

REFCO MANAGEMENT CO. INC. P.O. BOX 1027 ROCK HILL NY 12775 PH – 845-888-5246 FAX – 845-888-8312 E-Mail – FrankRefco@gmail.com (Frank)

### WWW.REFCOMANAGEMENT.COM

Date Submitted:
To: Prospective Purchasers
Re; Application to Purchase
Dear Purchaser(s):
Attached is the application package you have requested. Please review and complete in <b>FULL</b> . Attached 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 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 the your specific co-op's house rules for any co-op fee's. All CO-OP FEES MUST BE PAID TO THE RIGHT ENTITY. The background check is included in the application fee. 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,
Frank A. DeGuzman

#### 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. Letters

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

3. The proposed purchase cannot be consummated without the Board's consent.  4. We have read the Proprietary Lease and House Rules which govern the occupancy of the apartment by its residents and which would govern the occupancy of the applicants.  5. In no event will the Corporation, the Board of Directors or its agents be responsible for any liabilities or expenses incurred by any applicant whose application is disapproved.  6. While the Board of Directors will attempt to promptly review all applications, the Corporation, the Board of Directors and its agents assume no responsibility for expenses or liabilities resulting from any delay in its review.  7. Falsification of any of the following information, or omission of material information here from may result, without limitation, in revocation of the Board of Directors' approval and termination of the applicants' Proprietary Lease.  The undersigned hereby authorize the Board of Directors to contact any of the employers, banks, landlords, educational institutions, references, etc. described herein in order to elicit information bearing upon this application. The undersigned hereby makes this Application to purchase shares of stock in the Corporation and the Proprietary Lease for the Apartment described above.  The undersigned acknowledges that, if this Application is accepted, the undersigned will not, without the prior written consent of the Board of Directors: pledge the shares of the Corporation's Stock; make structural alterations to the Apartment; sublease the Apartment; permit non-family members to reside in the Apartment for more than one month; use the Apartment for other than residential purposes or violate any provision of the Proprietary Lease, House Rules, or By-Laws. The undersigned acknowledges that the undersigned is acquiring the Apartment in an "as is" contained.  APPLICANT:  CO-APPLICANT (if any) Submit separate Application	To: Board of Directors:			
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	APPLICANT:	CO-APPLICA	NT (if any) Submit separate	Application
Sign Name Sign Name	Print Name	Print N	Jame	
	Sign Name	Sign Na	ime	

Date

Date

#### PURCHASE APPLICATION FOR COOPERATIVE APARTMENT

Building:		Apartment #	Shares:	
Purchase Price	e:	Monthly Maintenance: \$		
Amount Finance	ced:	Anticipated Closing Date _		
SELLER (S):	Name:	SS#		
	Name:	SS#		
	Telephone:	Business Phone:		
Present	t Address:			
SELLER ATTOR	RNEY: Name:	т	el <u>:(</u> )	
	E-Mail:	FAX:	<u>.                                    </u>	
Firm N	ame:	Address		
PURCHASER (S	S) Name:	SS#	<u> </u>	
	Name:	SS#		
	Telephone:	Business Phone:		
Presen	t Address:			
PURCHASER A	TTORNEY			
	Name:	Tel <u>:(</u>	)	
	E-Mail:	FAX:	<u> </u>	
Firm N	ame:	Address		
FINANCIAL IN	STITUTION:			
Name of Instit	tution	Address		
Name of Atto	rnev	Telephone		

#### PURCHASE APPLICATION FOR COOPERATIVE APARTMENT

# **PURCHASER(S) BANK REFERENCES:** Bank. Branch:

Darik		Dianon	
Account No			
Bank:		Branch:	
Account No.:	:		
Bank:		Branch:	
Account No.:	:		
The purchase the Board all	er(s) hereby acknowledge(s) that cons required by the terms of the Propr	ent of the Board of Directors ofetary Lease. The purchaser(s) hereby agree(s) to su ion required by the Board. The purchaser(s) hereby	 ubmit to
DATE	SIGNATURE OF PURCHASER		
DATE	SIGNATURE OF PURCHASER		
SELLER ACKN CORRECT.	NOWLEDGES THAT THE FACTS CONTA	INED HEREIN AS TO THE PURCHASE PRICE ARE TR	UE AND
DATE	SIGNATURE OF SELLER		

### **APPLICANT INFORMATION**

Applicant (If More than one applicant submit two Name	Address	
Home phone	E-mail	
(If OWNER OF A BUSINESS)		
Name of Business	Address	
Business Phone	Fax #	
Employment		
Name of Employer	Address	
Length of Employment	Annual Income \$	
Position		
Name of Contact Person to contact and contact Num	ber	
<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 ju	udgments?			
2 – In the last 7 years, have you	declared bankruptcy?			
3 – Have you had property fore In lieu thereof?	closed upon or given title	e or		
4 – Are you a co-maker or endo	rser on a note			
5 – Are you a party in a law suit	?			
6 – Are you obligated to pay ali Separate maintenance?	mony, child support or			
7 – Will any part of your cash pa	ayments be borrowed?			
8 – Do you or any member of yo Diplomatic status? If "Yes" explain below:	our family have			
Print Name				
Signature	 Date			

### **Financial Statement**

Name				
The Following is sub	mitted as being tr	ue and accurate statement	of the financia	l 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	\$

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	\$

### **Sources Of Income**

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

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	\$

#### -8-FINANCIAL SCHEDULE

	1.			OF BONDS A	AND STOCK	(5				
Amount of Shares		Description (Extended Valuation in column)			Marketable Value			Non Marketable Value		
			SCHED	ULE OF REA	L ESTATE					
Description and Location				Actual Value		Mortgage Amount				
		Cost						Maturity Date		
			SCHED	ULE OF NO	ΓΕς ΡΔΥΔΒ	l F				
Specify any as	ssets p	ledged a					ey secure:	:		
To Whom Payable	Date		Amount		Due	Interest			Pledged As	
									Security	
			II.		l		1		-	
The forgoing applicat	tion Pr	agos 1 to	0 has be	oon caraful	ly propara	1 and +h	o undorci	an a d	horoby colomby	
The forgoing applicated the control of the control									nereny soleminy	
Date				Print						
				<del>-</del>						
Date			Signature							

<sup>\*</sup>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:\_\_\_\_\_ Last First Middle SSN#: \_\_\_\_\_ DOB: \_\_\_\_/ \_\_\_ Address: \_\_\_\_\_ APT# 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 First Last Phone #: \_\_\_\_\_ Address: \_\_\_\_\_ APT #: \_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_ **CURRENT EMPLOYER INFORMATION:** Name of Company: Address of worksite: \_\_\_\_\_Apt #: \_\_\_\_\_ City: State: Zip: Employer Contact Name: \_\_\_\_\_ Middle First Last Employer contact phone #: \_\_\_\_

### **PREVIOUS ADDRESS**

Address:		AP	Г#			
CITY:	State:	ZIP:				
PREVIOUS LANDLO	RD ADDRESS AND CONT	<u>ACT</u>				
Name						
Address:		AP	Г#			
CITY:	State:	ZIP:				
Contact Number						
history, Landlord	named Below to obta d-Tenant Court filing, on me, through Amer	<b>Employment V</b>	erificati	on inc	luding Salaı	ry and or eve
Applicant Signature	e:	Da	te:	/	/20	

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