



Dear Prospective Purchaser,

Thank you for your interest in *Nagle Apartments Corporation*, we look forward to assisting you through this phase of your purchase process!

Enclosed, you will find the Board Application Package to include application instructions, forms, acknowledgments, a fee schedule, as well as rules and regulations. Once your application package is complete and ready to be submitted for the Boards review, kindly send to the following for processing:

Blue Woods Management Group, Inc.  
3 West Main Street, Suite 205,  
Elmsford, N.Y. 10523  
Attn: Claire Bowen / Transfer Department

Please note, that it is imperative your application package is submitted as complete and includes all applicable application fees/deposits. Applications with missing information, documents, signatures, and/or fees will be considered incomplete and will not be released to the Board of Directors and will be returned to you for corrections.

Should you have any questions or concerns, please contact me at 914.524.8600 Ext# 4066 or via E-Mail [cbowen@bluewoodsmgmt.com](mailto:cbowen@bluewoodsmgmt.com).

Thank you,

*Claire Bowen*

Claire Bowen  
Transfer Agent  
Blue Woods Management Group, Inc.

BLUE WOODS MANAGEMENT GROUP, INC.  
3 WEST MAIN STREET, SUITE 205  
ELMSFORD, N.Y. 10523  
(O): 914.524.8600

**RESALE APPLICATION  
 NAGLE APARTMENTS CORPORATION  
 31-37 NAGLE AVENUE & 14 BOGARDUS PLACE, NEW YORK, N.Y. 10040**

**PURCHASE APPLICATION FEE SCHEDULE**

- Review this checklist to identify charges related to the application for this Cooperative
- All application checks listed below are to be submitted with a purchase application - submit personal checks only. Cashier checks will not be accepted. If checks are missing, application will not be processed.

**PURCHASE APPLICATION FEES:**

1. Payable to BLUE WOODS MANAGEMENT GROUP, INC. (submit one check covering all BLUE WOODS MANAGEMENT services) as follows:

- + \$ 600.00: Application Fee
- + \$ 75.00/person: Credit/Background is required for adult occupants
- + \$ 300.00: If financing your purchase with lending institution (bank)
- = **Total Amount Due:** \$ \_\_\_\_\_ (write 1 check for all funds due to Blue Woods)

2. PAYABLE **BY PURCHASER** TO NAGLE APARTMENTS CORPORATION: (separate checks by item)

- o Move in fee \$250.00
- o Move in deposit\* \$250.00

3. PAYABLE **BY SELLER** TO NAGLE APARTMENTS CORPORATION: (separate checks by item)

- o Move out fee \$250.00
- o Move out deposit\* \$250.00

\*Security against possible damage for move. Funds are not used if no damage occurs

**\*\*PLEASE NOTE: A \$1,500.00 ADMINISTRATION FEE IS DUE TO THE COOPERATIVE, PAYABLE BY THE SELLER AND IS DUE AT THE CLOSING TABLE (Effective 1/1/2018)**

Application Fee Acknowledgement: I/we hereby acknowledge that all fees paid pursuant to this application are non-refundable, unless otherwise noted.

\_\_\_\_\_  
 Purchaser Name

\_\_\_\_\_  
 Purchaser Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Purchaser Name

\_\_\_\_\_  
 Purchaser Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Seller Name

\_\_\_\_\_  
 Seller Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Seller Name

\_\_\_\_\_  
 Seller Signature

\_\_\_\_\_  
 Date

**RESALE APPLICATION  
NAGLE APARTMENTS CORPORATION  
31-37 NAGLE AVENUE & 14 BOGARDUS PLACE, NEW YORK, N.Y. 10040**

**PURCHASE APPLICATION FREQUENTLY ASKED QUESTIONS (FAQ)**

All parties to the purchase transaction should read the complete application and be fully informed on the process requirements. Applications that are missing information, documents, signatures, and/or fees will be considered incomplete and will not be released to the Cooperative Board of Directors and will be returned to you for corrections.

**ANSWERS TO FREQUENTLY ASKED QUESTIONS:**

- **Application Documents:**
  - Seller & Purchaser must sign documents on the same page. No counter signed pages are accepted.
  - Documents must be SINGLE SIDED. NO double-sided documents. No stapling or clipping of pages.
  - All pages of application must be legible and placed in the order requested on PURCHASE APPLICATION CHECKLIST. Illegible documents will render application incomplete.
  - See application checklist for required documents
- **Cooperative Corporate Documents:**
  - Most documents are provided upon request and are free of charge (e.g. house rules, generic questionnaire, financials, by laws, proprietary lease).
  - Complete Offering Plan w/ amendments should be supplied by seller to purchaser. If necessary, an Offering Plan may be purchased from our office. Plan ahead as there is a required fee & lead time necessary to produce the plan. Call the Transfer Dept for details.
- **Credit/Background Reports:** Required for all adult occupants
- **Fees Due with Application:** See separate fee schedule released with application
- **Flip Tax:** There is an administration fee of \$1,500.00, payable by the seller, due at the closing table
- **Gift Funds** – Formal gift letter is required along with proof of available funds if not already transferred to buyer
- **Home Owners Insurance:** Required for all home owners. (Liability: Minimum of \$500,000. Property: based upon individual property)
- **House Rules:** Provided with Application
- **Interview:** If granted, the Board of Directors will either 1) Contact our office to schedule a meeting date, or 2) reach out to the Buyer(s) directly to schedule.
- **Minute Reading:** To read minute CALL our office to inquire if minutes are made available and/or make an appointment – 48 hours lead time is REQUIRED. Please note: not all Cooperative allow reading of the minutes
- **Point of Contact for questions and approval:** Purchaser(s) broker is primary point of contact for questions. Approval notices are released to both representing brokers
- **Reference Letters:** As outlined on Purchase Application Checklist. These are required for all adult occupants.
- **Review by Directors:** Cooperative Board of Directors reserves the right to request additional information and the prospective purchaser will be obligated to furnish within a reasonable period of time.
- **SECURITY:** Only original set of documents may have social security #s and account #s. All social security #s & account #s on statements, tax returns, etc. **MUST** be removed from copied sets or flash drives prior to submission.
- **Submitting Application:** BLUE WOODS MANAGEMENT GROUP/Transfer Dept/ 3 West Main St. Ste 205, Elmsford, NY 10523
- **Timing:** 6-8 wks. is necessary for this phase of the purchase process (Managing Agent Review, Co-op Board of Director Review, Possible Interview)
- **Application Questions:** Contact Transfer Agents: Arlene Marin at Ext # 4061 / Claire Bowen at Ext # 4066

**RESALE APPLICATION  
NAGLE APARTMENTS CORPORATION  
31-37 NAGLE AVENUE & 14 BOGARDUS PLACE, NEW YORK, N.Y. 10040**

**PURCHASE APPLICATION CHECKLIST – INCLUDE THIS CHECKLIST AS PART OF APPLICATION**

**Submit (2) Two Sets: (1) One original hard copy set (with all Three (3) Original Recognition Agreements, if applicable) AND (1) One copied set. ALL social security numbers and account numbers **MUST be REDACTED** from all pages of the copied set. Make sure to:**

- ✚ Insert section title pages (5 Sections) listing the documents included in a section (do not use colored paper)
- ✚ Submit documents in the precise order as items are listed on this purchase application checklist

**SECTION #1:**

- Contact Information Sheet
- Current Photo ID
- Credit Report Release Authorization Form (required for each adult occupant)
- Contract of Sale with all Riders
- Purchase Application (Part I & Part II)
- Purchaser Acknowledgments:
  - House Rules
  - Extermination
  - Homeowner's Insurance
  - Move In/Out Policy
  - Move Deposits
  - Pet Policy
  - Window Guards
  - Lead Paint
  - Smoke Detector
  - Emergency Contact Sheet
  - Fitness Room Membership/ Rules Regulations

**SECTION #2:**

- If financing: documents from lending institution (bank):
  - Loan Application
  - Loan Commitment (current and unexpired)
  - 1973© AZTECH Recognition Agreements (*Make sure Bank Representative and Borrower have signed all originals*)

**SECTION #3:**

- Personal Financial Net Worth Statement, for each applicant, signed with all supporting substantiation for stated Assets, Liabilities, and Income, in order as listed on financial statement (most current on top), with account balances highlighted
- All individual and joint accounts on which applicant(s) is/are signer(s):
  - Bank/Investment Accounts:** Two (2) most recent statements
    - Liquid Assets: checking accounts, money market accounts, savings accounts, cash, certificates of deposit maturing in less than 12 months

**RESALE APPLICATION  
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**SECTION #3 (continued):**

- Investments, recorded at market value: bonds, stocks, mutual funds, real estate, retirement accounts, certificates of deposit maturing more than 12 months
- Real Property:** Appraisals and current insurance policies where applicable
  - Fixed properties, recorded at market value: land, buildings, apartments
- Loans/Notes:** Two (2) most recent statements showing principal and interest
  - Mortgages, home equity lines of credit, car loans, payday loans, cash advances, student loans, small business/SBA loans, personal loans
- Income:** One (1) month of paystubs for each salaried position  
*(If self-employed/independent contractor, accountant letter stating last two (2) years of earnings and anticipated earnings for current year)*

**SECTION #4:**

- Federal Tax Returns, for each applicant
  - Last two (2) years, with all support
    - *If submitting following Q1 of new year and prior year's tax return is not yet completed, submit Ws2/1099s for prior year PLUS two (2) years of previously completed tax returns*
  - W-2s, 1099s for all income reflected on included tax returns

**SECTION #5:**

- Reference letters, for each adult occupant (even if no financial disclosures are required)
  - Employment verification, including title, salary, and length of employment, from employer or CPA
  - Landlord reference letter, stating current rent/maintenance fees and length of tenancy
  - Three (3) personal reference letters, not to be written by relatives
  - Three (3) business reference letters



**Blue Woods Management Group, Inc.**

*Providing our clients with smart, efficient, responsive management*

**NOTICE FOR ALL RESALE APPLICATIONS**  
**SUBMITTED TO**  
**BLUE WOODS MANAGEMENT GROUP.**

- ✚ ALL ACCOUNT #S AND SOCIAL SECURITY #S MUST BE REDACTED FROM COPIED SETS AND/OR FLASH DRIVES WHEN APPLICATIONS ARE SUBMITTED FOR REVIEW AND PROCESSING.
  
- ✚ IF ACCOUNT#S AND SOCIAL SECURITY#S ARE NOT REDACTED, A \$125 NON- REFUNDABLE CHARGE WILL BE COLLECTED AT THE CLOSING TABLE, IN ADDITION TO THE USUAL CLOSING CHARGES.
  
- ✚ THIS NOTICE, SIGNED BY PURCHASERS AND PURCHASERS' BROKER IS TO BE INCLUDED WITH ORIGINAL SET OF RESALE APPLICATION DOCUMENTS SUBMITTED TO BLUE WOODS MANAGEMENT GROUP. IF NOT INCLUDED, YOUR APPLICATION WILL DELAYED UNTIL THIS NOTICE IS RECEIVED.

\_\_\_\_\_  
PURCHASER NAME/SIGNATURE/DATE

\_\_\_\_\_  
PURCHASER NAME/SIGNATURE/DATE

\_\_\_\_\_  
PURCHASER REAL ESTATE BROKER NAME/SIGNATURE/DATE

**RESALE APPLICATION  
 NAGLE APARTMENTS CORPORATION  
 31-37 NAGLE AVENUE & 14 BOGARDUS PLACE, NEW YORK, N.Y. 10040**

**CONTACT SHEET FOR ALL PARTIES**

**DATE:** \_\_\_\_\_ **COOPERATIVE NAME:** \_\_\_\_\_ **APT #** \_\_\_\_\_ **/SHARES:** \_\_\_\_\_

**SUMMARY INFORMATION ON UNIT:**

**PURCHASE PRICE: \$** \_\_\_\_\_ **FINANCING \$** \_\_\_\_\_

**MTHLY BASE MAINTENANCE: \$** \_\_\_\_\_ **MTHLY MORTGAGE \$** \_\_\_\_\_

<b>SELLER(S) INFORMATION</b>  NAME BEST PHONE EMAIL Social Security # FORWARDING ADDRESS/CITY/ST/ZIP		
<b>SELLER(S) REAL ESTATE BROKER:</b> NAME BEST PHONE EMAIL		
<b>SELLER ATTORNEY NAME</b> CO./ADDRESS PHONE EMAIL		
<b>PURCHASER(S) INFORMATION</b> NAME BEST PHONE EMAIL Social Security # CURRENT ADDRESS/CITY/ST/ZIP		
<b>PURCHASER(S) REAL ESTATE BROKER:</b> NAME BEST PHONE EMAIL		
<b>PURCHASER(S) ATTORNEY NAME</b> CO./ADDRESS PHONE EMAIL		

**RESALE APPLICATION**  
**Cooperative: NAGLE APARTMENTS CORPORATION**

**CREDIT REPORT RELEASE**

I hereby authorize BLUE WOODS MANAGEMENT GROUP, INC. on behalf NAGLE APARTMENTS CORP, 31-37 Nagle Ave., & 14 Bogardus Pl., NY, NY 10040 to request and receive any and all information from any credit bureaus, previous employers (with respect to matters other than occupation), references, and, with respect to any criminal convictions from any law enforcement agencies.

I will hold harmless and/ release BLUE WOODS MANAGEMENT GROUP, INC., and behalf NAGLE APARTMENTS CORP, 31-37 Nagle Ave., & 14 Bogardus Pl., NY, NY 10040 from any and all claims and liability which may arise now or in the future with regard to the obtaining or the releasing of the above stated information for the purpose of doing credit checks, reference checks, and criminal activity checks.

Please **PRINT** the following:

Full name and/or aliases: \_\_\_\_\_

Full address (address, city, state, zip) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth(MM/DD/YYYY): \_\_\_\_\_

Employers Name (Company Name): \_\_\_\_\_

5. Are you 18 years of age or older? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Agreed to by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature/Name

Please **PRINT** the following:

Full name and/or aliases: \_\_\_\_\_

Full address (address, city, state, zip) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth(MM/DD/YYYY): \_\_\_\_\_

Employers Name (Company Name): \_\_\_\_\_

5. Are you 18 years of age or older? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Agreed to by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature/Name



**RESALE APPLICATION**  
**Cooperative: NAGLE APARTMENTS CORPORATION**

Purchase Application PART I – To be completed by Existing Shareholder

The undersigned hereby requests the Board of Directors of Nagle Apartments Corp. to approve an assignment of the property lease for **Apartment No.** \_\_\_\_\_ and the sale of \_\_\_\_\_ shares to the applicant described in Part II of this application.

I/we hereby certify that we have complied with the disclosure requirements of the Code of Federal Regulations concerning lead based paint and/or lead based paint hazards, and have supplied all required documents and information to the Purchaser. I/we further certify that we notified the Apartment Corporation of the sale of our Apartment prior to the execution of the contract of sale in order to provide the Apartment Corporation, as lessor, with an opportunity to make its required disclosure to the Purchaser.

I/we hereby agree to indemnify the Apartment Corporation, its and representatives, against any liability arising out of failure to make such required disclosures.

I/we hereby understand and consent that the Apartment Corporation will not complete the processing of this application until purchaser has submitted a certification that he or she has received all required disclosure materials from the seller and the Apartment Corporation and does not require any further inspection of testing.

Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Present Stockholder/Seller

Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Present Stockholder/Seller

Printed Name	Social Security	Forwarding Address
Seller		
Seller		

Seller plans to move out on: \_\_\_\_\_ MM/DD/YYYY

Buyer plans to move in on: \_\_\_\_\_ MM/DD/YYYY

If undetermined, please state target date or "unknown at this time"

**RESALE APPLICATION**  
**Cooperative: NAGLE APARTMENTS CORPORATION**

Purchase Application PART II – To be completed by the Applicant

The undersigned Applicant understands that the consent of Nagle Apartments Corp. is required under the proprietary lease to the proposed transfer thereof and that the Board of Directors will rely on the information above. It is also understood that the information requested hereunder is essential to the application because of the desire of the Cooperative to maintain a compatible group of residents in the building. The undersigned and spouse also agree to meet in person with representatives of the corporation. Applicant understands that the cooperative reserves the right to request further information from Applicant.

Nagle Apartments Corp., its officers, agents and Board of Directors shall have no liability with respect to any matter or concerning any act of the proposed Seller in connection with any respect to the value of the stock or the proprietary lease of the individual apartment involved, nor any representations regarding the financial condition of the Corporation or any recommendation to the prospective Purchaser with respect to the advisability of the purchase.

Falsification of any information supplied or omission of material information, including but not limited to, the lead based paint disclosure required by law, may result in denial of consent or in revocation of prior consent by the Board and in termination of the applicant's proprietary lease.

The undersigned acknowledges that, if this application is accepted, the undersigned **WILL NOT** without prior consent of the Board of Directors:

- Pledge the shares of the Corporation's Stock
- Make structural alterations to the apartment
- Sublease the apartment
- Permit non-family members to reside in the apartment for more than permitted time per building policy.
- Use the apartment for other than residential purposes
- Violate any provisions of the Proprietary Lease, the House Rules, or the By-Laws

I/we hereby certify that prior to executing the contract of sale, the Apartment Corporation provided us with information with respect to lead based paint and/or lead paint hazards which the federal regulations require for "lessors." We are satisfied with the condition of the Building and the Apartment and waive any further right or opportunity to conduct any further inspection of the Apartment and the Building for the presence of lead based paint.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**RESALE APPLICATION**  
**Cooperative: NAGLE APARTMENTS CORPORATION**

Purchase Application PART II – To be completed by the Applicant (continued)

<b>Information:</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Name		
Current Address		
Best Phone/Email		
Are you 18 years of age? If not, state age		
Name/Address Employer		
Business Phone		
Do you intend to use apt. for professional or business purposes? Yes or No		
Explain Details if applicable		
Will the apartment be your primary residence? Yes or No. If no Explain		
Name and Address of Primary Bank		
Name/Address/Phone of Current Landlord		
Current Resident Occupancy Dates From: To: Current Rent or Maintenance		

Please list name and relationship and of each person who will reside with you in apartment:

<b>Name</b>	<b>Relationship</b>	<b>Age*</b>

*\* Age is required only for children under 18 years who will reside in the apartment.*

**RESALE APPLICATION**  
**Cooperative: NAGLE APARTMENTS CORPORATION**

Purchase Application PART II – To be completed by the Applicant (continued)

<b>Estimated Income</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Estimated Annual income from Occupation \$		
Estimated Income from Other Sources \$		
Total Estimated Income \$		

<b>Business References</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Name/address/Phone		
Name/address/Phone		
Name/address/Phone		

<b>Personal References</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Name/address/Phone		
Name/address/Phone		
Name/address/Phone		

Names of anyone in the building known to the Applicant: \_\_\_\_\_

Address of any additional residence(s) owned or leased: \_\_\_\_\_  
 \_\_\_\_\_

Are any pets to be maintained in the apartment? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, indicate breed and approximate height and weight: \_\_\_\_\_

State **exact name or names** in which Stock and Proprietary Lease for apartment is to be issued (identical to Recognition Agreements) \_\_\_\_\_

List schools and colleges attended by applicant(s) children:

1.	
2.	
3.	
4.	

**RESALE APPLICATION**  
**Cooperative: NAGLE APARTMENTS CORPORATION**

Purchase Application PART II – To be completed by the Applicant (continued)

List names of all, charities, clubs, organizations, society memberships, fraternities, honorary societies, etc. of Applicants and others to occupy apartment:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony:

Applicant: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Co-Applicant: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Are you a U.S. citizen? Applicant: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Co-Applicant: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Apartment Purchase – Details of Payment (Source of Funds)

Cost of Apartment	\$
Mortgage Amount	\$
Down Payment (in Escrow)	\$
Balance to be paid with:	\$
o Cash from Savings	
o Sale of Another Property	
o Sale of Stock	
o Gift Money	
o Other	
Total (should equal cost of apartment entry above)	\$

Comments or Notes of Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Co-Applicant's Signature

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Printed Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Date

**RESALE APPLICATION**

**Cooperative: NAGLE APARTMENTS CORPORATION**

**ACKNOWLEDGEMENTS of House Rules, Extermination Rule, Homeowner's Insurance Clause and Move In/Out Policy, Move Deposits, Pet Policy , Smoke Detector**

**Apartment:** \_\_\_\_\_

**HOUSE RULES** I/we acknowledge that I/we have received read and agree to abide by the House Rules of the above named cooperative.

**EXTERMINATION** I (we), the resident(s) of above listed apartment, agree to permit entry to any and all extermination services hired by the Cooperative's Managing Agent for the purposes of laying down insecticides to prevent the spread of insects throughout the building. I/we understand we need to sign up for this service when offered.

**HOMEOWNER'S INSURANCE CLAUSE** I (we) have read the guidelines and rules, and understand that before moving into the apartment (after board approval), that i (we) must have an insurance contract from the insurance company that i (we) will be using.

**MOVE IN/OUT OF BUILDING:** Move in/outs can be scheduled Monday to Friday during the day, 9AM to 5PM. All moves must be completed by 5PM and may not being before 9AM.

A move must be scheduled with the Super, providing a minimum of five (5) days - notice to ensure it doesn't conflict with another move and it can be properly scheduled and prepared for.

The moving company must provide a "Certificate of Liability Insurance". The cooperative, 736 W 186<sup>th</sup> St Owners Corp and Blue Woods Management must be named as additional insurance. The movers must have a minimum of \$1MM in liability coverage.

The individual moving should have a copy of the certificate with them the day of move. If Super is not able to see a copy of the Certificate, a move will not take place.

**DEPOSIT CHECK ACKNOWLEDGMENT** I/we acknowledge that I/we have submitted moving deposits. Following our move these checks will be destroyed if no damage occurs. If damage does occur I/we will be contacted by a building representative to review the damage and costs.

**PET POLICY STATEMENT:** I (we) understand that pets are allowed with approval by the Cooperative.

**SMOKE DETECTOR ACKNOWLEDGEMENT** I/we acknowledged that an operational smoke detector is installed in the apartment, and that I am responsible for maintaining it in the proper working order.

\_\_\_\_\_  
Applicant Signature/Print Name /Date

\_\_\_\_\_  
Co Applicant Signature /Print Name/ Date

**RESALE APPLICATION**  
**Cooperative: NAGLE APARTMENTS CORPORATION**

**WINDOW GUARDS REQUIRED**

Lease Notice to Tenant

You are required by law to have window guards installed in all windows if a child 10 years of age or younger lives in your apartment.

Your landlord is required by law to install window guards in your apartment if a child 10 years of age or younger lives in your apartment, OR if you ask the landlord to install window guards at any time (you need not give a reason)

*It is a violation of law to refuse, interfere with installation, or remove window guards where required.*

CHECK ONE:

- CHILDREN 10 YEARS OF AGE OR YOUNGER LIVE IN MY APARTMENT
- NO CHILDREN 10 YEARS OF AGE OR YOUNGER LIVE IN MY APARTMENT
- I WANT WINDOW GUARDS EVEN THOUGH I HAVE NO CHILDREN 10 YEARS OF AGE OR YOUNGER

\_\_\_\_\_  
Tenant (Print)

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Tenant Address

\_\_\_\_\_  
Apt #

RETURN THIS FORM TO:

\_\_\_\_\_  
Owner/Manager

**BLUE WOODS MANAGEMENT GROUP, INC.**  
**3 WEST MAIN STREET SUITE 205**  
**ELMSFORD, NY 10523**

\_\_\_\_\_  
Owner/Manager Address

The city of New York Department of Health and Mental Hygiene  
For further information call: Window Falls Prevention 212-676-2162

**RESALE APPLICATION**  
**Cooperative: NAGLE APARTMENTS CORPORATION**

**EXHIBIT A**

**LEAD WARNING STATEMENT – CONTRACTS OF SALE**

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place your children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.



**RESALE APPLICATION**  
**Cooperative: NAGLE APARTMENTS CORPORATION**

**EXHIBIT B**  
**DISCLOSURE OF INFORMATION**  
**LEAD BASED PAINT AND / OR LEAD BASED PAINT HAZARDS**

**Seller's Disclosure**

- (a) Present of lead based paint and or lead based paint hazards (initial (i) or (ii) below):
  - (i) \_\_\_\_\_ Known lead based paint and or lead based hazards are present in the apartment (explain)
  - (ii) \_\_\_\_\_ Seller has no knowledge of lead based paint and or lead based paint hazards in the apartment.
- (a) Records and reports available to the Seller (initial (i) or (ii) below):
  - (i) \_\_\_\_\_ Seller has provided the Purchaser with all available records and reports pertaining to lead based paint and/or lead based paint hazards in the apartment (list documents below).
  - (ii) \_\_\_\_\_ Seller has no records or records pertaining to lead based paint and/or lead based paint hazards in the apartment.

**Purchaser's Acknowledgment (Initial)**

- (c) \_\_\_\_\_ Purchaser has received copies of all information listed above
- (d) \_\_\_\_\_ Purchaser has received the pamphlet Protect Your Family from Lead in Your Home
- (e) \_\_\_\_\_ Purchaser has (initial (i) or (ii) below):
  - (i) \_\_\_\_\_ Received a 10-day opportunity (or other mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead based paint
  - (ii) \_\_\_\_\_ Waived the opportunity to conduct a risk assessment or inspection for the presence of lead based paint and/or lead based paint hazards.

**Agent's Acknowledgement (Initial)**

- (f) \_\_\_\_\_ Agent has informed the Seller of the Seller's obligation under 42 U.S.C. 4852d and is aware of Agent's independent responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____	_____	_____	_____
Seller	Date	Purchaser	Date
_____	_____	_____	_____
Seller	Date	Purchaser	Date
_____	_____	_____	_____
Agent	Date	Agent	Date

**RESALE APPLICATION**  
**Cooperative: NAGLE APARTMENTS CORPORATION**

**EXHIBIT C**

**LEAD WARNING STATEMENT – SUBLEASES**

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.

## RESALE APPLICATION

Cooperative: NAGLE APARTMENTS CORPORATION

### EXHIBIT 3-2

#### Essential Maintenance Practices for Property Owners

1. Use safe work practices during work that disturbs paint that may contain lead to avoid creating LBP hazards.
  - Do not use unsafe paint removal practices including:
    - \* Open flame burning;
    - \* Power sanding or sandblasting (unless a special vacuum attachment is used to contain dust).
  - Use good work practices and take precautions to prevent the spread of lead dust (for example, limit access to the work area with six mil polyurethane plastic or equivalent; protect workers; protect occupants' belongings by covering or removing from the work area; wet painted surface before disturbing; and wet debris before sweeping).
  - Perform specialized cleaning of the work area upon completion of work using methods designed to remove lead contaminated dust.
2. Perform visual examination for deteriorating paint (unless the paint is found not to be LBP):
  - At unit turnover, and
  - Every 12 months (unless the tenant refuses entry)
3. Promptly and safely repair deteriorated paint and the cause for the deterioration. If more than a *de minimis* amount of paint (for example, more than one square foot per room) has deteriorated (unless the paint is found not to be LBP):
  - Make the surface clean by paint stabilization, enclosure, encapsulation, or removal.
  - Follow Essential Maintenance Practice #1 (above) when repairing the surface
  - Diagnose and correct any physical conditions causing the paint deterioration (for example, structural and moisture problems causing substrate failure or conditions causing painted surfaces to be crushed)
  - When there is extensive paint deterioration (for example, more than five square feet per room), the procedures for dust testing after Standard Treatments apply.
4. Provide generic LBP hazard information to tenants per Title X including the EPA-developed educational pamphlet and any information available about LBP or LBP hazards to the unit.
5. Post written notice to tenants asking tenants to report deteriorating paint and informing them whom to contact. Promptly respond to tenants' reports and correct deteriorating paint, with accelerated response in units occupied by a child under age six or a pregnant woman- and in no case longer than thirty days. Do not retaliate against tenants who report deteriorating paint.
6. Train maintenance staff. At a minimum, maintenance supervisors need to complete a one-day training course based on the HUD/EPA operations and maintenance/Interim control activities curriculum. The maintenance supervisor must ensure that workers either take the one-day training course or have a clear understanding of LBP hazards, unsafe practices, occupant protection, and dust cleaning methods by such means as aesthetics training and video instruction. The maintenance supervisor needs to provide adequate oversight of workers who have not taken the training course.

**RESALE APPLICATION**  
**Cooperative: NAGLE APARTMENTS CORPORATION**

**EXHIBIT D**  
**DISCLOSURE OF INFORMATION**  
**LEAD BASED PAINT AND / OR LEAD BASED PAINT HAZARDS**

**Lessor's Disclosure**

- (b) Presence of lead based paint and or lead based paint hazards (initial (i) or (ii) below):
  - (i) \_\_\_\_\_ Known lead based paint and or lead based hazards are present in the apartment (explain)
  - (ii) x Lessor has no knowledge of lead based paint and or lead based paint hazards in the apartment.
- (b) Records and reports available to the Lessor (initial (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 apartment (list documents below).
  - (ii) x Lessor has no records or reports pertaining to lead based paint and/or lead based paint hazards in the apartment.

**Lessee's Acknowledgment (Initial)**

- (c) \_\_\_\_\_ Lessee has received copies of all information listed above
- (d) x Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*

**Agent's Acknowledgement (Initial)**

- (f) \_\_\_\_\_ Agent has informed the lessor or the lessor's obligation under 42 U.S.C. 4852d and is aware of Agent's independent responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____	_____	_____	_____
Lessor	Date	Lessee Purchaser	Date
_____	_____	_____	_____
Lessor	Date	Lessee	Date
_____	_____	_____	_____
Agent (Broker)	Date	Agent (Co-Broker)	Date

**RESALE APPLICATION**  
**Cooperative: NAGLE APARTMENTS CORPORATION**

**TO:** NEW RESIDENT  
**FROM:** BLUE WOODS MANAGEMENT GROUP, INC.  
**RE:** EMERGENCY CONTACT INFORMATION

.....  
 In order to update our records, we are asking that you fill out the Emergency Contact Form on the back of this page and return with your package.

The information on this form will only be used for contact by management, the Board, or the staff and only for Coop-related matters.

If you have any questions, please contact me us at (212) 645-7333. Thank you.

APT #	SHAREHOLDER #1	SHAREHOLDER #2
<i>Please print</i>		
<b>Name</b>		
<b>Home #</b>		
<b>Mobile #</b>		
<b>Work #</b>		
<b>Fax #</b>		
<b>Email</b>		

**Names of dependents living in apartment:**


**IN CASE OF AN EMERGENCY, PLEASE CONTACT:**

**Name:** \_\_\_\_\_  
**Relationship:** \_\_\_\_\_  
**Home #:** \_\_\_\_\_  
**Mobile #:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

## RESALE APPLICATION

Cooperative: NAGLE APARTMENTS CORPORATION

### Fitness Room Membership Application

By signing this Membership Application, the undersigned agree to the following terms and conditions regarding use of the Fitness Room:

1. Membership is strictly limited to tenant-shareholders of Nagle Apartments and their qualified resident family members; qualified resident family members are family members who have been permitted to occupy the tenant-shareholder's apartment pursuant to Paragraph 14 of the Proprietary Lease. Each qualifying individual applying for membership must sign a separate Membership Application. If the individual is a qualified resident family member, the tenant-shareholder must also sign the Membership Application.
2. The membership of the undersigned may be revoked if, in the sole discretion of Nagle Apartments Corp., as represented by its Board of Directors, (a) it is determined that the membership of the undersigned was wrongly obtained, (b) because of a change in membership standards by Nagle Apartments Corp., (c) because the undersigned has violated the Rules and Regulations, or (d) maintenance accounts are in default.
3. No person shall participate in a physical conditioning program using the Fitness Room if she or he has a disability, impairment or ailment what would be adversely affected by such program. No person who is over the age of 35 or has a history of high blood pressure or cardiac problems shall undertake a program or physical conditioning or exercise using the Fitness Room unless such program is approved by their physician.
4. Use of the Fitness Room is subject to Rules and Regulations promulgated by Nagle Apartments Corp. The Rules and Regulations may be revised from time to time in the sole discretion of Nagle Apartments Corp. The Rules and Regulations are promulgated, in part, to ensure the safety of persons using the Fitness Room. The undersigned shall at all time comply with the Rules and Regulations that are in effect and shall cause their Guests to whom they may give access to the Fitness Room to comply with the Rules and Regulations.
5. The undersigned assume all risks involved in their violation of the Rules and Regulations, and agree not to make any claim against Nagle Apartments Corp., its directors for damage to person or property sustained by reason of the undersigned's violation of the Rules and Regulations. The undersigned acknowledge having received a copy of the Rules and Regulations currently in effect.
6. To the fullest extent permitted by law, the undersigned waive all claims against the Indemnities for damage to person or property related to the undersigned's use of the Fitness Room, if, and to the extend, such damage is covered by the undersigned's own insurance .

**RESALE APPLICATION**

**Cooperative: NAGLE APARTMENTS CORPORATION**

7. To the fullest extent permitted by law, the undersigned shall hold the Indemnities harmless from and against any and all liability, cost and expense (including, but not limited to, attorney's fees and disbursement) incurred due to violation of this agreement by the undersigned or by their Guests, and the undersigned shall reimburse the Indemnities for the same, on demand. In addition to all other remedies available by law, any and all amounts owned pursuant to this agreement shall be deemed to be additional maintenance (rent), which is immediately due and payable under any proprietary lease between the undersigned and Nagle Apartments Corp., and the undersigned's failure to pay such amounts when due shall constitute a material default under such proprietary lease.

8. Membership is on an annual basis. The membership year commences on the date this Membership Application is signed. Membership renewal shall occur automatically on the anniversary of the date this Membership Application was signed, unless the undersigned request in writing, prior to the date of the anniversary of the application, that the membership be canceled for subsequent years.

9. The membership fee is \$120 per membership year per member (\$10/month) and shall be payable as additional maintenance (rent) on the first day of the month following the date of this Membership Application. The membership renewal fee of \$120 shall be payable as additional maintenance (rent) on the first day of the month following the anniversary date of this Membership Application, unless the undersigned have requested in writing, prior to the date of the anniversary of the application, that the membership be cancelled for subsequent years.

10. The undersigned understand that the membership is neither refundable nor transferable. Misuse will result in revocation of membership without refund.

Date of Agreement: \_\_\_\_\_

The above conditions meet with my/our understanding and approval.

\_\_\_\_\_  
Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant-Shareholder (if not the same as Member")

\_\_\_\_\_  
Date

\_\_\_\_\_  
For Nagle Apartments Corp.

\_\_\_\_\_  
Date

=====  
**For Office Use Only**

Membership No.: \_\_\_\_\_ Membership Start Date: \_\_\_\_\_

## **RESALE APPLICATION**

**Cooperative: NAGLE APARTMENTS CORPORATION**

### **Fitness Room Rules and Regulations**

All members must have a valid Fitness Room membership card. All members must sign in and out.

All guests must be accompanied by their sponsoring member while using the facilities and must have a valid guest pass and registration form.

New members should familiarize themselves with gym equipment and follow posted instruction carefully.

Fitness equipment is used at the member's and guest's own risk.

Time restrictions may apply to some equipment when the Fitness Room is crowded and must be adhered to.

Free weights must be returned to racks when finished.

To be considerate of other members, please wipe down equipment after use. We recommend that you bring your own personal towel to do this.

T-shirts, sweatshirts, shorts and sneakers must be worn on the training floor at all times. Bathing suits, sandals, thongs, robes, etc. are not appropriate attire for working out on any of the equipment.

Children under 13 years of age are not permitted to use the equipment in the Fitness Room. Young people between 13 and 18 years of age must apply for membership to use the Fitness Room, and must be accompanied by a parent or guardian while using the equipment.

Infraction of the rules and regulations may be considered cause for cancellation of Fitness Room privileges.

The Department of Health regulations and those of all other government agencies having jurisdiction are considered a part of these rules and regulations.

PLEASE NOTE" These rules are subject to change



# Personal Financial Net Worth Statement

Applicant:   
 Co-applicant:   
 As of:   
**NET WORTH** \_\_\_\_\_

	Applicant	Co-applicant
<b>ASSETS</b>		
<b>Liquid Assets</b>		
Cash on hand		
Checking accounts		
Savings accounts		
Money market accounts		
CDs < 12 months		
Other		
<b>Total Liquid Assets</b>		
<b>Investments</b>		
CDs > 12 months		
Stocks and bonds		See Asset Detail
Mutual funds		
Annuities		
Retirement funds		
Other		
<b>Total Investments</b>		
<b>Real Property</b>		
Homes		See Asset Detail
Buildings		
Land		
<b>Total Real Property</b>		
<b>TOTAL ASSETS</b>		
<b>LIABILITIES</b>		
<b>Current Debts</b>		
Credit cards > 30 days		
Back taxes		
Other		
<b>Total Current Debts</b>		
<b>Loans</b>		
Mortgage		See Liability Detail
Home equity		
Bank		
Automobile		
Student		
Small business		
401(k)		
Other		
<b>Total Loans</b>		
<b>TOTAL LIABILITIES</b>		

# Personal Statement of Cash Flows

Applicant: [REDACTED]  
 Co-applicant: [REDACTED]  
 As of: [REDACTED]

**EXPENSE TO INCOME RATIO**

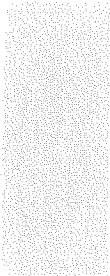
	Applicant	Co-applicant
<b>Income (Annual)</b>		
Base salary		
Overtime wages		
Bonus/commission/profit share		
Pension/annuity		
Real estate income		
Dividends/interest		
Other		
<b>Total Income (Annual)</b>		
<b>Projected Expenses (Monthly)</b>		
Maintenance		
Apartment financing		
Other mortgages/secured debt		
Other loans		
Other		
<b>Total Projected Expenses (Monthly)</b>		

# Asset Detail

Applicant:

Co-applicant:

As of:



## Stocks and Bonds

Number of Shares	Security Name	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

## Real Estate Owned

Type of Property	Property A	Property B	Property C	Property D	Property E
Address					
Date Purchased					
Original Cost					
Market Value					
Name/Address of Mortgage Holder					
Original Mortgage Amount					
Mortgage Balance					
Monthly Payment					
Maturity Date					

