



Purchase Application
General Information

Date.....

Applicant's Name
 (Name or Names must be entered above in manner that Stock Certificates and other Documents are to be drawn)

Applicant's Attorney Phone..... Fax.....
Name

Address

City State Zip

Seller's Name Phone: Home

Business

Present Home Address

City State Zip

Seller's Attorney Phone.....
Name

Address

City State Zip

Transfer Agent Phone

Closing Date and Time Anticipated Date of Possession.....

The undersigned hereby offers to purchase..... shares of the Capital Stock of
and the accompanying Proprietary Lease for Apartment.....in
 the building located atNew York on the following
 terms and conditions.

Purchase Price of Stock \$..... Monthly Charges \$.....

Deposit \$..... Special conditions, if any.....

FINANCING Yes No AMOUNT.....BANK.....

(NOTE: This proposal shall result in no legal obligation until a formal contract of purchase and sale is executed by the parties concerned.)

The undersigned has filled out the information sheet below and understands that this information is essential in considering the application. It is further understood that this application, when signed by the undersigned, is to be subject to approval by the Seller or Authorized Representative and to the Terms and Conditions hereof.

.....
 Broker

.....
 Signature of Purchase Applicant

IN ACCORDANCE WITH THE APARTMENT CORPORATION'S POLICY, DOGS, WASHING MACHINES AND COMMERCIAL VEHICLES WILL NOT BE PERMITTED	
PLEASE INITIAL	
<input type="text"/>	<input type="text"/>

.....
 Signature of Purchase Co-Applicant

*Application for Occupancy
Personal Information*

APT#

Name SS # DOB

Present Address

City State Zip

Work Phone..... Cell Phone.....

E-mail..... Rent Own.....

Length of Residence..... Rent/Mortgage Payment.....

Present Landlord or Mortgage Co..... Contact.....

Phone Address..... Mortgage Acct. #.....

Previous Address..... City..... State..... Zip.....

Previous Landlord..... Phone..... Length.....

Mother's Maiden Name In Case of Emergency notify.....

Employment

Employer Address.....

City..... State..... Zip.....

Supervisor Company or Supervisor's #

Salary Date of Hire

Banking

Bank Phone.....

Address

Checking Acct. #..... Savings Acct. #..... Contact.....

Bank (2) Phone

Address

Checking Acct. #..... Savings Acct. #..... Contact.....

Business References

CPA Firm Contact Name..... Phone

Law Firm Contact Name..... Phone

I authorize The Credit Connection, Inc. to conduct inquiries concerning my employment, income, references, from Landlords, Mortgage Institutions, Banks, including balances and standing information. I authorize all persons at the above Institutions, including Attorneys and CPA's, to furnish all information requested of you. In compliance with FCRA, I understand I may not view a copy of the report being furnished to the Landlord or Employer. I authorize to all above that a photocopy or facsimile copy of my signature and authorization will serve as an original. I agree that all the above information is true and that I am of legal age (18 years of age or above) to enter into this contract. I further agree that I am not renting an apartment under any other name and I have never been dispossessed. I agree that the owner has the sole right to accept or reject this application, also any misrepresentation by me may be cause for rejection by the Landlord, Management Company, or Board of Directors. **I understand that all processing fees are non-refundable.**

Signature of Applicant Date.....

Signature of Co-Applicant Date.....

Names of all Residents known by Applicant

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Others to Occupy

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Automobile

YearMakeLicense No.

YearMakeLicense No.

Pets

If you plan to maintain any pets please specify.....

Personal References

Name

Address

CityState.....Zip.....

Name

Address

CityState.....Zip.....

Remarks

Please give any additional information which may be pertinent or helpful.....

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