



SALES APPLICATION

REQUIRED DOCUMENTATION TO PROCESS APPLICATION

1. Contract of Sale (fully executed)
2. Purchase Application (enclosed)
3. Credit Release Authorization Form (enclosed)
4. Authorization Form (enclosed)
5. Occupancy Rider (enclosed)
6. Notification of legal mailing (enclosed)
7. Emergency Contact Form (enclosed)
8. A letter to the Board of Managers advising them of a bona fide offer to sell the unit. The letter should include the terms of the contract and offer to sell such unit to the Board of Managers or its designee for the same terms and conditions.
9. Most recent tax return and W2. (If self-employed please provide a copy of the most recent Corporate Tax Return and letter from a CPA verifying income).
10. Copy of Commitment Letter, if financing

APPLICATION FEES DUE FROM BUYER

Processing Fee of **\$450.00** includes credit check payable to: **Harlem Property Management, Inc.**

FILING INSTRUCTIONS

Please go to: <https://www.harlempm.com/document-upload-page/> (our Website under the Tab

- Enter your Name
- Upload File (1-PDF)
- Click SEND

*** If you have any questions you can email Craig Adam Rothfeld on craig.r@harlempm.com*

ALSO, PLEASE MAIL ONE (1) ORIGINAL SET WITH \$450 FEE TO:

Harlem Property Management, Inc.
270 Malcolm X. Blvd.
New York, NY 10027
Attn: Craig Rothfeld

While every effort will be made to expedite your application, pursuant to Condominium By-Laws, the Board has time to exercise or Waive the Right of First Refusal and pursuant to Co-Op By-Laws the Board has time to review it. Therefore, your application should be submitted in advance to allow sufficient time for the Board review.

Please be sure package is completed in its entirety before submitting to Harlem Property Management. **Incomplete packages will not be processed and will be returned for completion.**

Should you have any questions please feel free to contact us at (212) 280-6823.

Sincerely,



Craig A. Rothfeld
Sr. Vice President I Client Services
Harlem Property Management, Inc.

HPM realizes that this application contains sensitive personal information.

We require the social security number for each applicant (and each other adult occupant of the apartment). This is the only place on the application requiring a social security number, but social security numbers may be contained in other documents that you are submitting (ie: tax returns, contracts of sale).

Before submitting these documents, please black out or otherwise obliterate the social security number as HPM cannot be responsible for the security of this information if it is included in these documents.

PURCHASE APPLICATION
(Application must be completed in its Entirety)

Date: _____

Broker's Name: (I) _____ Tele: _____ (Seller)

Broker's Name: (1) _____ Tele: _____ (Purchaser)

Broker's Co. & Address: (1) _____

(2) _____

Property Address: _____ Apt. / Unit No.: _____

Purchase Price: \$ _____ Estimated Date of Closing: _____

Seller's Name: _____ Tele#: _____

Seller's Current Address: _____

Seller's Forwarding Address: _____ Tele #: _____

Attorney for Purchaser: _____ Tele #: _____

Address: _____

Applicant's Name: _____

Social Security #: _____

Date of Birth: _____

Present Address: _____

Telephone #: _____

Monthly Rent or Mortgage Payment \$: _____

Previous Address (if less than 3 years at above): _____

Name of Employer: _____ Tele #: _____

Address: _____

Nature of Business: _____ Position Held: _____

Annual Income: _____

Length of Employment: _____

Business Reference (Dept. Head): _____ Phone #: _____

Additional Source of Income: _____

Previous Employment If less than 2 years at above:

Name of Employer: _____ Tele #: _____

Address: _____ Supervisor: _____

Nature of Business: _____ Position Held: _____

Annual Income: _____ Length of Employment: _____

Co-Applicant: _____

Social Security #: _____

Present Address: _____

Telephone #: _____ Monthly Rent or Mortgage Payment \$: _____

Previous Address (if less than 3 years at above): _____

Name of Employer: _____ Tele #: _____

Address: _____

Nature of Business: _____ Position Held: _____

Annual Income: _____ Length of Employment: _____

Additional Source of Income: _____

Business Reference (Dept. Head): _____

Previous Employment If less than 2 years at above:

Name of Employer: _____ Tele #: _____

Address: _____ Supervisor: _____

Nature of Business: _____ Position Held: _____

Annual Income: _____ Length of Employment: _____

References

Present Landlord: _____

Address: _____ Tele #: _____

Previous Landlord: _____

Address: _____ Tele #: _____

Financial

Bank (1): _____ Branch: _____ Account #1 _____

Bank (2): _____ Branch: _____ Account #2 _____

Accountant: _____

Address: _____ Tele #: _____

Credit Cards (If Any):

_____	_____
_____	_____
_____	_____

In Case of Emergency, List two (2) Friends or Relatives:

Name: _____

Address: _____ Tele #: _____

Name: _____

Address: _____ Tele #: _____

Adults: _____ Children: _____ Pets: _____

In order for you to comply with the provisions of Section 606 of the Fair Credit Reporting Act, I authorize you to retain a Credit Reporting Agency, which agency may obtain and furnish information on my character, general reputation, personal characteristics and mode of living.

I understand that upon request, I am entitled to a disclosure of the nature and scope of the investigation to be requested by you and of said Credit Reporting Agency.

Signed: _____

Name: _____

Signed: _____

Name: _____

CREDIT RELEASE AUTHORIZATION

Applicant's Name

Social Security Number

Applicant's Name

Social Security Number

By signing below, I/We authorize *HARLEM PROPERTY MANAGEMENT*, Inc. to obtain Credit Reports on me/us. The Credit Report is to be conducted by any source used by *HARLEM PROPERTY MANAGEMENT*. The purpose of this search is to verify information on me/us for a lease, sublet, or purchase of an apartment.

Signature

Applicant

Date

Signature

Applicant

Date

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Apartment No:

Authorization Form

Name (s) of Resident(s)	Please set forth below the name of Each person residing in the apartment
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1.	4.
2.	5.
3.	6.

Status of Primary Resident(s):

Unit Owner(s)

Tenant(s)

If tenant(s), indicate lease expiration date:

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Telephone Numbers of

Primary Resident(s):

Home:

()
()

Bus:

()
()

List Each Non-Resident Who is Authorized to Have Access to the Apartment		
Name	Person Has Key to Apartment	Concierge is Authorized to Provide Key to Apartment
1.		
2.		
3.		
4.		
5.		

This Authorization Form Expires upon termination of Lease Agreement or the date on which the Apartment is sold.

Signature: _____
Occupant

Print Name: _____

Date: _____



OCCUPANCY RIDER

BUILDING: _____ UNIT: _____

TENANT(S)/OWNER(S): _____

DATE OF LEASE/ OWNERSHIP: _____

1. It is understood that the above mentioned apartment is to be used for residential purposes only by _____. It is further understood and agreed that in the event this apartment is occupied by persons other than those named above, the Landlord may terminate this lease (if applicable)/ownership.

2. Rules and Regulations - Lessee acknowledges that he/she has been provided with a copy of the Condominium's current Rules and Regulations, and expressly agrees to abide by such Rules and Regulations and any amendments thereto.

By: _____

Tenant: _____



NOTIFICATION OF
LEGAL MAILING ADDRESS FOR UNIT OWNER

All communications and invoices concerning the ownership of Unit _____
should be sent to the following address rather than to the apartment

Owner's Name: _____

Address: _____

Business Telephone Number: _____

Home Telephone Number: _____



EMERGENCY CONTACT/LEASE INFORMATION FORM

Occasionally, a maintenance problem or emergency will occur when it is imperative to contact the residents. Repair work can be hampered when residents are not at home and cannot be contacted. Extensive damage can be prevented if we can contact the occupants. IN ADDITION, IF YOUR APARTMENT IS LEASED WE MUST HAVE CURRENT LEASE EXPIRATION DATE. THE AMOUNT OF THE MONTHLY RENT AND A COPY OF THE CURRENT LEASE.

Please fill in the information below. We regret that move-ins will not be permitted unless this form is completed in its entirety. Thank you for your assistance.

BUILDING ADDRESS _____ Apt. No. _____

OWNER (S) _____ SS#1 _____

OWNER'S MAILING ADDRESS _____

OWNER'S TELEPHONE # _____

Please add any additional information on the back of this form you feel will assist us in notifying you in the event emergency.



FINANCIAL STATEMENT

Name (s) _____

Address _____

The following is submitted as being a true and accurate statement of the financial condition of the undersigned on the _____ day of _____

ASSETS			LIABILITIES		
	Applicant	Co-Applicant		Applicant	Co-Applicant
Cash in banks			Notes Payable:		
Money markets Funds			To Banks		
Contract Deposit			To Relative		
Investments: Bonds & Stocks -see schedule			To Others		
Investment in Own Business			Installment Accounts Payable:-		
Accounts and Notes Receivable			Automobile		
Real Estate Owned - see schedule			Other		
Year Make			Other Accounts Payable		
Automobiles:			Mortgages Payable on Real		
Personal Property & Furniture			Estate - see schedule		
Life Insurance			Unpaid Real Estate Taxes		
Cash Surrender Value			Unpaid Income Taxes		
Retirement Funds/IRA			Chattel Mortgages		
401K			Loans on Life Insurance Policies		
KEOGH			(Include Premium Advances)		
Profit Sharing/Pension Plan			Outstanding Credit Card Loans		
Other Assets			Other Debts - itemize		
TOTAL ASSETS			TOTAL LIABILITIES		
COMBINED ASSETS			NET WORTH		
SOURCE OF INCOME			TOTAL LIABILITIES		
	Applicant	Co-Applicant	& NET WORTH		
Base Salary	\$	\$	COMBINED		
Overtime Wages	\$	\$	CONTINGENT LIABILITIES		
Bonus & Commissions	\$	\$	As Endorser or Co-maker on Notes	\$	
Dividends and Interest Income	\$	\$	Alimony Payments (Annual)	\$	
Real Estate Income (Net)	\$	\$	Child Support	\$	
Other Income - itemize	\$	\$	Are you defendand in any legal action?		
TOTAL	\$	\$	Are there any unsatisfied judgments?		
GENERAL INFORMATION			Have you ever taken bankruptcy? Explain:		
	Applicant	Co-Applicant	PROJECTED EXPENSES / MONTHLY		
Personal Bank Accounts at			Maintenance	\$	
Savings & Loans Accounts at			Apartment Financing	\$	
Purpose of Loan			Other Mortgages	\$	
			Bank Loans	\$	
			Auto Loan	\$	
			TOTAL	\$	



**Please take a moment to complete this contact form and return to our office.
Thanks for helping us make certain we are able to contact you with important
information and updates.**

Building Address: _____

Owner Name: _____

Address: _____ Unit # _____

City: _____ State: _____ Zip: _____

Social Security # _____ Social Security# _____

Home Phone: _____ Work: _____

Work: _____

Cell: _____ Cell: _____

Email Addresses: _____

Emergency Contact

Name: _____

Phone 1: _____ Phone 2: _____

Please return contact information to:

Harlem Property Management, Inc.
270 Malcolm X Blvd.
New York, NY 10027
Attn: Craig Adam Rothfeld
Email: craig.r@harlempm.com



Tenant Information

Tenant Name: _____

Unit #: _____

Phone: _____

Email address: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Lease Term: _____



POWER OF ATTORNEY

The undersigned _____, is the Owner of Residential Unit No. _____ (the "Unit") in the building known as

(the "Condominium"), _____, Borough of Manhattan, City, County and State of New York, as designated and described in the Declaration establishing

_____, dated _____ recorded in the office of the

New York City Register, County of New York, as CRFN _____ (the "Declaration"), and as also described on the floor plans filed in the Real Property Assessment Department in the City of New York, New York County, as Condominium Plan No. _____, as same may be amended from time to time.

The undersigned does hereby nominate, constitute and appoint the Board of Managers of the Condominium, the Residential Representative thereof and successors of both said entities, jointly, true and lawful attorneys-in-fact for the undersigned, with a power coupled with an interest, with power of substitution, subject to any prohibitions or limitations on the exercise of such power or the acts for which it is given, as are set forth in the Declaration or the By-Laws of the Condominium, (1) to acquire, in their own names as members of the Board of Managers, the Residential Committee, the Non-Residential Representative, as applicable, or in the name of their designee, corporate or otherwise, by deed, on behalf of all owners of Condominium Units or on behalf of all Residential Units or on behalf of all Non-Residential Unit Owners, as applicable, (a) any Unit whose Owner desires to sell convey or assign the same, the Common Interest appurtenant thereto, the interest of such Unit Owner in any other Units theretofore acquired by the Board of Managers, the Residential Committee, the Non-Residential Representative, as applicable, or its designee, on behalf of all Unit Owners, or the proceeds of sale or lease thereof, if any, and the interest of such Unit Owner in all other assets of the Condominium (hereinafter collectively called the "Appurtenant Interests") or (b) any Unit which shall be the subject of a foreclosure or other judicial sale or whose Owner desires to surrender or abandon same, (2) to lease any Unit whose Owner desires to rent the same, at such prices or at such rental, as the case may be, and on such other terms, and conditions as said attorneys-in-fact shall, in their sole discretion deem proper. (3) thereafter to convey, sell, lease, sublease, mortgage, vote, or otherwise deal with any





such Unit so acquired by them, on such terms and conditions as said attorneys-in-fact in their sole discretion determine, granting to said attorneys-in-fact the power to do all things in the said premises which the undersigned could do if the undersigned were personally present, and (4) to execute, acknowledge and deliver (a) any instrument affecting the Unit in connection with any petition seeking administrative and judicial review of an assessment made in accordance with Real Property Law §339-y(1), which the undersigned, by separate written agreement, may have authorized the Board of Managers to undertake, pursuant to a Real Property Law §339-y(4), (b) any declaration or other instrument affecting the Condominium which the Board of Managers, the Residential Committee or the Non-Residential Representative, as applicable, deems reasonably necessary or appropriate to comply with any law, ordinance, regulation, zoning resolution or requirement of the Department of Buildings, the City Planning Commission, the Board of Standards and Appeals, or any other public authority, applicable to the maintenance, demolition, construction, alteration, repair or restoration of the Condominium, or (c) any consent, covenant, restriction, easement or declaration, or any amendment thereto, affecting the Condominium which the Board of Managers or the Residential Committee or the Non-Residential Representative, as applicable, deems necessary or appropriate.

Notwithstanding any other provisions of this power neither the Board of Managers nor the Residential Committee may act so as to adversely affect the rights of the Sponsor or the Non-Residential Unit Owners, without the prior written consent of the affected entity. This Power of Attorney shall be exercised in accordance with the By-Laws of the Condominium.

The acts of a majority of such persons shall constitute the acts of said attorney-in-fact.

This Power of Attorney is irrevocable and shall not be affected by the subsequent disability or incompetence of the undersigned.

IN WITNESS WHEREOF, I have executed this Power of Attorney this ____ day of _____, 2014.

BY:



