

**ALEXANDER WOLF & COMPANY, INC.**

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245 East 35<sup>th</sup> Street  
NEW YORK, N.Y. 10016

ADDRESS ALL COMMUNICATIONS TO:  
**LONG ISLAND OFFICE**  
ONE DUPONT STREET  
PLAINVIEW, N.Y. 11803

**APPLICATION FOR APPROVAL OF SALE OF COOPERATIVE APARTMENT**

\_\_\_\_\_  
DATE

The Board of Directors of \_\_\_\_\_  
is hereby requested to approve an assignment of the Proprietary Lease for Apartment # \_\_\_\_\_ and  
the sale of \_\_\_\_\_ shares to the applicant named below:

1. Applicant's Name: \_\_\_\_\_ SS# \_\_\_\_\_  
**Daytime phone number where applicant can be reached** \_\_\_\_\_

2. Spouse's/Co-Applicant's Name: \_\_\_\_\_ SS# \_\_\_\_\_

3. Home Address & **Home Tel** : \_\_\_\_\_  
\_\_\_\_\_

4. (A) Occupation: \_\_\_\_\_ (B) If self-employed, state  
name, address, **telephone #**, and nature of business: \_\_\_\_\_  
\_\_\_\_\_

(C) If not self-employed, state name/address/**phone number** of employer: \_\_\_\_\_  
\_\_\_\_\_

(D) State approximate length of time of present employment: \_\_\_\_\_  
\_\_\_\_\_ (E) Previous employment (name and address of employer,  
position held and type of business and length of time):  
\_\_\_\_\_  
\_\_\_\_\_

5. (A) Co-Applicant's Occupation: \_\_\_\_\_  
(B) Name and address of Co-Applicant's employer & **telephone number** \_\_\_\_\_  
\_\_\_\_\_

(C) Position held (if self-employed, so state): \_\_\_\_\_  
\_\_\_\_\_

(D) Co-Applicant's **Business Telephone** : \_\_\_\_\_

6. Estimated Annual Income from Occupation: \_\_\_\_\_  
Co-Applicant's Income: \_\_\_\_\_ . Income from all other sources (describe): \_\_\_\_\_  
TOTAL: \_\_\_\_\_

7. Do you intend to use the apartment to any extent for any professional or business purposes?

\_\_\_\_\_. If so, state full details: \_\_\_\_\_  
\_\_\_\_\_

8. Applicant's Family consists of: (If there are children, list ages)

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

9. Do you intend to occupy the apartment? \_\_\_\_\_

10. Please list names and relationships, including the applicant's, of each person who will reside in the apartment.

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____
_____	_____

11. Financial References: (A) Bank Reference: \_\_\_\_\_  
\_\_\_\_\_ (Name)

(Address) (B) Business Reference: \_\_\_\_\_  
\_\_\_\_\_ (Name) (Address)

12. (A) Present Landlord/Managing Agent: \_\_\_\_\_  
(Name, Address, and Telephone Number)

(B) Premises & Dates of Occupancy: \_\_\_\_\_  
From: \_\_\_\_\_ To \_\_\_\_\_

13. Personal References:

	NAME	ADDRESS/TELEPHONE #	OCCUPATION
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

14. If you know any persons presently residing at \_\_\_\_\_  
(Name of Cooperative)

\_\_\_\_\_, please list their names \_\_\_\_\_  
\_\_\_\_\_

15. Schools and colleges attended by applicant(s), spouse(s) and children. Name class in each case: \_\_\_\_\_  
\_\_\_\_\_

16. Address of any additional real property owned or leased: \_\_\_\_\_  
(Indicate whether you own, lease as

owner or rent as the tenant)

17. Are any pets to be maintained in the apartment? \_\_\_\_\_

If the answer is yes, indicate number and kind: \_\_\_\_\_

18. List exact name or names in which stock and proprietary lease are to be issued:

19. Applicant's Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

20. The apartment being purchased consists of \_\_\_\_\_ rooms, including \_\_\_\_\_ bedrooms. Estimated square footage is \_\_\_\_\_.

21. Do you intend to perform any alterations or renovations to the apartment?

If so, please describe: \_\_\_\_\_

22. Are you a citizen of the United States? \_\_\_\_\_. If not, indicate whether you are in this country legally and include supporting documentation.

The undersigned Applicant understands that the consent of \_\_\_\_\_  
(Name of Cooperative)

is required under the Proprietary Lease to the proposed transfer thereof and that the Board of Directors will rely on the information furnished above. The undersigned also understands that the information requested is essential to this Application since \_\_\_\_\_

(Name of Cooperative)  
\_\_\_\_\_ is a cooperative apartment house in which the

stockholders-lessees reside and because of their desire to maintain a compatible group of residents in the building. The undersigned also agrees to meet in person with representatives of the corporation. Applicant understands that the cooperative corporation reserves the right to request further information from Applicant. Applicant further understands that \_\_\_\_\_

(Name of Cooperative)  
\_\_\_\_\_, its officers, directors, and agents shall have no liability with any  
Cooperative)

respect to any matter or concerning any act of the proposed Seller in connection with any contract contemplated herein, and that the corporation and its agents make no representation with respect to the value of the stock of the Proprietary Lease of the individual apartment involved, nor any recommendation to the prospective Purchaser with respect to the advisability of the purchase thereof. Applicant agrees to meet in person with representatives of the corporation.

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

\_\_\_\_\_  
Signature of Co-Applicant

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Notary Public