

APPLICATION FOR PURCHASE OF APARTMENT

Personal Information

Date of Application _____

	Applicant	Co-Applicant
Full Name	_____	_____
Social Security #	_____	_____
Name(s) <i>as they would appear on Stock Certificate</i>	_____	_____
Current Address	_____	_____
	Own Rent Years	Own Rent Years
	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____
Previous address <i>if less than two (2) years</i>	_____	_____
	Own Rent Years	Own Rent Years
	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> _____
Home Phone	_____	_____
Office Phone	_____	_____
Citizenship	_____	_____
<i>If not US Citizen, describe status:</i>	_____	_____
	_____	_____
	_____	_____

All persons who will reside in the apartment, other than applicant(s)

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Pets: *please specify*

Maximum one dog per household _____

Purchase Information

Apartment Number _____ Number of Shares _____

Seller _____ Phone _____

Seller's Attorney _____ Phone _____

Attorney's Address _____

Broker (if any) _____ Phone _____

Will this be your primary residence? Yes No *If not, please explain below:*

Employment

	Applicant	Co-Applicant
Employer	_____	_____
Address	_____	_____
Nature of Business	_____	_____
Position	_____	_____
Length of Employment	_____	_____
Contact Person	_____	_____
Telephone	_____	_____
<i>Previous Employer</i>	_____	_____
Address	_____	_____
Nature of Business	_____	_____
Position	_____	_____
Length of Employment	_____	_____
Contact Person	_____	_____
Telephone	_____	_____

If You Are A Principal Of Or Are Employed By A Family Business Please Complete:

	Applicant	Co-Applicant
Nature of Business		
Years in this Business		
Business Gross Sales	\$	\$
Business Total Assets	\$	\$
Business Net Worth	\$	\$
Business Credit Line	\$	\$
Bank Reference		
Bank Address		
Officer		
Telephone		

NOTE: If a substantial portion of income and/or assets are derived from a family business or business in which Applicant(s) holds a material financial interest, a signed copy of the business Audited Financial Statements for the last two years must accompany this application.

Assets and Liabilities

Applicant

Cash (including money market funds or equivalent)

Bank	Account Number	Amount
		\$
		\$
		\$
Total Cash		\$

Stocks and Bonds (Attach Supporting Statements)

Broker / Investment Advisor	Account Number	Stocks	Bonds	Cash
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total Value		\$	\$	\$
If any securities are margined, identify the amount				\$

Co-Applicant

Cash (including money market funds or equivalent)

Bank	Account Number	Amount
		\$
		\$
		\$
Total Cash		\$

Stocks and Bonds (Attach Supporting Statements)

Broker / Investment Advisor	Account Number	Stocks	Bonds	Cash
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total Value		\$	\$	\$
If any securities are margined, identify the amount				\$

Real Estate

Current Residence if Owned

	Applicant	Co-Applicant
Address		
Holder of Title		
Percentage Owned		
Indebtedness	\$ _____	\$ _____
Date Acquired		
Cost	\$ _____	\$ _____
Monthly Mortgage Cost	\$ _____	\$ _____
Other Monthly Expenses	\$ _____	\$ _____
	<i>e.g., utilities, taxes, insurance, etc</i>	
Insurance, etc.	\$ _____	\$ _____
Do you intend to sell, if approved?	_____	_____
If so, have entered into a formal contract?	_____	_____
Closing Date		
Closing Price	\$ _____	\$ _____
Mortgage and Debts to be Paid on Sale	\$ _____	\$ _____

Other Real Estate Owned

	Applicant	Co-Applicant
Address		
Holder of Title		
Percentage Owned		
Indebtedness	\$ _____	\$ _____
Date Acquired		
Cost	\$ _____	\$ _____

Operating Summary

Monthly Income	\$	\$
Monthly Mortgage Cost	\$	\$
Other Monthly Expenses	\$	\$
<i>e.g., utilities, taxes, insurance, etc</i>		
Insurance, etc.	\$	\$
Market Value of your Percentage Owned?	\$	\$
Total Market Value of all Real Estate owned	\$	\$
Total Indebtedness of all Real Estate owned	\$	\$
Mortgage and Debts to be Paid on Sale	\$	\$

Other Assets (car, note receivable, etc.)

Applicant		Co-Applicant	
<i>Description</i>	<i>Value</i>	<i>Description</i>	<i>Value</i>
	\$		\$
	\$		\$
	\$		\$
Life Insurance Cash Surrender Value	\$		\$
Annual Premium	\$		\$

Other Liabilities

Applicant

Co-Applicant

Loan Type or Credit Outstanding

e.g., car or student loans, credit card, from life policy, margin, from relatives.

Creditor	Owed	Due Date	Creditor	Owed	Due date
	\$			\$	
	\$			\$	
	\$			\$	
Guarantor of another's indebtedness? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If, yes</i> <i>Description:</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Amount</i>		
			\$		
			\$		

Total	\$	\$
Total Other Liabilities	\$	\$

Assets And Liabilities Summary Page

Assets

<i>Total Amounts</i>	Applicant	Co-Applicant
Cash	\$	\$
Stocks & Bonds	\$	\$
Real Estate	\$	\$
Other Assets	\$	\$
Total Assts	\$	\$

Liabilities

<i>Total Amounts</i>		
Real Estate Indebtedness	\$	\$
Other Liabilities	\$	\$
Total Liabilities	\$	\$

Sources of Income

	Applicant	Co-Applicant
Current Annual Salary	\$	\$
Prior Year Salary	\$	\$
Second Prior Year Salary	\$	\$
Other Income	\$	\$
<i>(bonus, interest etc.)</i>	\$	\$

If you are a principal or employed by a family business, please complete:

Annual Dividend or Partnership Income

Current Year	\$	\$
Past Year	\$	\$
Second Prior Year	\$	\$

Details of this Purchase

Purchase Price	\$ _____
Closing Costs	\$ _____
Total	\$ _____
Amount of Mortgage	\$ _____
Amount of Other Financing	\$ _____
Amount of Cash Deposit	\$ _____
Cash Required at Closing	\$ _____

Attach copy of financing commitment and application.

General

	Applicant	Co-Applicant
Have you ever been convicted of a crime?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you, or any company or business in which you are or were principal, filed for, or been forced into bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is there any outstanding litigation involving you or any company in which you have a material interest?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you subject to any unsatisfied judgment or lien of any kind?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any property you have ever owned or in which you had a material financial interest been the subject of foreclosure proceedings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes to any, provide details.

The undersigned hereby authorize(s) the Board or Directors to contact, without any notification to the Applicant(s), any of the employers, banks, landlords, managing agents, etc. described herein in order to obtain information bearing upon this application. The undersigned also certifies that the information contained in this application is true.

_____	_____
Applicant	Co-Applicant
_____	_____
Date	Date