



* * * STAR PROGRAM * * *

Dear Shareholder:

You are required to immediately file for the STAR program by completing the New York State STAR application and Town of Greenburgh certification form.

Promptly return the completed STAR application and Certification with a copy of your Con Edison bill to the Managing Agent for filing with the Town of Greenburgh. The application deadline for Hartsdale Gardens is May 1st.

Even if you purchased an apartment that is currently receiving the STAR credit, you are required by New York State to complete a STAR form and file it with the Town of Greenburgh Tax Assessor's Office.

If you fail to file for the STAR program you will lose the STAR credit that is currently being posted to your account.

For additional information contact the Town of Greenburgh Assessor's Office at (914) 993-1520. You can print the New York State STAR application by visiting www.orps.state.ny.us

If you have any questions regarding enrollment in the star program, please contact Lisa Frezzo at the management office at (914) 328-6962.



CERTIFICATION BY COOP BOARD OF MANAGERS

THE FOLLOWING INFORMATION MUST BE COMPETED BY AN OFFICER/MANAGING AGENT OF THE COOPERATIVE CORPORATION:

1. NAME (S) OF APPLICANT (S): _____
2. APPLICANT'S UNIT/APARTMENT # _____
3. NAME (S) OF THE SHAREHOLDERS OF THIS UNIT _____
4. IF MORE THAN ONE (1) OWNER, BE SURE TO LIST ALL OWNERS HERE: _____
5. NUMBER OF SHARES IN THE UNIT OWNED: _____
6. DATE APPLICANT PURCHASED THESE SHARES: _____
7. ADDRESS OF THE BUILDING IN WHICH THE UNIT IS LOCATED: _____
8. ACCOUNT NUMBER OF THE BUILDING IN WHICH THE UNIT IS LOCATED: _____
9. TOTAL NUMBER OF SHARES FOR THIS BUILDING: _____
10. THE UNIT IS OCCUPIED BY THE APPLICANT (S), NOT RENTED: YES ___ NO ___
11. SCHOOL AGE CHILD/ CHILDREN (K-12) RESIDE (S) IN THE UNIT: YES ___ NO ___

I CERTIFY THAT THE ABOVE MENTIONED INFORMATION IS TRUE AND CORRECT. I FURTHER CERTIFY THAT THE COOPERATIVE CORPORATION/MANAGING AGENT WILL NOTIFY THE ASSESSOR OF ANY TRANSFER OF THE SHARES OF THIS UNIT.

SIGNATURE OF OFFICER/MANAGING AGENT

PRINTED NAME

DATE

TITLE