _____

Signed: _____
Seller

Date: _____

County Wide Group
Phone: 631-225-1578 (800-240-6889)

Requested BY: _____

Property Location: _____

AUTHORIZATION TO CONDUCT BACKGROUND INQUIRIES

The undersigned applicant hereby authorizes **Stillman Management & County Wide Group** as its agent to conduct a background inquiry on him/herself. The undersigned applicant understands that these inquiries shall include informational data regarding his/her credit, criminal, motor vehicle, litigation, education, military and any other pertinent information as it may apply for the prospective job position.

The undersigned applicant authorizes **Stillman Management & County Wide Group** as its agent to contact any previous employer or personal reference to obtain information relating to this application for employment.

Further, **if applicable**, the applicant authorizes **Stillman Management & County Wide Group** to take a sample of my urine to be tested for evidence of illegal drug abuse.

The applicant hereby releases **Stillman Management & County Wide Group** as its agent from any and all liability relating to such inquiries.

I acknowledge receipt of a copy of the FCRA Summary of Rights and Article 23-A of the New York State Corrections Law.

Credit required for Rental or Purchase of Properties

FCRA Salary Description:

- | | |
|--|--|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Less than \$25,000 |
| <input type="checkbox"/> Over \$25,000/yr | <input type="checkbox"/> Over \$75,000 |

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____ **Other Names Used:** _____

ADDRESS: _____

TOWN: _____ **STATE:** _____ **ZIP:** _____

DATE OF BIRTH: _____ **SS#:** _____

STATE OF DRIVER'S LICENSE _____ **LICENSE#** _____

[FOR OFFICIAL USE ONLY-DO NOT WRITE BELOW]

- | | |
|--|--|
| <input type="checkbox"/> Criminal –State: _____ | <input type="checkbox"/> Employment Verification (#_____) |
| <input type="checkbox"/> Credit | <input type="checkbox"/> Education Verification |
| <input type="checkbox"/> DMV License | <input type="checkbox"/> Behavioral Survey |
| <input type="checkbox"/> Social Security Trace | <input type="checkbox"/> Sex Offender Database |
| <input type="checkbox"/> Federal Search | <input type="checkbox"/> Patriot Search |

CREDIT REPORT INFORMATION FORM

Request Date: _____

Please send me a credit report on:
(Please print)

Name: _____
 (Last) **(First)** **(Middle)**

Address: _____
 (Street)

 (Apt., Box, Suite)

 (City) **(State)** **(Zip Code)**

Landlord Name: _____

Address: _____

Telephone # _____

Previous Address: _____

S.S. # _____

Date of Birth: _____

Employer: _____

Telephone # _____

.....
The Information requested will be used solely to obtain a credit report. Please sign the acknowledgment below:

Signature

Date

Building Name and Unit Number
(Must fill in on each page)

Date: _____
Building Name: _____ Apt. #: _____

Part 1 – Application Information
Seller(s) Please Fill in from Contract

Name(s) 1. _____ 2. _____
Current Address: _____
Phone: _____
Seller's Attorney: _____ Phone #: _____ Fax #: _____
Attorney E-Mail: _____
Seller's Broker: _____
Phone: _____ Fax: _____

Applicant(s)

Applicant: _____	Co Applicant _____
Home #: _____	Home #: _____
Business #: _____	Business #: _____
E-Mail: _____	E-Mail: _____
Applicant's Attorney: _____	Phone #: _____ Fax #: _____
Attorney E-Mail: _____	
Applicant's Broker: _____	Phone #: _____ Fax #: _____

Will this apartment be your primary residence? Yes ____ No ____

Other Occupants: _____

List of all persons, other than the applicants, who will reside in the apartment:

Number of Persons to reside in Apartment: _____

Name	Age
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

Cars: (Please supply current registration)

Applicant _____ Co-Applicant _____

Building Name and Unit Number
(Must fill in on each page)

Housing History

Applicant _____ Co-Applicant _____

Complete current address for both applicant(s) if applicable:

Rent/Own _____ Rent/Own _____

Current Monthly Rent/Mortgage and Common charge Amount:

Current Landlord Name and Phone: _____

Date of Residency: _____ to _____ Date of Residency: _____ to _____

If less than two (2) years, then list previous address:

Residency Status (Please provide supporting documents)

U.S. Citizenship: Yes _____ No _____ U.S. Citizenship: Yes _____ No _____

*****If you check No please show of proof current residency status**

Type of Visa _____ Visa # _____

Employment History (Must submit supporting documentation)

Please complete this section for each company you are currently employed with.

Current Employer:

Title or Position: _____

Nature of Business: _____

Employer's Address and Contact Number: _____

Full Time _____ Part Time _____ Full Time _____ Part Time _____

Are you self-employed? Yes _____ No _____ Yes _____ No _____

Date of Employment _____ to _____ _____ to _____

Estimated Income this year \$ _____ \$ _____

Actual Income last year \$ _____ \$ _____

Building Name and Unit Number
(Must fill in on each page)

OTHER INCOME NOTICE: Alimony, child support or separate maintenance income need not be revealed if the Applicant or Co-Applicant does not choose to have it considered as a basis for paying common charges.

Other Sources of Income: (Must submit supporting documentation if you want income to be considered)

Type: _____ Amount: _____ Type: _____ Amount: _____

Type: _____ Amount: _____ Type: _____ Amount: _____

Type: _____ Amount: _____ Type: _____ Amount: _____

Previous Employer:

**If employed less than two (2) years

Address: _____

Title or Position: _____

Date of employment _____ to _____

Educational Background:

Schools Attended: _____

Degree completed if applicable: _____

APPLICANT REFERENCES: (Must submit supporting letters)

2 Personal References

(No relatives)

Name: _____

Phone Number _____

Name: _____

Phone Number _____

2 Business References

(No relatives)

Name: _____

Phone Number _____

Name: _____

Phone Number _____

Building Name and Unit Number
(Must fill in on each page)

Part 2- Applicant Financial Information

THESE QUESTIONS APPLY TO ALL PURCHASER(S)

IF A YES ANSWER IS GIVEN TO A QUESTION IN THIS AREA EXPLAIN ON AN ATTACHED SHEET

	<u>Applicant</u> YES OR NO	<u>Co-Applicant</u> YES OR NO
Have you any outstanding judgments?	_____	_____
In the last 7 years, have you been declared bankrupt?	_____	_____
Have you had property foreclosed upon or given title or deed in lieu thereof?	_____	_____
Are you a co-maker or endorser on a note?	_____	_____
Are you a party in a lawsuit?	_____	_____
Is any of the down-payment borrowed or a gift?	_____	_____

Item	Applicant	Co-Applicant	Total:
Base Employee Income:	\$ _____	\$ _____	\$ _____
Overtime:	\$ _____	\$ _____	\$ _____
Bonuses:	\$ _____	\$ _____	\$ _____
Commissions:	\$ _____	\$ _____	\$ _____
Dividends/Interest:	\$ _____	\$ _____	\$ _____
Net Rental Income:	\$ _____	\$ _____	\$ _____
Other Income:	\$ _____	\$ _____	\$ _____
Total:	\$ _____	\$ _____	\$ _____

Building Name and Unit Number
(Must fill in on each page)

Monthly Expenses:

Item	Applicant	Co-Applicant	Total:
Credit Cards:	\$ _____	\$ _____	\$ _____
Auto Loan:	\$ _____	\$ _____	\$ _____
Alimony, Child Support:	\$ _____	\$ _____	\$ _____
Other Installment Debt:	\$ _____	\$ _____	\$ _____
Other Payables: (ex. telephone, car insurance, commuting expenses, etc.)			
	\$ _____	\$ _____	\$ _____
Proposed Mortgage:	\$ _____	\$ _____	\$ _____
Proposed Common charge:	\$ _____	\$ _____	\$ _____
Estimated Insurance:	\$ _____	\$ _____	\$ _____
Include if maintaining after closing:			
Current Mortgage:	\$ _____	\$ _____	\$ _____
Current Common charge:	\$ _____	\$ _____	\$ _____
Current Insurance:	\$ _____	\$ _____	\$ _____
Current RE Taxes:	\$ _____	\$ _____	\$ _____
Total:	\$ _____	\$ _____	\$ _____

Building Name and Unit Number
(Must fill in on each page)

ASSETS: (Must submit supporting documentation)

Please write any additional information on the back. Please list any additional banking information or Capital assets etc.

Checking/Savings/Money Market:	Value	As of (date)
1. _____ Last 4 of Account # _____	\$ _____	_____
2. _____ Last 4 of Account # _____	\$ _____	_____
3. _____ Last 4 of Account # _____	\$ _____	_____
4. _____ Last 4 of Account # _____	\$ _____	_____
Stocks/Bonds/Mutual Funds: (Attach itemized list)	\$ _____	_____
Life Insurance Net Cash Value	\$ _____	_____
Vested Interest in Retirement Fund	\$ _____	_____
Net Worth of Business Owned (attach financial statement)	\$ _____	_____

Real Estate (Owned) Please specify if you will be receiving funds from the sale of your home or investment property that will be needed to purchase this unit. Yes or No (Must submit supporting documentation)

Automobiles (Owned)

Other Assets (Must submit supporting documentation)

Total _____

Building Name and Unit Number
(Must fill in on each page)

LIABILITIES

Credit Cards	Balance	Type of Credit Line	Monthly Payment
--------------	---------	---------------------	-----------------

Name: _____ \$ _____ \$ _____

Account #: _____ Bank Drawn On: _____

Name: _____ \$ _____ \$ _____

Account #: _____ Bank Drawn On: _____

Automobile Loans	Balance	Remaining Payments	Monthly Payment
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\$ _____ \$ _____ \$ _____

Real Estate Loans	Balance	Remaining Payments	Monthly Payment
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\$ _____ \$ _____ \$ _____

Other Debts (including stock pledges)

(Itemized separately) \$ _____ \$ _____

Total \$ _____ \$ _____

It is agreed that this application is subject to acceptance or rejection at its discretion at any time by the Co-op Board of Directors. If this application does not meet the criteria required to obtain an interview with the board your application will be immediately rejected.

Applicants Signature

Co-Applicants Signature

Date

Date



We adhere to all Federal, State and Local Laws with regards to fair housing.

BUILDING NAME
APPLICATION FOR APT: #



440 Mamaroneck Avenue
Suite S-512
Harrison, NY 10528

REQUEST FOR VERIFICATION OF DEPOSITS

INSTRUCTIONS:	APPLICANT BANK	- Complete Sec. 1: - Complete Sec. 2:	Send to Bank Return to Stillman Mgmt.	
SECTION 1: REQUEST				
TO: BANK (Name and Address)		FROM: Stillman Management, Inc. 141 Halstead Avenue Mamaroneck, New York 10543		
LIST OF ACCOUNTS TO BE VERIFIED				
TYPE OF ACCOUNT	IN THE NAME(S) OF	ACCOUNT#	BALANCE	
I HEREBY AUTHORIZE YOU TO VERIFY THIS INFORMATION AND TO FORWARD SAME TO STILLMAN MANAGEMENT, INC.				
NAME AND ADDRESS OF CUSTOMER		SIGNATURE OF CUSTOMER		
SECTION 2: VERIFICATION OF DEPOSITS (AND LOANS)				
TYPE OF ACCOUNT	ACCOUNT#	BALANCE	PAST 2 MO AVG	DATE OPENED
SIGNATURE:		TITLE:	DATE:	

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by law. Form is to be mailed directly to this office.

BUILDING NAME
APPLICATION FOR APT: #



440 Mamaroneck Avenue
Suite S-512
Harrison, NY 10528



REQUEST FOR VERIFICATION OF EMPLOYMENT

INSTRUCTIONS:	APPLICANT EMPLOYER	- Complete Sec. 1: - Complete Sec. 2:	Send to Employer Return to Stillman Mgmt.
SECTION 1: REQUEST			
TO: EMPLOYER (Name and Address)		FROM: Stillman Management, Inc. 141 Halstead Avenue Mamaroneck, New York 10543	
I HEREBY AUTHORIZE MY EMPLOYER TO RELEASE THE REQUESTED INFORMATION AND TO FORWARD SAME TO STILLMAN MANAGEMENT, INC.			
NAME AND ADDRESS OF EMPLOYEE		SIGNATURE OF EMPLOYEE:	
SECTION 2: VERIFICATION OF EMPLOYMENT			
Date Hired:		Current Position:	
Probability of continued Employment:			
Is Overtime or Bonus Applicable? Overtime: Yes ____ No ____		Is it likely to continue? Bonus: Yes ____ No ____	
Ccurrent Base Pay		<div style="border: 1px solid black; padding: 5px; display: inline-block;">per year</div>	
EARNINGS	TYPE	YEAR TO DATE	LAST YEAR
	BASE PAY		
	OVERTIME		
	COMMISSION		
	BONUS		
Dates of Employment:		If applicable, please complete this section:	
Reason for leaving:		From:	To:
SIGNATURE OF EMPLOYER:		TITLE:	DATE:

The confidentiality of the information you have furnished will be preserved except where disclosure of this information is required by law. Form is to be mailed directly to this office.



440 Mamaroneck Avenue
Suite S-512
Harrison, NY 10528

TO: Prospective Unit Owners
Shareholders
Renters

FROM: Stillman Management, Inc. & EAI Board of Directors

RE: Lead Paint

LOCATION: _____ APT./UNIT _____

Under the mandate of the Residential Housing Act of 1992, Title X, Stillman Management, Inc. must provide you with the attached booklet, "Protect Your Family From Lead In Your Home". This booklet is used by the United States Environmental Protection Agency, EPA-747-F-96-002/December 1996..

To the best of my knowledge, there is no lead paint nor is there lead paint encapsulated at this location.

This document must be signed and returned with a purchase/sublet package for Cooperatives. Please keep this booklet for your information.

I acknowledge receipt of booklet EPA-747-F-96-002

Signature

Print Name

Signature

Print Name