

Frank A. DeGuzman

REFCO MANAGEMENT CO. INC.
P.O. BOX 1027
ROCK HILL NY 12775
PH – 845-888-5246
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E-Mail – FrankRefco@gmail.com (Frank)

## WWW.REFCOMANAGEMENT.COM

Date Submitted:
To: Prospective Purchasers
Re: Application to Purchase
Dear Purchaser(s):
"Our housing cooperative is committed to equal housing opportunity. We do not discriminate based on race, color, national origin, religion, sex, disability, familial status, citizenship and alienage status, sexual orientation, lawful source of income or occupation, marital status, age, military status or other characteristics protected by local fair housing laws."
Attached is the application package you have requested. Please review and complete in <b>FULL</b> . Attach the copies of all necessary documents and complete each form of the application. Should you need assistance please feel free to contact my office.
There is a \$500.00 NON-REFUNDABLE application fee which should be made payable to Refco Mgmt. Co. Inc., and should be included in your completed package and PAID SOLEY BY THE OWNER OF THE APARTMENT. Applications that are incomplete will not be accepted and the application fee is NON-REFUNDABLE. Please refer to your specific co-op's house rules for any co-op fees. All CO-OP FEES MUST BE PAID TO THE RIGHT ENTITY. If there are 2 applicants, the fee will be \$600.
Once the application package is received, one (1) copy, one original, and a pdf copy, I shall review the application and if completed, forward to the Board of Directors. I also arrange the Board interview to be held and notify everyone when the process is completed and a decision has been made.
The entire process, once received in this office and complete, with all the necessary documentation, can take up to thirty (30) days.
Thank you for your attention in this matter.
Sincerely,

#### APPLICATION INSTRUCTIONS

### Your Application packet should contain the following (entitled):

Application Acknowledgement Page 3
Purchase Application – Page 4 & 5
Application Information – Page 6
Application Questionnaire – Page 7
Personal Financial Statement – Pages 8 and 9
Background Check Form – Pages 10 and 11

#### Please attach the following to your application:

Copy of Last 3 Bank Statements

Copy of your complete 1040 for the last three years.

Copy of your W-2 – last 3 years

Copy of your Purchase Agreement or Sales Contract

Copy of Commitment Letter, Recognition Agreement, and Loan Application (if financing)

Copy of Drivers License and Social Security Card. Must be Clear and Legible)

Signed copy of Co-op Corporations House Rules

Singed Background check authorization form completed, signed and paid.

#### **References:**

Present Landlord, or Managing Agent, Letter

Previous Landlord (if living at current residence less than two years)

Present Employer Letter with Companies Letterhead

Previous Employer (if employed at current position less than two years) Banks, two if applicable (copy of bank statements)

Personal three references not related. (Must include three (3) forms of contact per each reference-mailing address, email address and a phone number)

If self-employed, please provide you business' latest balance sheet, profit and loss Statement, Last year's tax return

Please fill our all parts of the application. Please use a ballpoint pen and Print. Application will not be reviewed unless complete. Please forward 5 complete sets of the application for Board Members. If you have any questions, please feel free to contact my office.

Sincerely,

Frank A. DeGuzman

## APPLICATION ACKNOWLEGDEMENT

To: Board of Directors:		_
I/We, the undersigned hereby submit this Application to Poand the Proprietary Lease for Apartmentacknowledge my/our understanding of the following:		
1. Pursuant to authority granted in the Proprietary Lease an utilize this Application to obtain background information r	•	
2. The Board of Directors may require additional information interview sent.	on and will require that the applicants	appear for a personal
3.The proposed purchase cannot be consummated without	the Board's consent.	
4. We have read the Proprietary Lease and House Rules which would govern the occupancy of the applicants.	nich govern the occupancy of the apart	tment by its residents and
5.In no event will the Corporation, the Board of Directors of incurred by any applicant whose application is disapproved		pilities or expenses
6. While the Board of Directors will attempt to promptly re and its agents assume no responsibility for expenses or liab	**	
7.Falsification of any of the following information, or omis limitation, in revocation of the Board of Directors' approva		
The undersigned hereby authorize the Board of Directors to institutions, references, etc. described herein in order to eli hereby makes this Application to purchase shares of stock described above.	cit information bearing upon this appli	ication. The undersigned
The undersigned acknowledges that, if this Application is a consent of the Board of Directors: pledge the shares of the Apartment; sublease the Apartment; permit non-family me the Apartment for other than residential purposes or violate Laws. The undersigned acknowledges that the undersigned The undersigning confirms the accuracy of all the information	Corporation's Stock; make structural a mbers to reside in the Apartment for n e any provision of the Proprietary Leas I is acquiring the Apartment in an "as i	alterations to the more than one month; use se, House Rules, or By-
APPLICANT:	CO-APPLICANT (if any) Submit sepa	arate Application
Print Name	Print Name	
Sign Name	Sign Name	
Date I	Date	_

### **PURCHASE APPLICATION FOR COOPERATIVE APARTMENT**

Building:	Apartment #	Shares:
Purchase Price:	_ Monthly Maintenance:	\$
Amount Financed:	_ Anticipated Closing Date	e
SELLER (S): Name:	ss	#
Name:	ss	#
Telephone:	Business Phone:	
Present Address:		
SELLER ATTORNEY: Name:		Tel <u>:(</u> )
E-Mail:	F <i>A</i>	λΧ:
Firm Name:	Address_	
PURCHASER (S) Name:	ss	#
		#
Telephone:	Business Phone:	
Present Address:		
PURCHASER ATTORNEY		
<u> </u>	Te	el <u>:(</u> )
E-Mail:	FA	λX:
Firm Name:	Address_	
FINANCIAL INSTITUTION:		
Name of Institution	Address	
Name of Attorney		e

#### **PURCHASE APPLICATION FOR COOPERATIVE APARTMENT**

# **PURCHASER(S) BANK REFERENCES:** Bank: \_\_\_\_\_\_ Branch: \_\_\_\_\_ Account No. Bank: \_\_\_\_\_\_ Branch: \_\_\_\_\_ Account No.: Bank: \_\_\_\_\_ Branch: \_\_\_\_ Account No.: Annex copies of verification from each bank as to balances, Annex copy of completed financial statement, last three years Form 1040, and 3 personal reference letters, The purchaser(s) hereby acknowledge(s) that consent of the Board of Directors of required by the terms of the Proprietary Lease. The purchaser(s) hereby agree(s) to submit to the Board all further documentation and information required by the Board. The purchaser(s) hereby give permission for the Board to contact employers and persons giving personal references. DATE SIGNATURE OF PURCHASER DATE SIGNATURE OF PURCHASER

SELLER ACKNOWLEDGES THAT THE FACTS CONTAINED HEREIN AS TO THE PURCHASE PRICE ARE TRUE AND CORRECT.

DATE SIGNATURE OF SELLER

### **APPLICANT INFORMATION**

Applicant (If More than one applicant submit two se	parate pages <u>)</u>
Name	Address
Home phone	E-mail
(If OWNER OF A BUSINESS)	
Name of Business	Address
Business Phone	Fax #
<u>Employment</u>	
Name of Employer	Address
Length of Employment	Annual Income \$
Position	
Name of Contact Person to contact and contact Number_	
<u>Landlord</u>	
Present Landlord or Agent Name	
Landlord or Agent Contact Number	
Present address of Landlord or Agent	
Current address associated with above	
Do you own any animals? Yes or No	_ If Yes Explain
What names will be on Stock?	
Is there anyone else who will occupy the unit?	_

## **Application to Purchase Questionnaire**

Question	YES	OR	NO
1 – Have you any outstanding judgments?			
2 – In the last 7 years, have you declared bankruptcy?			
3 – Have you had property foreclosed upon or given title or In lieu thereof?			
4 – Are you a co-maker or endorser on a note			
5 – Are you a party in a law suit?			
6 – Are you obligated to pay alimony, child support or Separate maintenance?			
7 – Will any part of your cash payments be borrowed?			
8 – Do you or any member of your family have Diplomatic status? If "Yes" explain below:			
Print Name			
Signature			

### **Financial Statement**

Name			
The Following is subn	nitted as being true and	accurate statement of t	the financial conditions of the
undersigned on the_	day of	20	

<u>ASSETS</u>	Applicant
Cash In Banks	
Money Market Funds	
Contract Deposit	
Investments Bonds & Stocks	
See Schedule	
Investment in Own Business	
Accounts and Notes	
Receivable	
Real Estate Owned – See	
Schedule	
Automobiles	
Year: Make:	
Personal property furniture	
Life Insurance	
Cash Surrender Value	
Retirement Funds/ IRA	
401K	
KEOGH	
Profit Sharing/Pension Plan	
Other Assets	
Total Assets	\$

# **Sources Of Income**

Base Salary	\$
Overtime Wages	\$
Bonus and commissions	\$
Dividends and Interest	\$
Income	
Real Estate Income (Net)	\$
Other Income (Itemize)	\$
Total	\$

# Liabilities Applicant

Liabilities	Applicant
Notes Payable:	
To Banks	
To Relative	
To Others	
Installment Accounts	
Payable:	
Automobile	
Other Accounts Payable	
Mortgages Payable on	
Real Estate – See	
schedule	
Unpaid Real Estate Taxes	
Unpaid Income Taxes	
Chattel Mortgages	
Loans on Life Insurance	
Policies (Include	
Premium advances)	
Outstanding Credit Card	
Loans	
Other Debts – Itemize	
Total Liabilities	\$
NET WORTH	\$

As Endorser or Co Maker	\$
of Note	
Alimony Payments	\$
(annual)	
Child Support	\$

# **Contingent Liabilities**

# **Projected Expenses Monthly**

Maintenance	\$
Apartment financing	\$
Other Mortgages	\$
Bank Loans	\$
Auto Loans	\$
Total	\$

Amount of Shares		OF BONDS AN					
Amount of Shares	Description (Extended Valuation in column)		Marketable Value		Noi	Non Marketable Value	
	SCH	IEDULE OF REA	AL ESTATE				
Description and Location	Cost	Actual Value Mortgage Amou		ount	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 forgoing application Pages 1 to 9 has been carefully prepared and the undersigned hereby solem	nnıy
declare(s) and certify(s) that all the information contained herein is true and correct.	

Date	Print	
Date	Signature	
*A copy of the Coptract	of Sala and the Mortgage Application if any must be attached to t	hic applicatio

A copy of the Contract of Sale and the Mortgage Application, if any must be attached to this application

#### **BACKGROUND CHECK APPLICATION**

#### **Applicant(s) Information and Signature Release**

Print Clearly - All Fields are **Required** 2 pages

(Note: Tenant requests are per applicant and not filed per bureau compliance) Applicant Full Name: First Middle SSN#: \_\_\_\_\_ DOB: \_\_\_\_/ \_\_\_ APT# \_\_\_\_ Address: CITY: \_\_\_\_\_ State: \_\_\_\_ ZIP: \_\_\_\_ Former Address (if not a present address for 2 years) Drivers License # Current Bank Account Number\_\_\_\_\_ Current Bank Routing Number **CURRENT LANLORD INFORMATION: NO P.O BOXES** Name: \_ Middle Last First Phone #: \_\_\_\_\_\_ Address: \_\_\_\_\_ APT #: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ **CURRENT EMPLOYER INFORMATION:** Name of Company: \_\_\_\_\_ Address of worksite: \_\_\_\_\_\_Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ Employer Contact Name: \_\_\_ First Middle Last Employer contact phone #: \_\_\_\_\_

Address:		_	APT#				
CITY:	State:	_ZIP: _					
PREVIOUS LANDLORD ADD	RESS AND CONTACT						
Name							
Address:		_	APT#			ı	
CITY:	State:	_ZIP: _					
Contact Number		_					
I Authorize the named history, Landlord-Tenar eviction check, on me, t	nt Court filing, Emplo	oyme	nt Verifica	tion incl	uding Sa	alary an	d or even
Applicant Signature:			_ Date:	1	<b>/</b> 20		

**PREVIOUS ADDRESS** 

**FAX COMPLETED REQUEST AUTHORIZATION FORM TO 845-888-8312**