

SECTION B - BUILDING INFORMATION

1. List all buildings and addresses included in the development (for each block and lot).

	BLOCK NUMBER	LOT NUMBER/RANGE	STREET NUMBER	STREET NAME	7a+7b RESIDENTIAL UNITS/ SHARES	7c COMMERCIAL UNITS/ SHARES
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						
TOTAL #:						

SECTION C - UNIT INFORMATION - All information should be accurate as of January 5, 2017.

Make copies of Section C for each unit. All questions must be answered to process your application.

1. Borough/Block/Billing Lot.

a. **Co-op:** Borough: _____ Block: _____ Lot: _____

b. **Condo:** Borough: _____ Block: _____ Unit Lot #: _____ Billing Lot: **75** _____

2. Unit

Address: _____

NUMBER AND STREET

3. Apartment

Number _____

4. Unit Shares (co-op only) _____

5. Unit Type Check the box that corresponds to the appropriate unit type. Check "parking" only if parking area is a separate block and lot.

RESIDENTIAL

COMMERCIAL

PARKING

6. Purchase Date ____/____/____
MM DD YYYY

7. Sale Amount

Round the price to the nearest thousand dollar: \$ _____

8. Sponsor(s) Control - Is the unit owned by the sponsor(s) or successors in interest? YES NO

9. Name of Owner/Shareholder as of January 5, 2017. Enter the first and last name(s) of the owner(s) of record. Every name on the deed/stock certificate **must** be included. If there are more than four owners please make a copy of this Page. If the unit/property is owned by a business entity or trust, enter the owner's name and employer identification number.

Name of Owner/Shareholder #1: _____

FIRST NAME

LAST NAME

**Social Security Number
or Employer Identification Number:**

□ □ □ □ ■ □ □ ■ □ □ □ □ □

OR

□ □ □ ■ □ □ □ □ □ □ □ □ □ □

SOCIAL SECURITY NUMBER

EMPLOYER IDENTIFICATION NUMBER

Is this the owner's primary residence? YES NO If YES, primary residence as of ____/____/____

Name of Owner/Shareholder #2: _____

FIRST NAME

LAST NAME

**Social Security Number
or Employer Identification Number:**

□ □ □ □ ■ □ □ ■ □ □ □ □ □

OR

□ □ □ ■ □ □ □ □ □ □ □ □ □ □

SOCIAL SECURITY NUMBER

EMPLOYER IDENTIFICATION NUMBER

Is this the owner's primary residence? YES NO If YES, primary residence as of ____/____/____

Name of Owner/Shareholder #3: _____

FIRST NAME

LAST NAME

**Social Security Number
or Employer Identification Number:**

□ □ □ □ ■ □ □ ■ □ □ □ □ □

OR

□ □ □ ■ □ □ □ □ □ □ □ □ □ □

SOCIAL SECURITY NUMBER

EMPLOYER IDENTIFICATION NUMBER

Is this the owner's primary residence? YES NO If YES, primary residence as of ____/____/____

Name of Owner/Shareholder #4: _____

FIRST NAME

LAST NAME

**Social Security Number
or Employer Identification Number:**

□ □ □ □ ■ □ □ ■ □ □ □ □ □

OR

□ □ □ ■ □ □ □ □ □ □ □ □ □ □

SOCIAL SECURITY NUMBER

EMPLOYER IDENTIFICATION NUMBER

Is this the owner's primary residence? YES NO If YES, primary residence as of ____/____/____

SECTION D - CERTIFICATION

**Certification must be signed by the condominium's board of director or the managing agent for the cooperative.
The postmark date will serve as the application date.**

I certify that all the information contained in this application is true and correct to the best of my knowledge and belief. I understand that the willful making of any false statement of material fact herein will subject me to the provisions of the law relevant to the making and filing of false instruments and will render this application null and void.

1. _____
Signature of Officer _____ Print Name _____

Date _____ Title of Officer _____

Telephone Number _____ Email Address _____

2. _____
Signature of Officer _____ Print Name _____

Date _____ Title of Officer _____

Telephone Number _____ Email Address _____