

SCARBOROUGH *MANOR*

NOTICE TO APPLICANT

Article II of Chapter 700 of the Laws of Westchester County, known as the Westchester County Fair Housing Law, prohibits discrimination in housing accommodations on the basis of a person or persons' actual or perceived race, color, religion, age, national origin, alienage or citizenship status, ethnicity, familial status, creed, gender, sexual orientation, marital status, disability, source of income, or status as a victim of domestic violence, sexual abuse, or stalking.

Section 700.21-a of the Westchester County Fair Housing Law governs applications to purchase shares of stock in cooperative housing corporations, and applies to this application. Under this section, the cooperative housing corporation is required to comply with the following deadlines:

1. Within fifteen days of the receipt of this application, the cooperative housing corporation must either acknowledge that it has received a complete application, or shall notify you of any defect in the application.
2. If you are notified of any defect in the application, within fifteen days of the receipt of the corrected application the cooperative housing corporation must either acknowledge that it has received a complete application, or shall notify you of any defect in the application.
3. Within sixty days of receipt of a complete application, the cooperative housing corporation must approve or deny your application, and provide written notice thereof.
4. If your application is denied, the cooperative housing corporation is required to provide notice to the Westchester County Human Rights Commission, including your contact information.

Effective August 1, 2021

PLEASE PROVIDE THE FOLLOWING INFORMATION (if not filled in, the Application will be returned to the Applicant as incomplete):

Applicant's Attorney

Full Name _____
Address _____
Telephone _____
Email _____

Applicant's Broker (IF THERE IS NO BROKER, PLEASE SO NOTE)

Full Name _____
Address _____
Telephone _____
Email _____

Seller's Attorney

Full Name _____
Address _____
Telephone _____
Email _____

Seller's Broker (IF THERE IS NO BROKER, PLEASE SO NOTE)

Full Name _____
Address _____
Telephone _____
Email _____

Property Management Company

Full Legal Name: GARTHCHESTER REALTY
Address: 440 Mamaroneck Ave., Suite S-512, Harrison, NY 10528
Telephone: 914-725-3600
Email: elizabeth@garthchesterrealty.com

SCARBOROUGH MANOR OWNER'S CORP.
16 Rockledge Ave OFC
Ossining, NY 10562
Tel: (914) 762-3676 Fax: (914) 762-8725

APPLICATION FOR COOPERATIVE APARTMENT PURCHASE OR LEASE

Name of Applicant/Purchaser #1: _____

Name of Applicant/Purchaser #2: _____

Email: _____

Name of Shareholder/Seller: _____

Apartment #: _____ Building #: _____ Apt. Size (#BR): _____

Number of Shares: _____ Monthly Maintenance: \$ _____

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

Amount to be Financed: \$ _____ (May not be more than 75% of Purchase Price)

Name of Lender: _____

Monthly Loan Payment: \$ _____

Date/Expiration of Loan Commitment: _____

I/We, _____, have read or will read the Proprietary Lease, House Rules, By-Laws and Sublease Policy, (collectively, the "Rules and Regulations") of Scarborough Manor Owner's Corp. and agree to abide by these Rules and Regulations.

(Signature #1)

(Signature #2)

ALL ITEMS IN THIS APPLICATION AND THE ACCOMPANYING FINANCIAL STATEMENT MUST BE COMPLETED IN FULL.

ALL DOCUMENTS DESCRIBED ON THE NEXT PAGE MUST BE SUBMITTED WITH THE APPLICATION. FAILURE TO DO SO WILL DELAY PROCESSING OF THIS APPLICATION AND RESULT IN ADDITIONAL FEES FOR REVIEW PLEASE CHECK THAT YOUR NAME(S) APPEAR(S) ON ALL FINANCIAL STATEMENTS.

APPLICANT(S) MUST SIGN ON PAGES 1, 3 AND 19.

PLEASE DO NOT INTERFILE ANY PAGES INTO THIS APPLICATION; KINDLY APPEND LABELED EXHIBITS TO APPLICATION. STAPLE SETS OF DOCUMENTS AND CLIP RELATED DOCUMENTS TOGETHER (SUCH AS ALL TAXES OR ALL STATEMENTS OF ASSETS, THE LATTER FILED IN ORDER OF MOST VALUE TO LEAST)

PLEASE BE ADVISED THAT SCARBOROUGH MANOR OWNER'S CORP. ("SMOC") DOES NOT ACCEPT GUARANTORS FOR PURCHASERS NOR DOES SMOC ACCEPT A TRUST AS A PURCHASER.

INSTRUCTIONS - DOCUMENT REQUIREMENTS

THE FOLLOWING MUST BE SUBMITTED WITH THIS APPLICATION

PLEASE READ THIS LIST CAREFULLY AND PROVIDE ALL DETAIL REQUESTED. FAILURE TO DO SO WILL RESULT IN ADDITIONAL PROCESSING FEES.

1. Applicants' check for \$400 payable to Garthchester Realty and a separate check for \$50 for **each** applicant on the application made payable to Garthchester Realty for credit check processing fees.
2. Copy of fully executed contract of sale, signed by Shareholder/Seller and Applicant(s)/Purchaser(s).
3. (If purchase is being financed) Copy of **Mortgage/Loan Commitment Document (a pre-approval agreement is NOT acceptable)**.
4. Documentation for Applicants' source of funds for purchase price. **NOTE: If from sale of present residence, furnish copy of contract of sale. If from current assets, furnish bank or securities statements.**
5. Documentation evidencing assets listed in "Financial Statement" (e.g., bank statements, securities statements, etc.). **NOTE: If assets include investment in a business, furnish current balance sheet and income statement of business.**
6. **Full Federal Income Tax Returns with Copies of W-2 and 1099 forms** of the Applicant(s) for the three consecutive years immediately preceding the date of this application. **NOTE: In the case of Form 1040, include Schedules supporting all income items (e.g., Schedules B, C, D, E).**
7. Two written statements or letters from financial and/or business references, including one from current banker, as well as a written reference from previous landlord, where applicable (Page 8 of this Application).
8. Letters and/or statements of four personal references (Page 9 of this Application).
9. If financing, completion of a generic questionnaire regarding the financials and property details of Scarborough Manor Owner's Corp. is available at a charge of \$100.00. If a lender requires a specialized questionnaire, please submit the questionnaire and a check for \$225.00 payable to Scarborough Manor Owner's Corp. to cover processing.

INFORMATION SUPPLIED WILL BE SUBMITTED TO THE BOARD OF DIRECTORS ONLY AND WILL BE TREATED AS CONFIDENTIAL. IF FOR ANY REASON ANY OF THE ABOVE ITEMS CANNOT BE FURNISHED, YOU MUST PROVIDE A LETTER STATING THE REASON(S) FOR THE OMISSION(S).

PURCHASE APPLICATION

(Applicant(s): Please read carefully before signing)

The undersigned hereby applies to obtain the approval of the Board of Directors of Scarborough Manor Owner’s Corp. for the transfer and assignment to the undersigned of the Proprietary Lease for the apartment unit indicated on the first page hereof and the related shares of stock.

The undersigned understands that the Board may approve or disapprove this application in its sole discretion. In no event will the Board or its agents be responsible for any liabilities or expenses incurred by the undersigned as a result of any delay in the review of this application or should this application be disapproved. This application shall remain the property of Scarborough Manor Owner’s Corp.

The undersigned authorizes the Board and its agents to investigate and confirm all of the information contained herein, including, without limitation, the right to contact employers, landlords, banks and other persons or entities named herein in order to elicit information bearing upon this application. The undersigned also authorizes the Board and its agents to retain a credit reporting agency to obtain, prepare and furnish information regarding employment, credit and current financial position.

The undersigned acknowledges that a personal appearance before the Board, or its duly authorized committee, by the applicant(s) and by any other person(s) who will be occupying the apartment is required before any final decision can be made. The unit must be owner occupied at all times. Any adult occupying the apartment with the owner must be interviewed by the Admissions Committee.

The undersigned agrees not to move any possessions into the apartment without the express written permission of the Managing Agent and on an approved date as given by the Managing Agent.

The undersigned hereby certifies that all information furnished in this application and in all statements and other documents submitted herewith is true, correct and complete and does not omit any material facts.

Signature of Applicant 1

Date

Signature of Applicant 2

Date

PERSONAL DATA

Applicant 1

Applicant 2

Name	_____	_____
Social Security No.	_____	_____
Present Home Address	_____ _____	_____ _____
Telephone	Home: _____ Business _____	Home: _____ Business _____
Length of Time at Current Address	_____ years	_____ years
Previous Address (if three years or fewer at present address)	_____ _____	_____ _____
Citizen of United States	___ Yes ___ No If "No," citizen of _____	___ Yes ___ No If "No," citizen of _____
Automobiles Owned or Leased to be Maintained on Premises*	Year _____ Make _____	Year _____ Make _____

*** NOTE: Contact Managing Agent regarding parking requirements and indoor parking fee. Maximum number of vehicles per apartment is two (2).**

PERSONAL DATA (Continued)

(If any of the following questions is answered "YES," please explain on an attached sheet.)

	<u>Applicant 1</u>	<u>Applicant 2</u>
Are there any outstanding judgments against you?	___Yes ___No	___Yes ___No
In the last 7 years, have you been declared bankrupt?	___Yes ___No	___Yes ___No
Have you ever been sued for non-payment of rent or for eviction?	___Yes ___No	___Yes ___No
Are you now a party in a lawsuit?	___Yes ___No	___Yes ___No
Are you a co-maker, or endorser on, or guarantor of, a note?	___Yes ___No	___Yes ___No
Do you have any contractual or court ordered financial responsibilities?	___Yes ___No	___Yes ___No

PRESENT RESIDENCE

(Check and complete whichever applicable)

<u>Applicant 1</u>	<u>Applicant 2</u>
_____ Own	_____ Own
Amount of Mortgage \$ _____	Amount of Mortgage \$ _____
Monthly Payment \$ _____	Monthly Payment \$ _____
Do you intend to sell? _____	Do you intend to sell? _____
Est. Sales Price \$ _____	Est. Sales Price \$ _____
(provide appraisal document)	(provide appraisal document)
Est. Closing Date _____	Est. Closing Date _____
_____ Rent	_____ Rent
Monthly Rental \$ _____	Monthly Rental \$ _____
Landlord Name, Address, Telephone No:	Landlord Name, Address, Telephone No:
_____	_____
_____	_____
_____	_____
_____	_____

PROPOSED OCCUPANTS OF APARTMENT

(Under SMOC’s House Rules, all prospective purchasers “must intend to occupy the apartment as his/her/their own place of residence”).

Applicant 1 ___ Yes ___ No

Applicant 2 ___ Yes ___ No

Others ___ Yes ___ No

If so, list Name, Age, Relationship to Applicant(s)

Are any pets to be maintained in the apartment?

(NOTE: Contact Managing Agent regarding pet restrictions, including Scarborough Manor’s “No Dog” Policy and “No Visiting Dogs” policy)

___ Yes ___ No

If “Yes”, describe: _____

EMPLOYMENT HISTORY (If self-employed, make appropriate changes)

	<u>Applicant 1</u>	<u>Applicant 2</u>
Name of Current Employer	_____	_____
Nature of Business	_____	_____
Business Address	_____ _____	_____ _____
Business Telephone	_____	_____
Position Held	_____	_____
How long employed?	_____	_____
Prior Employment in the Last 5 Years	From _____ to _____	From _____ to _____
	Employer _____	Employer _____
	Nature of Business _____	Nature of Business _____
	From _____ to _____	From _____ to _____
	Employer _____	Employer _____
	Nature of Business _____	Nature of Business _____
Other Relevant Employment or Business Information, including career employment prior to retirement	_____	_____
	_____	_____
	_____	_____
	_____	_____

REFERENCES

	<u>Applicant 1</u>	<u>Applicant 2</u>
Bank Name and Address	_____ _____	_____ _____
Business Reference	Name _____ Address _____ _____ Occupation _____ Telephone _____	Name _____ Address _____ _____ Occupation _____ Telephone _____
Business Reference	Name _____ Address _____ _____ Occupation _____ Telephone _____	Name _____ Address _____ _____ Occupation _____ Telephone _____
Current Landlord (if applicable)	Name _____ Address _____ _____ Telephone _____	Name _____ Address _____ _____ Telephone _____

REFERENCES (continued)

Personal References (Other than relatives)

Four references required, with at least one reference for each Applicant.

Name _____

Name _____

Address _____

Address _____

Occupation _____

Occupation _____

Telephone _____

Telephone _____

Name _____

Name _____

Address _____

Address _____

Occupation _____

Occupation _____

Telephone _____

Telephone _____

FINANCIAL INFORMATION

Instructions for Financial Statements

1. The Financial Statements that follow must be completed by the Applicant(s). A combined statement may be made for married applicants. Otherwise a separate statement must be completed for each applicant.
2. Assets other than cash should be stated at market value, and liabilities should reflect amounts outstanding, in each case as of the last day of the month immediately preceding the date of this application.
3. If any liability is secured by a lien on any assets, the nature of the lien must be described on a separate statement.
4. In the case of an investment in a business, a balance sheet and income statement of the business must be attached.
5. Income items should represent estimates for the current year. If any item of income is substantially greater or lesser than that shown in the most recent federal income tax form submitted, please explain the differences(s) on a separate statement.
6. Items in **boldface** on the Financial Statements should be transferred to Exhibit I, Summary of Annual Income and Liquid Net Worth. The requirements for Annual Income and Net Worth are:
 - Total Gross Income must be at least 4.00 times the total annual charges for (a) the apartment, including maintenance and garage rental, (b) any financing and (c) all other contractual obligations of the applicant(s).
 - “Liquid” Net Worth (liquid assets less liabilities) must be at least 10.00 times the total of the annual apartment charges.

Financial Statements

(Excluding Equity and Liability in Connection with Apartment being Acquired)

ANNUAL INCOME AND EXPENSES

	<u>Applicant 1</u>	<u>Applicant 2</u>
<u>INCOME</u>		
Wages, Salary, Bonus	\$ _____	\$ _____
Interest (Taxable and Non-Taxable)	\$ _____	\$ _____
Dividends	\$ _____	\$ _____
Business Income	\$ _____	\$ _____
Capital Gains (Loss)	\$ _____	\$ _____
IRA Distributions	\$ _____	\$ _____
Pensions/Annuities	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Real Estate, Partnerships, Etc.	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____
Other (Describe) _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL GROSS INCOME (Transfer to Exhibit I)	\$ _____	\$ _____
<u>EXPENSES</u>		
Real Estate Debt (Current Residence)	\$ _____	\$ _____
Life Insurance Premiums	\$ _____	\$ _____
Contractual Obligations:		
Real Estate Debt (property other than current residence)	\$ _____	\$ _____
Installment Loans	\$ _____	\$ _____
Other Loans	\$ _____	\$ _____
Alimony, Child Support, Etc.	\$ _____	\$ _____
Tuition	\$ _____	\$ _____
Other Contracts/Obligations	\$ _____	\$ _____
Total Contractual Obligations (Transfer to Exhibit I)	\$ _____	\$ _____
Other Expenses (e.g., car insurance, gas, food, clothing and the like)	\$ _____	\$ _____
TOTAL ANNUAL EXPENSES (Transfer to Exhibit I)	\$ _____	\$ _____

Financial Statements (cont.)

Information For _____ Applicant 1 _____ Applicant 1 And Applicant 2
(ONLY IF FILED JOINTLY)

LIQUID ASSETS

Checking, Savings, Money Market
 Accounts, Certificates of Deposit, Etc.
 (Name, Type, Account Number)

_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Subtotal		\$ _____

Securities (Description, Value)

_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Subtotal		\$ _____

Cash Deposit made toward Apartment Purchase \$ _____

Other (Describe) _____
 _____ \$ _____

Liquid Assets (sum of above) (Transfer to Exhibit I) \$ _____

NON-LIQUID ASSETS

Life Insurance

 Face Amount \$ _____
 Cash Value (net of outstanding loans) \$ _____

Real Estate (Description/Location)
 _____ \$ _____
 _____ \$ _____

Vested Interest in Pension or Retirement Fund \$ _____

Non-Liquid Assets (sum of above) (Transfer to Exhibit I) \$ _____

TOTAL ASSETS (Liquid Assets plus Non-Liquid Assets) \$ _____

Financial Statements (cont.)

Information For Applicant 2 (If not reported on previous page)

LIQUID ASSETS

Checking, Savings, Money Market
Accounts, Certificates of Deposit, Etc.
(Name, Type, Account Number)

_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Subtotal		\$ _____

Securities (Description, Value)

_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Subtotal		\$ _____

Cash Deposit made toward Apartment Purchase \$ _____

Other (Describe) _____
_____ \$ _____

Liquid Assets (sum of above) (Transfer to Exhibit I) \$ _____

NON-LIQUID ASSETS

Life Insurance

Face Amount \$ _____

Cash Value (net of outstanding loans) \$ _____

Real Estate (Description/Location)

_____ \$ _____

Vested Interest in Pension or Retirement Fund \$ _____

Non-Liquid Assets (sum of above) (Transfer to Exhibit I) \$ _____

TOTAL ASSETS (Liquid Assets plus Non-Liquid Assets) \$ _____

Financial Statements (cont.)

Information For _____ Applicant 1 _____ Applicant 1 And Applicant 2
(ONLY IF FILED JOINTLY)

LIABILITIES

Accounts Payable (other than Installment Debt) \$ _____

Installment Debt (including auto loans, credit lines,
revolving charge accounts, etc.)
(Name of Lender/Type)

_____ \$ _____
_____ \$ _____
_____ \$ _____
Subtotal \$ _____

Real Estate Debt (on property described in "Non-Liquid Assets")

_____ \$ _____
_____ \$ _____
_____ \$ _____
Subtotal \$ _____

Other Debts/Liabilities (Describe)*

Cash Disbursement for purchase of SMOC unit \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____
Subtotal \$ _____

Total Liabilities (sum of above) (Transfer to Exhibit I) \$ _____

*Include balance of purchase price on SMOC apartment to be purchased

Financial Statements (cont.)

Information For Applicant 2
(If not reported on previous page)

LIABILITIES

Accounts Payable (other than Installment Debt) \$ _____

Installment Debt (including auto loans, credit lines,
revolving charge accounts, etc.)
(Name of Lender/Type)

_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Subtotal		\$ _____

Real Estate Debt (on property described in "Non-Liquid Assets")

_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Subtotal		\$ _____

Other Debts/Liabilities (Describe)*

_____	\$ _____	
_____	\$ _____	
_____	\$ _____	
Subtotal		\$ _____

Total Liabilities (sum of above) (Transfer to Exhibit I) \$ _____

*Include balance of purchase price on SMOC apartment to be purchased

Financial Statements (cont.)

ANNUAL CHARGES FOR PROPOSED APARTMENT AT SCARBOROUGH MANOR

1. Monthly Maintenance	\$ _____
2. Monthly Garage Rental	\$ _____
3. Monthly Mortgage Payment	\$ _____
4. Total Monthly Apartment Charges (Line 1 + Line 2 + Line 3)	\$ _____ x 12
5. Annual Apartment Charges (12 times Line 4) (Transfer to Exhibit I)	\$ _____

Exhibit I: Summary of Annual Income and Liquid Net Worth

Annual Income and Liquid Net Worth Requirements:

- Total Gross Income must be at least 4.00 times the total annual charges for (a) the apartment, including maintenance and garage rental, (b) any financing and (c) all other contractual obligations of the applicant(s).
- “Liquid” Net Worth (liquid assets less liabilities) must be at least 10.00 times the total of the annual apartment charges.

	<u>Applicant 1*</u>	<u>Applicant 2</u>	<u>Total</u>
1. Total Gross Income	\$ _____	\$ _____	\$ _____
2. Contractual Obligations	\$ _____	\$ _____	\$ _____
3. Total Annual Expenses	\$ _____	\$ _____	\$ _____
4. Liquid Assets	\$ _____	\$ _____	\$ _____
5. Non-Liquid Assets	\$ _____	\$ _____	\$ _____
6. Total Liabilities	\$ _____	\$ _____	\$ _____
7. “Liquid” Net Worth (Line 4 minus Line 6)			\$ _____
8. Annual Apartment Charges			\$ _____
9. Annual Apartment Charges plus Contractual Obligations (Line 8 +Line 2)			\$ _____
10. Minimum Required Total Gross Income (4.00 x Line 9)			\$ _____
11. Is actual Total Gross Income (Line 1) greater than required amount (Line 10)?			___ Yes ___ No
12. Minimum Required “Liquid” Net Worth (10.00 x Line 8)			\$ _____
13. Is actual “Liquid” Net Worth (Line 7) greater than required amount (Line 12)?			___ Yes ___ No

* (or Applicants 1 and 2 if married)

The undersigned applicant acknowledges that he/she is aware of the rules and regulations contained in the Proprietary Lease, House Rules, By-Laws and Sublease Policy of Scarborough Manor. The undersigned agrees that, should he/she become a resident of Scarborough Manor he/she will adhere to all of said rules and regulations in the spirit of cooperative living.

The following listing highlights some, but not all, of the House Rules and other rules and regulations in effect at Scarborough Manor.

1. Maintenance payments are due on the first of every month. Electronic payment is encouraged
2. No alteration which affects the interior structure of an apartment may be made without the written permission of the Board of Directors.
3. A duplicate key to all of the locks on your apartment door must be provided to the Property Manager, for use in an emergency. (Please be assured that your key will be protected in a locked safe.)
4. A minimum of 80% of the floor area in all apartments (other than kitchens and bathrooms) must be carpeted.
5. No dogs, including visiting dogs, are permitted at Scarborough Manor.
6. Parking at Scarborough Manor is permitted only in authorized areas (indoor parking is reserved). Parking in fire zones is not permitted. Each apartment is allowed a maximum of two (2) registered and insured vehicles; one indoor and one outdoor. No vehicle is to be left unattended at any time under a building portico.
7. All guests at Scarborough Manor must register at the gatehouse. Guests may park only in outdoor spaces, and preferably should park behind Building #1 (by the Clubhouse).
8. Utility carts are in the storeroom on "LL" lower level and may be used for the convenience of residents only. However, they are to be returned to the "LL" lower level immediately after use, and may not be left in hallways or apartments.
9. Smoking is not permitted in the buildings; including elevators, lobbies, terraces and other designated common areas.
10. Garbage must be disposed of in bags through the chute in the compactor room, except for newspapers, magazines, cleaned glass and metal containers which must be placed in the bins provided in the compactor room. Larger items must be deposited near the elevators on "LL" lower level. Garbage disposals are not permitted and must be removed.
11. The rules posted in the laundry room must be followed. Residents must use their best efforts to keep the laundry room clean. Return laundry carts to the laundry room immediately after use. **Liquid bleach may NOT be used.**
12. Use of the clubhouse, swimming pool, and any other facilities is for residents or accompanied guests only. All are subject to such restrictions as may be determined by the Board of Directors.

13. All deliveries, guests, housekeepers, tradesmen, and other visitors will be announced by security personnel at the gatehouse, and will be permitted to enter the premises only upon your approval unless an exception is specified by the shareholder. Daily visitors must be announced.
14. Cooking on terraces, by any means or device other than an electric grill, is prohibited.
15. Parcel Delivery: The gatehouse will accept only small parcels (i.e., UPS). No rugs, large pieces of furniture will be held at the gate.
16. All paperwork pertaining to the sale of the apartment must be received at least four (4) weeks before the scheduled closing.
17. Moving in and out of Scarborough Manor may only take place between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday. No moving truck will be permitted to enter the property after 2:00 p.m. There will be no exceptions. No moving is permitted on weekends or on holidays. The fee and refundable deposit must be paid before the move.

You must notify the management office in order to make an appointment for moving and/or delivery of furniture and appliances. This rule will be strictly enforced, so that an elevator can be reserved and the elevator, entrance, and hallways properly prepared for the moving.

All delivery personnel, movers, contractors and cleaners are to arrive and depart through "LL" lower level garages.

18. No deliveries or tradesmen are allowed on the premises before 8:30 a.m. and after 4:30 pm.
19. All rules are subject to change by the Board of Directors.

Please refer to the Proprietary Lease, House Rules, By-Laws and Sublease Policy for a complete statement of the Rules and Regulations in effect at Scarborough Manor. If you have any questions about the rules, please call the Scarborough Manor Office at 914-762-3676.

Agreed to and signed by applicant(s) on this date _____

**AUTHORIZATION FOR THE RELEASE OF CONSUMER CREDIT REPORT
INFORMATION TO THE FOLLOWING COMPANY OR CORPORATION**

I _____ hereby authorize Garthchester Realty and the agencies used by this company or corporation, the release of, and/or permission to obtain and review, full consumer credit report information from the credit reporting agencies and/or their vendors. Without exception this authorization shall supersede and retract any prior request or previous agreement to the contrary. Copies of this authorization, which show my signature, have been executed by me to be as valid as the original release signed by me.

Compliance by the Subscriber with all provisions of the Federal Fair Credit Reporting Act {Public Law 91-508, 15 U.S.C. Section 1681 ET SEQ., 604-615) and the Consumer Credit Reporting Act (California Civil Code Sec. 1785.1-1785.34) or other jurisdictional requirements. Information will be requested only for the Subscriber's exclusive use, and the Subscriber will certify for each request the purpose for which the information is sought and that the information will be used for no other purposes.

___ BY WRITTEN AUTHORIZATION OF THE CONSUMER TO WHOM IT RELATES

Signature: _____ Date: _____

Printed Name: _____

Social Security Number: _____ Phone#: _____

Current Address: _____

LIDA STRATEGIC SOLUTIONS, INC.

PO BOX 433, OCEANSIDE, NY 11572 (516) 678-4600 (800)-423-0026 FAX (516) 678-4611
mail@lidacredit.com

Background Investigation Form/Signed Released

In connection with your recent application with our client, Lida Strategic Solutions, Inc. (LSS) will be conducting a Background Investigation on you. In order to complete this investigation we will require certain information.

Last Name: _____ **First Name:** _____ **MI:** _____

Current Address: _____

Town: _____ **Date:** _____ **Zip Code:** _____

Previous Address (within last seven [7] years):

Town: _____ **State:** _____ **Zip code:** _____

Social Security Number: _____ **Birthdate:** _____



LIDA STRATEGIC SOLUTIONS, INC.

PO BOX 433, OCEANSIDE, NY 11572 (516) 678-4600 (800)-423-0026 FAX (516) 678-4611

mail@lidacredit.com

AUTHORIZATION AND RELEASE

Authorization is hereby granted to Lida Strategic Solutions, Inc. (LSS), on behalf of _____ to obtain standard factual data needed to complete this background report including but not limited to information regarding my education, employment and criminal history.

Print Name: _____

Sign: _____ Date: _____