



BURNS STREET OWNERS CORP.
REQUIREMENTS FOR SUBLETTING A COOPERATIVE APARTMENT

Dear Shareholder / Applicant:

Enclosed is the application to be completed for the sublet of your apartment. This application and the documents requested should be returned to: **Shoshana Shafran, Excel Bradshaw Management Group, LLC, 501 Surf Ave., Brooklyn, NY 11224**. Shoshana can be reached at (718) 266-1110.

Documents Required: One (1) Original Set and Seven (7) Copies

1. Sublease Agreement – Blumberg Form P193 (enclosed)
2. Sublease Application (enclosed)
3. Financial Statement (enclosed) – please attach two (2) months' bank statements
4. Your last two (2) pay stubs
5. Letter from your employer stating position, salary and dates of employment
6. Consumer Credit Application (enclosed)
7. In the event the Shareholder has obtained Bank Financing to purchase his apartment, the Shareholder must provide a letter showing the Shareholder Lender approves of the Sublet. In the event approval is not required pursuant to the Shareholder's Loan Documents, the Shareholder shall submit a Notarized Affidavit stating no such approval is required.
8. Lead Based Paint Disclosure Forms (enclosed). The disclosure documents must be completed in their entirety. Enclosed is the Lead Paint Disclosure Brochure.
9. House Rules Acknowledgement (enclosed) – Also enclosed is a copy of the House Rules.

CHECKS TO BE ENCLOSED WITH APPLICATION

- \$250 Application Fee – This fee is non-refundable. Check payable to **Excel Bradshaw Management Group, LLC**. This will cover our administrative costs in verifying your information.
- \$150 Application Fee – This fee is non-refundable. Check payable to **Burns Street Owners Corp.**
- \$55 **Per** applicant for a consumer credit report. Check payable to **Excel Bradshaw Management Group, LLC**. This fee is non-refundable.
- *\$500 Move In Fee – **CERTIFIED CHECK** payable to **Burns Street Owners Corp.**
- *\$500 Move In Deposit – **CERTIFIED CHECK** payable to **Burns Street Owners Corp.** The Deposit Fee is refundable after the move-in if no damage has occurred. See Move In Agreement attached.
- *\$500 Move Out Fee – **CERTIFIED CHECK** payable to **Burns Street Owners Corp.** This fee is payable by the Shareholder or current sublet tenant.
- *NOTE Checks will be held pending sublet approval. Upon approval they will be processed.

No application will be forwarded to the Board of Directors unless all of the items have been properly complied with, assembled into 8 complete packages (one original & 7 copies) and received by the Closing Department. All inquiries regarding a sublet package should be from the applicant. All other parties should contact you for any information regarding the status or processing your application.

After the review of your application the Board of Directors may elect to arrange a meeting with your prospective subtenant. After the meeting, you will be notified of the Board's decision. If approved, a sublet may then take place.

The Board of Directors for Burns Street Owners Corp. meets on a monthly basis. Please allow thirty (30) days from the time your completed application is submitted before an interview can be scheduled.

Please be advised that only one (1) application will be reviewed and considered for each apartment at any one time.

SUBLEASE AGREEMENT

The parties agree as follows:

Date of this Sublease: 19

Parties to this Sublease: Overtenant:
Address for notices:
You, the Undertenant:
Address for notices:

If there are more than one Overtenant or Undertenant, the words "Overtenant" and "Undertenant" used in this Sublease includes them.

Information from Over-Lease: Landlord:
Address for notices:
Overtenant:
Address for notices:
Date of Over-Lease: 19

Term: from: 19 to: 19
A copy of the Over-Lease is attached as an important part of the Sublease.

Term: 1. years: months: Beginning: 19
ending: 19

Premises rented: 2.

Use of premises: 3. The premises may be used for only.

Rent: 4. The yearly rent is \$. You, the Undertenant, will pay this yearly rent to the Overtenant in twelve equal monthly payments of \$. Payments shall be paid in advance on the first day of each month during the Term.

Security: 5. The security for the Undertenant's performance is \$. Overtenant states that Overtenant has received it. Overtenant shall hold the security in accordance with Paragraph of the Over-Lease.

Agreement to lease and pay rent: 6. Overtenant sublets the premises to you, the Undertenant, for the Term. Overtenant states that it has the authority to do so. You, the Undertenant, agree to pay the Rent and other charges as required in the Sublease. You, the Undertenant, agree to do everything required of you in the Sublease.

Notices: 7. All notices in the Sublease shall be sent by certified mail, "return receipt requested".

Subject to: 8. The Sublease is subject to the Over-Lease. It is also subject to any agreement to which the Over-Lease is subject. You, the Undertenant, state that you have read and initialed the Over-Lease and will not violate it in any way.

Overtenant's duties: 9. The Over-Lease describes the Landlord's duties. The Overtenant is not obligated to perform the Landlord's duties. If the Landlord fails to perform, you, the Undertenant, must send the Overtenant a notice. Upon receipt of the notice, the Overtenant shall then promptly notify the Landlord and demand that the Over-Lease agreements be carried out. The Overtenant shall continue the demands until the Landlord performs.

Consent: 10. If the Landlord's consent to the Sublease is required, this consent must be received within days from the date of this Sublease. If the Landlord's consent is not received within this time, the Sublease will be void. In such event all parties are automatically released and all payments shall be refunded to you, the Undertenant.

Adopting the Over-Lease and exceptions: 11. The provisions of the Over-Lease are part of this Sublease. All the provisions of the Over-Lease applying to the Overtenant are binding on you, the Undertenant, except these:
a) These numbered paragraphs of the Over-Lease shall not apply:
b) These numbered paragraphs of the Over-Lease are changed as follows:

No authority: 12. You, the Undertenant, have no authority to contact or make any agreement with the Landlord about the premises or the Over-Lease. You, the Undertenant, may not pay rent or other charges to the Landlord, but only to the Overtenant.

Successors: 13. Unless otherwise stated, the Sublease is binding on all parties who lawfully succeed to the rights or take the place of the Overtenant or you, the Undertenant. Examples are an assign, heir, or a legal representative such as an executor of your will or administrator of your estate.

Changes: 14. This sublease can be changed only by an agreement in writing signed by the parties to the Sublease.

Signatures:

OVERTENANT:
.....
.....

You, the UNDERTENANT:
.....
.....

Witness:

GUARANTY OF PAYMENT WHICH IS PART OF THE SUBLEASE

Date of Guaranty: 19

Guarantor and address:

Reason for Guaranty: 1. I know that the Overtenant would not rent the premises to the Undertenant unless I guarantee Undertenant's performance. I have also requested the Overtenant to enter into the Sublease with the Undertenant. I have a substantial interest in making sure that the Overtenant rents the premises to the Undertenant.

Guaranty: 2. The following is my Guaranty:
I guaranty the full performance of the Sublease by the Undertenant. This Guaranty is absolute and without any condition. It includes, but is not limited to, the payment of rent and other money charges.

Changes in Sublease have no effect: In addition, I agree to these other terms:
3. This Guaranty will not be affected by any change in the Sublease, whatsoever. This includes, but is not limited to, any extension of time or renewals. The Guaranty will be binding even if I am not a party to these changes.

Waiver of notice: 4. I do not have to be informed about any failure of performance by Undertenant. I waive notice of non-payment or nonperformance.

Performance: 5. If the Undertenant fails to perform under the Sublease, the Overtenant may require me to perform without first demanding that the Undertenant perform.

Waiver of jury trial: 6. I give up my right to trial by jury in any claim related to the Sublease or this Guaranty.

Changes: 7. This Guaranty of payment and performance can be changed only by written agreement signed by all parties to the Sublease and Guaranty.

Signatures:

GUARANTOR:
.....
.....

WITNESS:

EPA and HUD Lead Paint Regulations, Effective September 6, 1996'

Landlords must disclose known lead-based paint and lead-based paint hazards of pre-1978 housing to tenants.' Use the following BLUMBERG LAW PRODUCTS (800 LAW MART) to comply:

3140 Lead Paint Information Booklet 3141 Lead Paint Lease Disclosure Form

'December 6, 1996 for owners of 1 to 4 residential dwellings.
'Leases for less than 100 days, 0-bedroom units, elderly and handicapped housing (unless children live there) and housing found to be lead-free by a certified inspector are excluded.

SUBLEASE APPLICATION
FOR THE SUBLEASE OF COOPERATIVE APARTMENT

Building: _____ Apt: _____ Shares: _____

Length of lease: _____ Monthly Maintenance: \$ _____

To Begin: _____ To Expire: _____

Security: _____ Annual Rent: _____ Monthly Rent _____

Special conditions if any: _____

Name of Corporation: _____

Managing Agent: _____ Telephone: () _____

Address: _____ Contract: _____

Shareholder(s): _____ SS#: _____ - _____ - _____

_____ SS#: _____ - _____ - _____

Present Address: _____

Address for Notices: _____ Tel: () _____ Fax: () _____

Sub-tenant(s) _____ SS#: _____ - _____ - _____

Office#: () _____ Home#: () _____

_____ SS# _____ - _____ - _____

Office# () _____ Home#: () _____

Present Address: _____

Broker(s): _____

Telephone: _____

Owner's Mortgage Lender _____



PERSONAL INFORMATION REGARDING APPLICANT(S)

DATE _____

APPLICANT

CO-APPLICANT

NAME: _____

ADDRESS: _____

DATES OF RESIDENCE: _____ TO _____

_____ TO _____

OCCUPATION: _____

NATURE OF BUSINESS: _____

EMPLOYER: _____

ADDRESS: _____

PERIOD OF EMPLOYMENT: _____ TO _____

_____ TO _____

POSITION HELD: _____

PRIOR EMPLOYER AND POSITION OR RESIDENCE IF LESS THAN 3 YEARS

INCOME ESTIMATE FOR THIS YEAR: _____

ACTUAL INCOME LAST YEAR: _____

EDUCATIONAL BACKGROUND: _____

FOR LEASE OR SUBLEASE OF: _____ ADDRESS _____ APT # _____ OWNER _____

ADDITIONAL INFORMATION REGARDING APPLICANTS

Names of all persons who will reside in the Apartment: _____

Schools and colleges attended by applicants and occupants (optional): _____

Names of anyone in the building known to Applicant: _____

Are any pets to be maintained in the Apartment. If yes indicated number and kind: _____

Name of organizations to which Applicant belongs (optional): _____

REFERENCES

LANDLORD: _____ **ADDRESS:** _____

OCCUPANCY FROM: _____ TO _____

PREVIOUS LANDLORD: _____ **ADDRESS:** _____

OCCUPANCY FROM: _____ TO _____

PERSONAL REFERENCES:

APPLICANT

- 1. NAME _____
ADDRESS _____
- 2. NAME _____
ADDRESS _____
- 3. NAME _____
ADDRESS _____
- 4. NAME _____
ADDRESS _____

CO-APPLICANT

- 1. NAME _____
ADDRESS _____
- 2. NAME _____
ADDRESS _____
- 3. NAME _____
ADDRESS _____
- 4. NAME _____
ADDRESS _____

BUSINESS AND PROFESSIONAL REFERENCES

APPLICANT

- 1. NAME _____
ADDRESS _____
- 2. NAME _____
ADDRESS _____

CO-APPLICANT

- 1. NAME _____
ADDRESS _____
- 2. NAME _____
ADDRESS _____

FOR LEASE OR SUBLEASE OF _____

FINANCIAL STATEMENT

Name (s) _____

Address _____

The following is submitted as being a true and accurate statement of the financial condition of the undersigned on the _____ day of _____ 19____.

ASSETS			LIABILITIES		
	Applicant	Co-Applicant		Applicant	Co-Applicant
Cash in banks			Notes Payable:		
Money markets Funds			To Banks		
Contract Deposit			To Relative		
Investments: Bonds & Stocks -see schedule			To Others		
Investment in Own Business			Installment Accounts Payable:		
Accounts and Notes Receivable			Automobile		
Real Estate Owned - see schedule			Other		
Year Make			Other Accounts Payable		
Automobiles:			Mortgages Payable on Real Estate - see schedule		
Personal Property & Furniture			Unpaid Real Estate Taxes		
Life Insurance			Unpaid Income Taxes		
Cash Surrender Value			Chattel Mortgages		
Retirement Funds/IRA			Loans on Life Insurance Policies (Include Premium Advances)		
401K			Outstanding Credit Card Loans		
KEOGH			Other Debts - itemize		
Profit Sharing/Pension Plan			TOTAL LIABILITIES	\$0.00	\$0.00
Other Assets			NET WORTH	\$0.00	\$0.00
TOTAL ASSETS	\$0.00	\$0.00			
COMBINED ASSETS		\$0.00			
SOURCE OF INCOME			COMBINED		
	Applicant	Co-Applicant	\$0.00		
Base Salary			CONTINGENT LIABILITIES		
Overtime Wages			As Endorser or Co-maker on Notes	\$	
Bonus & Commissions			Alimony Payments (Annual)	\$	
Dividends and Interest Income			Child Support	\$	
Real Estate Income (Net)			Are you defendant in any legal action?		
Other Income - itemize			Are there any unsatisfied judgments?		
TOTAL	\$0.00	\$0.00	Have you ever taken bankruptcy? Explain:		
GENERAL INFORMATION			PROJECTED EXPENSES / MONTHLY		
	Applicant	Co-Applicant	Maintenance		
Personal Bank Accounts at			Apartment Financing		
Savings & Loans Accounts at			Other Mortgages		
Purpose of Loan			Bank Loans		
			Auto Loan		
			TOTAL	\$0.00	

SCHEDULE OF BONDS AND STOCKS			
Amount of Shares	Description (Extended Valuation in Column)	Marketable Value	Non-Marketable Value

SCHEDULE OF REAL ESTATE				
Description and Location	Cost	Actual Value	Mortgage Amount	Maturity Date

SCHEDULE OF NOTES PAYABLE					
Specify any assets pledged as collateral, including the liabilities they secure:					
To Whom Payable	Date	Amount	Due	Interest	Pledged as Security

The foregoing application (pages 1 through 5) has been carefully prepared, and the undersigned hereby solemnly declare(s) and certify(s) that all the information contained herein is true and correct.

Date _____ 19____ Signature _____
 Date _____ 19____ Signature _____

The foregoing application (pages 1 through 5) has been carefully prepared, and the undersigned hereby solemnly declare(s) and certify(s) that all the information contained herein is true and correct.

By signing below, Applicant(s) authorize Broker, Managing Agent and/or any party connected with its business organization to perform any credit checks or reference checks in connection with this application.

Date _____ 20 _____

Signature _____

Date _____ 20 _____

Signature _____

Building	Apartment #	Rooms	Monthly Rent \$	Security \$
Lease Start Date	Lease Term	Landlord	Broker	Agent

UNIFORM RESIDENTIAL APPLICATION

This application is designed to be completed by one applicant only. In the spirit of U.S. Policy for the achievement of equal housing opportunity, there are no barriers to obtaining housing because of race, color, sex, sexual orientation, national origin, handicap, or familial status. Approval is based on an applicants ability to prove employment, income, residency, credit and financial history as described in detail below. All information supplied will be verified for it's accuracy. All sections must be complete before submitting for approval.

• THIS APPLICATION MUST BE PRINTED AND LEGIBLE •

ABOUT THE APPLICANT Write your name as it appears on your credit files

First Name	Middle	Last Name	Jr, Sr, II, III	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Social Security Number	Date of Birth	Day Phone#	Evening phone#	
IN CASE OF EMERGENCY, NOTIFY		Phone #	Relationship to you	

CURRENT RESIDENCY You may be required to produce a signed lease and/or cancelled rent checks

Address	Apt#	City	State	Zip
Name of Landlord, Management Company or Tenant of record		Phone #	Contact Name	
How Long Have You Lived at this address?	Monthly Rent / Mortgage \$	<input checked="" type="checkbox"/> Check one Own <input type="checkbox"/> Rent <input type="checkbox"/>		

PRIOR RESIDENCY Must be filled in if you lived at the Current Address for less than 2 years

Address	Apt#	City	State	Zip
Name of Landlord, Management Company or Tenant of record		Phone #	Contact Name	
How Long Have You Lived at this address?	Monthly Rent / Mortgage \$	<input checked="" type="checkbox"/> Check one Own <input type="checkbox"/> Rent <input type="checkbox"/>		

CURRENT EMPLOYMENT You may be required to produce 1- Employer Verification letter signed & dated on your company letterhead 2- Paystubs 3- 10-40, W-2, 10-99 4- Other Income Taxpayer Identification.

Primary Source of Income		Name of Employer	Address of Employer	City	State	Zip
Contact Name	Contact Phone #	How long on this Job	Dates (From-To)			
Your Position/Title/type of business	How long in this line of work / profession	<input checked="" type="checkbox"/> Check If: <input type="checkbox"/> Self Employed Independent Contractor <input type="checkbox"/>				

ANNUAL INCOME In Detail

Base Income	Overtime	Bonuses	Commissions	TOTAL
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If Self Employed, Independent Contractor or use overtime, bonus or commission income to qualify 1- Fluctuating income may be averaged 2- you may be required to produce 2 years Income Tax Documentation. 3- You are required to supply information about the Accountant that prepared your most recent income tax return.

Accountant Name	Phone #	Address
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ONE PER APPLICANT PLEASE!!!

If Current Employment is Less Than 2 Years, You Must include your Previous Employment Information

EMPLOYMENT 2					<input checked="" type="checkbox"/> Check one	<input type="checkbox"/> Second Income Source Used to Qualify	<input type="checkbox"/> Prior Employment
Name of Employer		Address of Employer		City	State	Zip	
Contact Name		Contact Phone #	How long on this Job	Dates (From-To)			
Your Position/Title/type of business			How long in this line of work / profession	<input checked="" type="checkbox"/> Check If: <input type="checkbox"/> Self Employed Independent Contractor <input type="checkbox"/>			

ANNUAL INCOME In Detail				
Base Income	Overtime	Bonuses	Commissions	TOTAL

ASSET ACCOUNTS You may be required to produce Monthly Account Statements

Check: Checking Savings Money Market Stock Investment Other _____

Individual Account Joint Account (Supply Spouse Name & SS#)

Corporate Account (Supply Tax ID #) Is This a Borrowing Account? NO Yes

Name of Bank or Institution	Branch Address	Account #
Name(s) Exactly As they Appear on This Account	Branch Phone #	Contact Name

Check: Checking Savings Money Market Stock Investment Other _____

Individual Account Joint Account (Supply Spouse Name & SS#)

Corporate Account (Supply Tax ID #) Is This a Borrowing Account? NO Yes

Name of Bank or Institution	Branch Address	Account #
Name(s) Exactly As they Appear on This Account	Branch Phone #	Contact Name

References Other Than Family Members

Name	Phone #	Relationship to you
Name	Phone #	Relationship to you

Department of Motor Vehicles Identification Must be Completed if Registered Motorist

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

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

Building	Apartment #	Rooms	Monthly Rent \$	Security \$
Lease Start Date	Lease Term	Landlord	Broker	Agent

UNIFORM RESIDENTIAL APPLICATION

This application is designed to be completed by one applicant only. In the spirit of U.S. Policy for the achievement of equal housing opportunity, there are no barriers to obtaining housing because of race, color, sex, sexual orientation, national origin, handicap, or familial status. Approval is based on an applicants ability to prove employment, income, residency, credit and financial history as described in detail below. All information supplied will be verified for it's accuracy. All sections must be complete before submitting for approval.

• THIS APPLICATION MUST BE PRINTED AND LEGIBLE •

ABOUT THE APPLICANT Write your name as it appears on your credit files

First Name	Middle	Last Name	Jr, Sr, II, III	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Social Security Number	Date of Birth	Day Phone#	Evening phone#	
IN CASE OF EMERGENCY, NOTIFY		Phone #	Relationship to you	

CURRENT RESIDENCY You may be required to produce a signed lease and/or cancelled rent checks

Address	Apt#	City	State	Zip
Name of Landlord, Management Company or Tenant of record		Phone #	Contact Name	
How Long Have You Lived at this address?	Monthly Rent / Mortgage \$	<input checked="" type="checkbox"/> Check one Own <input type="checkbox"/> Rent <input type="checkbox"/>		

PRIOR RESIDENCY Must be filled in if you lived at the Current Address for less than 2 years

Address	Apt#	City	State	Zip
Name of Landlord, Management Company or Tenant of record		Phone #	Contact Name	
How Long Have You Lived at this address?	Monthly Rent / Mortgage \$	<input checked="" type="checkbox"/> Check one Own <input type="checkbox"/> Rent <input type="checkbox"/>		

CURRENT EMPLOYMENT You may be required to produce 1- Employer Verification letter signed & dated on your company letterhead 2- Paystubs 3- 10-40, W-2, 10-99 4- Other Income Taxpayer Identification.

Name of Employer	Address of Employer	City	State	Zip
Contact Name	Contact Phone #	How long on this Job	Dates (From-To)	
Your Position/Title/type of business		How long in this line of work / profession	<input checked="" type="checkbox"/> Check If: <input type="checkbox"/> Self Employed <input type="checkbox"/> 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				
<input checked="" type="checkbox"/> Check one <input type="checkbox"/> Second Income Source Used to Qualify <input type="checkbox"/> Prior Employment				
Name of Employer	Address of Employer	City	State	Zip
Contact Name	Contact Phone #	How long on this Job	Dates (From-To)	
Your Position/Title/type of business		How long in this line of work / profession	<input checked="" type="checkbox"/> Check If: <input type="checkbox"/> Self Employed Independent Contractor <input type="checkbox"/>	

ANNUAL INCOME In Detail				
Base Income	Overtime	Bonuses	Commissions	TOTAL

ASSET ACCOUNTS You may be required to produce Monthly Account Statements				
<input checked="" type="checkbox"/> Check: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock Investment <input type="checkbox"/> Other _____				
<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account (Supply Spouse Name & SS#) _____				
<input type="checkbox"/> Corporate Account (Supply Tax ID #) _____				
Is This a Borrowing Account? <input type="checkbox"/> NO <input type="checkbox"/> Yes				

Name of Bank or Institution	Branch Address	Account #
Name(s) Exactly As they Appear on This Account	Branch Phone #	Contact Name

<input checked="" type="checkbox"/> Check: Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock Investment <input type="checkbox"/> Other _____				
<input type="checkbox"/> Individual Account <input type="checkbox"/> Joint Account (Supply Spouse Name & SS#) _____				
<input type="checkbox"/> Corporate Account (Supply Tax ID #) _____				
Is This a Borrowing Account? <input type="checkbox"/> NO <input type="checkbox"/> Yes				

Name of Bank or Institution	Branch Address	Account #
Name(s) Exactly As they Appear on This Account	Branch Phone #	Contact Name

References Other Than Family Members		
Name	Phone #	Relationship to you
Name	Phone #	Relationship to you

Department of Motor Vehicles Identification Must be Completed if Registered Motorist					
Motorist License ID #	State of License	Primary Vehicle License Plate	Manufacturer	Year	Model

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

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



BURNS STREET OWNERS CORP.

MOVE-IN AND MOVE-OUT PROCEDURES FOR 68-12, 68-20, 68-30, 68-36 AND 68-44 BURNS STREET

In order to facilitate a successful move-in/out, the following procedures are to be followed when moving furniture, furnishings, and/or personal property into or out of the buildings:

MOVE-IN / MOVE-OUT FEES AND DEPOSITS

The payment of the following fees is due at the time of closing (for unit purchases and sales) or at any time you submit the sublet application (for sublets). These fees apply to both moves IN and OUT of the buildings, and are payable by both the shareholder/seller who is moving out, and the prospective purchaser/sub lessee who is moving in.

- A. By certified check, bank check, or money order, the amount of FIVE HUNDRED DOLLARS (\$500), payable to Burns Street Owners Corp., as a **non-refundable move-in or move-out fee**.
- B. By certified check, bank check, or money order, the amount of FIVE HUNDRED DOLLARS (\$500), payable to Burns Street Owners Corp., as a **security deposit for a move-in or move-out, which shall be refunded after final inspection by the Superintendent / Managing Agent and assurance that no damage has occurred during the move**.

All checks must be made payable to Burns Street Owners Corp.

Please note that Shareholders who move out prior to a closing or a submission of a sublet application package must also submit to Excel Bradshaw Management Group the move-out fees and deposits required prior to scheduling a move-out date with the Superintendent. No refund checks will be issued unless you inform Excel Bradshaw of your forwarding address. The Superintendent will not schedule a moving date unless approval is received from the Managing Agent.

MOVE-IN/OUT SCHEDULING

Move in and out of the buildings **must occur between 9:00 a.m. and 5:00 p.m., Monday through Friday, excluding holidays**. It is very important that you schedule a moving date with the Superintendent at least one week before the move. This will allow the Superintendent to take the proper precautions, including the hanging of elevator padding, to prevent possible damage to common areas of the building. Please take this into consideration when you make arrangements with moving companies. There will be no exceptions to this policy.

An inspection of the common areas of the premises, including elevators will be made within a reasonable time after you move. If any damage has occurred, the managing agent will notify you in writing. The cost of repairs will be deducted from your deposit amount and the balance, if any, will be refunded to you. If there is any damage that exceeds the amount of your deposit, you will be required to pay the additional amount within ten (10) days of receipt of notification by the Managing Agent. If there is no damage, the deposit will be refunded in full. Please note that the refund process will take 30-45 days, since confirmation of no damage must be received and refund checks drawn. Also, please be reminded that you must inform us of your new address if you are moving out of the building.



INSURANCE REQUIREMENTS

Please note that all moving companies who are hired to move you **in or out** of the buildings will be required to provide the Cooperative with the required Certificates of Insurance. This certificate will name Burns Street Owners Corp. and Excel Bradshaw Management Group, LLC as additionally insured on their policy. The Certificate of Insurance requirements can be found within this package.

Please sign below indicating that you have read and agree to abide by all of the above procedures.

Print Name _____ Signature _____

Date _____



**Disclosure of Information on Lead-Based Paint and/or
Lead-Based Paint Hazards**

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

Presence of lead-based paint and/or lead-based hazards (Check (i) or (ii) below):

(i) ---- Known lead-based paint and/or lead-based paint hazards are present in the housing (explain)

(ii) ---- Lessor has no knowledge of lead-based paint and/or lead-based paint hazard in the housing.

Records and reports available to the lessor (Check (i) or (ii) below):

(i) ---- Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) ---- Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Agent's Acknowledgement

Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Lessee's Acknowledgement

Lessee has received copies of all information listed above.

Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*

Lessee	Date	Lessee	Date
Agent	Date	Agent	Date
Lessor	Date	Lessor	Date



BURNS STREET OWNERS CORP.
68-12/20/30/36/44 BURNS STREET
FOREST HILLS, NY 11375

HOUSE RULES ACKNOWLEDGEMENT

Re: Building: _____
Apartment _____

I have received a copy and read the current House Rules for BURNS STREET OWNERS CORP. and abide by them.

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

- The Board of Directors has approved my application
- I/we have paid all required move-in fees and deposits and have scheduled a move-in date with the Superintendent.

Signed: _____ Date: _____

Signed: _____ Date: _____

BURNS STREET OWNERS CORP.

DELIVERY PROCEDURE

Please note that all residents of the Burns Street Owners Corp. buildings (68-12, 68-20, 68-30, 68-36, and 68-44) 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 elevators.
2. All items must be unpacked either outside the building or in the individual's apartment – not in the basement or other common areas of the building.
3. All boxes and packing materials must be removed by the delivery person. If it is left behind, the resident is responsible for breaking down and folding all packing, and the proper disposing and recycling of all materials.
4. **Any damage to the elevators, the lobby, or any other common areas of the building will be the sole responsibility of the resident.** Please note that the Management company will assess any damage and bill the shareholder immediately if any damage is found.

Your cooperation and adherence to these policies will keep the elevators and common areas looking good for many years to come.

Thank you,

Your Board of Directors

BURNS STREET OWNERS CORP.

HOUSE RULES

- (1) Moving-In/Moving-Out shall occur only between the hours of 9 a.m. and 5 p.m. The shareholder shall be responsible for damages resulting from the move. The move must be scheduled with Superintendent in advance. Any shareholder who deviates from this policy will be subject to a \$250.00 fine.
- (2) The public halls and stairways of the Building shall not be obstructed or used for any purpose other than ingress to and egress from the apartments in the Building, and the fire towers shall not be obstructed in any way.
- (3) No patient of any doctor who has offices in the Building shall be permitted to wait in the lobby.
- (4) Children shall not play in the public halls, courts, stairways, fire towers or elevators and shall not be permitted on the roof unless accompanied by a responsible adult.
- (5) No public hall above the ground floor of the Building shall be decorated or furnished by any Lessee in any manner without the prior consent of all the Lessees to whose apartments such hall serves as a means of ingress and egress; in the event of disagreement among such Lessees, the Board of Directors shall decide.
- (6) No Lessee shall make or permit any disturbing noises in the Building or do or permit anything to be done therein which will interfere with the rights, comfort or convenience of other Lessees. No Lessee shall play upon or suffer to be played upon any musical instrument or permit to be operated a phonograph or a radio or television loud speaker in such Lessee's apartment between the hours of eleven o'clock p.m. and the following eight o'clock a.m. if the same shall disturb or annoy other occupants of the Building. No construction or repair work or other installation involving noise shall be conducted in any apartment except Monday through Friday between the hours of 9 a.m. and 5 p.m., Saturday and Sunday between the hours of 10 a.m. and 3 p.m.
- (7) No article shall be placed in the halls or on the staircase landings or fire towers, nor shall anything be hung or shaken from the doors, windows, terraces or balconies or placed upon the window sills of the Building.
- (8) No awnings, window air-conditioning units or ventilators shall be used in or about the Building except such as shall have been expressly approved by the Lessor or the managing agent, nor shall anything be projected out of any window of the Building without similar approval.

(9) No sign, notice, advertisement or illumination shall be inscribed or exposed on or at any window or other part of the Building, except such as shall have been approved in writing by the Lessor or its managing agent.

(10) No velocipedes, bicycles, scooters or similar vehicles shall be allowed in a passenger elevator and baby carriages and the above-mentioned vehicles shall not be allowed to stand in the public halls, passageways, areas or courts of the Building.

(11) Messengers and tradespeople shall use such means of ingress and egress as shall be designated by the Lessor.

(12) Kitchen supplies, market goods and packages of every kind are to be delivered only at the service entrance of the Building and through the service elevator to the apartments when such elevator is in operation.

(13) Trunks and heavy baggage shall be taken in or out of the Building through the service entrance.

(14) Garbage and refuse from the apartments shall be disposed of only at such times and in such manner as the superintendent or the managing agent of the Building may direct.

(15) Water closets and other water apparatus in the Building shall not be used for any purposes other than those for which they were constructed, nor shall any sweepings, rubbish, rags or any other article be thrown into the water closets. The cost of repairing any damage resulting from misuse of any water closets or other apparatus shall be paid for by the Lessee in whose apartment it shall have been caused.

(16) No Lessee shall send any employee of the Lessor out of the Building on any private business of a Lessee.

(17) No bird or animal shall be kept or harbored in the Building unless the same in each instance be expressly permitted in writing by the Lessor, which permission shall not be unreasonably withheld; such permission shall be revocable for cause by the Lessor. In no event shall dogs be permitted on elevators or in any of the public portions of the Building unless carried or on a leash. No pigeons or other birds or animals shall be fed from the window sills, terraces, balconies or in the yard, court spaces or other public portions of the Building, or on the sidewalks or street adjacent to the Building.

(18) No radio or television aerial shall be attached to or hung from the exterior of the Building without the prior written approval of the Lessor or its managing agent.

(19) No vehicle belonging to a Lessee or to a member of the family or guest, subtenant or employee of a Lessee shall be parked in such manner as to impede or prevent ready access to any entrance of the Building by another vehicle.

(20) The Lessee shall use the available laundry facilities only upon such days and

during such hours as may be designated by the Lessor or its managing agent.

(21) The Lessor shall have the right from time to time to curtail or relocate any space devoted to storage or laundry purposes.

(22) Unless expressly authorized by the Board of Directors in each case, the floors of each apartment must be covered with rugs or carpeting or equally effective noise-reducing material, to the extent of at least 80% of the floor areas of each room excepting only kitchens, pantries, bathrooms, maid's rooms, closets, and foyer.

(23) No group tour or exhibition of any apartment or its contents shall be conducted, nor shall any auction sale be held in any apartment without the consent of the Lessor or its managing agent.

(24) The Lessee shall keep the windows of the Apartment clean. In case of refusal or neglect of the Lessee during 10 days after notice in writing from the Lessor or its managing agent to clean the windows, such cleaning may be done by the Lessor, which shall have the right, by its officers or authorized agents, to enter the Apartment for the purpose and to charge the cost of such cleaning to the Lessee.

(25) The passenger and service elevators, unless of automatic type and intended for operation by a passenger, shall be operated only by employees of the Lessor, and there shall be no interference whatever with the same by Lessees or members of their families of their guests, employees or subtenants.

(26) Complaints regarding the service of the Building shall be made in writing to the managing agent of the Lessor.

(27) Any consent or approval given under these House Rules by the Lessor shall be revocable at any time.

(28) If there be a garage appurtenant to the Apartment, the Lessee will abide by all arrangements made by the Lessor with regard to the garage and the driveways thereto, under the terms of the recorded easement.

(29) The following rules shall be observed with respect to compactor equipment:

(i) All wet debris is to be securely wrapped or bagged in small package size and placed in the designated area of basement.

(ii) Debris should be completely drip-free before it leaves the apartment and carried to the compactor closet in a careful manner and in a drip-proof container; then placed into the flue hopper so it will drop into the flue for disposal.

(iii) No bottles or cans shall be dropped down the flue. They should be left in the designated recycling area located in the basement.

(iv) Cartons, boxes, crates, sticks of wood or other solid matter shall not be stuffed into hopper opening. All bulk items shall be the responsibility of the shareholder and should be placed curbside on the appropriate day.

(v) Under no circumstances should carpet sweepings containing naphthalene, camphor balls or flakes, floor scrapings, plastic wrappings or covers, oil soaked rags, empty paint or aerosol cans or any other inflammable, explosive, highly combustible substances or lighted cigarettes or cigar stubs be thrown into the compactor flue.

(vi) Vacuum cleaner bags must never be emptied into the flue. Such dust, dirt, etc., should be wrapped in a securely tied bag or package and then be placed through hopper door panel into flue.

(vii) The superintendent shall be notified of any drippings, or moist refuse, appearing on compactor closet floor and corridors.

(30) No Lessee shall install any plantings on the terrace, balcony or roof without the prior written approval of the Lessor. Plantings shall be contained in boxes of wood lined with metal or other material impervious to dampness and standing on supports at least two inches from the terrace, balcony or roof surface, and if adjoining a wall, at least three inches from such wall. Suitable weep holes shall be provided in the boxes and draw off water. In special locations, such as a corner abutting a parapet wall, plantings may be contained in masonry or hollow tile walls which shall be at least three inches from the parapet and flashing, with the floor of drainage tiles and suitable weep holes at the sides to draw off water. It shall be the responsibility of the Lessee to maintain the containers in good condition, and the drainage tiles and weep holes in operating condition.

(31) The agents or the Lessor, and any contractor or workman authorized by the Lessor, may enter any apartment at any reasonable hour of the day for the purpose of inspecting such apartment to ascertain whether measures are necessary or desirable to control or exterminate any vermin, insects or other pests and for the purpose of taking such measures as may be necessary to control or exterminate any such vermin, insects or other pests. If the Lessor takes measures to control or exterminate carpet beetles, the costs thereof shall be payable by the Lessee, as additional rent.

(32) Any persons who are found to be destroying or vandalizing the building in any way or are found to be illegally "dumping" materials around or in the building shall be subject to a fine of no less than \$250.00 for each offense.

(33) Any renovation or alteration must be in compliance with the rider attached pertaining to such work.

(34) These House Rules may be added to, amended or repealed at any time by resolution of the Board of Directors of the Lessor.

Simple Steps To Protect Your Family From Lead Hazards

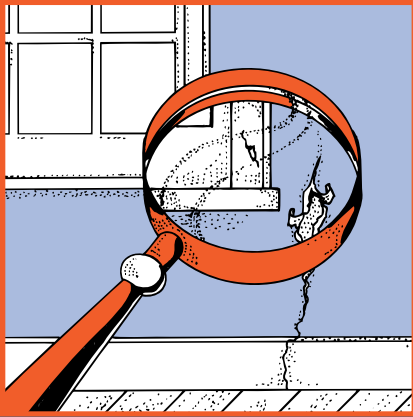
If you think your home has high levels of lead:

- ◆ Get your young children tested for lead, even if they seem healthy.
- ◆ Wash children's hands, bottles, pacifiers, and toys often.
- ◆ Make sure children eat healthy, low-fat foods.
- ◆ Get your home checked for lead hazards.
- ◆ Regularly clean floors, window sills, and other surfaces.
- ◆ Wipe soil off shoes before entering house.
- ◆ Talk to your landlord about fixing surfaces with peeling or chipping paint.
- ◆ Take precautions to avoid exposure to lead dust when remodeling or renovating (call 1-800-424-LEAD for guidelines).
- ◆ Don't use a belt-sander, propane torch, high temperature heat gun, scraper, or sandpaper on painted surfaces that may contain lead.
- ◆ Don't try to remove lead-based paint yourself.



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