

UNITED VETERANS MUTUAL HOUSING COMPANY, INC.
BELL PARK MANOR-TERRACE

Telephone 718 465-6070
FAX 718 468 7556

221 22 MANOR ROAD
BELLEROSE MANOR N.Y. 11427

United Veterans Mutual Housing Company, Incorporated
A/K/A Bell Park Manor-Terrace

Sales Package

Upon obtaining a purchaser for the apartment, the purchaser or his/her agent must furnish the Screening Committee of the Board of Directors with all of the following. The processing of your application will take approximately 3-4 weeks exclusive of any additional information deemed to be required.

Please submit one (1) complete original package of the following forms & documentation. We do not accept Incomplete Packages. ANY forms or DOCUMENTATION from #1 -29 not submitted, will be returned.

NO EXCEPTIONS.

1. A bank check or money order for the processing fee to purchase the shares of United Veterans Mutual Housing Company, Inc. in the amount of \$250.00 from the purchaser payable to United Veterans Mutual Housing Co., Inc.
This fee is non-refundable

2. A bank check or money order for background check fee to purchase the shares of United Veterans Mutual Housing Company, Inc. in the amount of \$55.00 per applicant appearing on the Contract of Sale (note: only two (2) applicants are allowed on the Contract of Sale) made payable to United Veterans Mutual Housing Co., Inc.

Also, a bank check or money order in the amount of \$33.00 made payable to United Veterans Mutual Housing Co., Inc. must be submitted for each person, not appearing on the Contract of Sale, who will be residing in the apartment over the age of seventeen (17) for background check.

The fees to run background checks are non-refundable.

3. A signed copy of the contract between the selling shareholder and the prospective purchaser that they have entered into written agreement concerning the sale of stock.

4. Copies of the following for each prospective purchaser and all others who are expected to occupy the apartment:
 - A. Photo Identification (e.g. Driver's License, Passport)
 - B. Proof of Social Security Identification
 - C. Documentation confirming citizenship or permanent residency in the United States (e.g. Birth certificate, passport, green card)
5. A completed and signed **Application for Approval of Sale of Cooperative Apartment**.
6. Completed & signed "**Uniform Residential Application**".
7. (a) A completed and signed authorization form to run background check to purchase the shares of United Veterans Mutual Housing Company, Inc.
(b) If a person over seventeen (17) will reside in the apartment, a completed and signed authorization form to run a background check.
8. **Cooperative loan/ Mortgage commitment letter. (PRE-APPROVAL/CONDITONAL NOT ACCEPTED).**
PLEASE NOTE: ALL PURCHASERS ON THE CONTRACT OF SALE MUST ALSO APPEAR ON THE MORTGAGE. NO EXCEPTIONS.

There is \$75.00 fee to complete Co-Op Questionnaire from bank. Please make check payable to United Veterans Mutual Housing Company Inc.
9. **Signed Employment Letter**
Letter from employer with employment start date and annual salary.
PLEASE NOTE: IN CALCULATING ANNUAL SALARY, OVERTIME AND BONUSES WILL NOT BE FACTORED IN.
10. **Four (4)** most recent payroll stubs
11. If you are **retired or disabled**, please submit social security and/or pension information. (i.e. Social Security Benefits Letter)
12. **Bank balance letter signed by bank.**
These forms must be submitted to us from your bank for verification of the data entered on the application.
13. **Six (6)** months **most recent complete** bank statements.
Please note: Explanation and documentation of any large deposits must accompany bank statements.
14. (a) Copies of the last two years **Complete Signed** Income Tax forms, with **all schedules** and **W2's**.
(b) Completed & Signed Form 4506. **Fill out 1a – 5 only**

15. Residence Verification Form (attached)
16. Six (6) months most recent cancelled rent checks or rent receipts
17. Two (2) different, current utility bills indicating current residence.
18. If you own your own home, coop or condo, you must be in contract to sell this residence before you can purchase in this Co-op. A signed contract of sale is required.
19. Two (2) character reference letters for purchaser.
20. Signed and Notarized Acceptance of House Rules.
Please remove House Rules from Package. Keep for your information.
RETURN SIGNED FORM ONLY.
21. Signed and Notarized Agreement of "Occupancy Standards".
22. Signed and Notarized "Prohibition of Subletting" Agreement
23. Signed and Notarized "No Pet Policy".
24. Signed and Notarized "Carbon Monoxide Form".
25. Signed "Smoking Policy".
26. Signed "Insurance Notification".
27. Signed "Lead Paint Notification".
28. Signed and Notarized "Alterations to Apartment" Notification.
29. If seller is deceased and an estate is involved:
 - A. Death certificate
 - B. Letter of Administration/Testamentary dated within the last six (6) months

Please contact the Management Office at (718) 465-6070 if you have any questions. We ask your indulgence if the form(s) seem somewhat lengthy. Please consider that a cooperative, unlike a rental building, requires cooperation and voluntary effort by the residents. Therefore, a congenial group of residents is far more important to us than would be the case in a rental building. You should also remember that purchasers of apartments will be living with us for an indefinite period. The cooperative is entering into a relationship which may continue for a long time. Bearing this in mind, you will understand the precautions which are designed for the benefit of all present and future lessees.

NOTE: ALL COMMUNICATION DURING THIS PROCESS MUST BE THROUGH THE MANAGEMENT OFFICE ONLY, YOU MAY NOT CONTACT INDIVIDUAL BOARD MEMBERS.

- A) **The Corporation's current minimum financial requirement for prospective purchasers are as follows:**

For 3 ½ rooms, 4 ½ rooms, 5 rooms, duplexes and 6 rooms:

1. Annual income must be at least **seven (7)** times the total of the **annual** maintenance charges plus **two (2)** times your **annual** mortgage payments, if any. **Prospective purchaser must qualify on income only.**
2. Income must be verifiable by Form 1040 Federal and State/City IT-201 income tax returns for the past two years for each applicant. (Employer W-2 wage forms required).
3. Cooperative loan financing is limited to a maximum of eighty (80 %) percent of the purchase price.
4. **Down payment must be purchaser's funds and must be in purchaser's bank account for a minimum of six (6) months.**
5. **For ALL GIFTS, funds must be in purchaser's bank account for a minimum of six (6) months.**
6. Work history must be verifiable and show stability for each applicant. A credit and background search may be obtained for each applicant and a background search may be obtained for anyone who will reside in the apartment over the age of seventeen (17).
7. The Board of Directors reserves the right to review other assets such as bank accounts, certificates of deposit, stock certificates, etc. and perform a bankruptcy check, credit check and a criminal background check.

- B) **The number of people residing in the apartment may not exceed the following standards:**

One (1) bedroom – One or two adults living together as husband and wife, or domestic and financial partners who are not related.

Two (2) bedroom – No more than four persons as follows: Two adults and two dependent minor children, in the absence of children, the family may consist of two adults with one parent of either spouse, making a total of three.

Three (3) bedroom – No more than six persons as follows: Two adults and four dependent minor children, adult children and parents of either spouse shall be eligible.

C) The prospective purchaser must be informed of the following restrictions:

1. PETS ARE NOT ALLOWED.
2. A shareholder is not allowed to conduct a business from his/her apartment.
3. No bankruptcy within the past seven (7) years.
4. SUBLETTING STRICTLY PROHIBITED.
5. ONLY TWO SHAREHOLDERS ARE PERMITTED ON THE STOCK CERTIFICATE AND PROPRIETARY LEASE.
6. CO-SIGNORS ARE STRICTLY PROHIBITED. THIS MUST BE THE PRIMARY RESIDENCE OF ANY PERSON(S) PURCHASING.
7. Alterations to the apartment require the approval of the Board of Directors.

D) Closing Fees:

Purchaser:

1. Only if Contract of Sale calls for financing provisions, \$450.00 fee made payable to Hankin & Mazel, PLLC.
2. A one (1) time non-refundable contribution equal to three months maintenance made payable to United Veterans Mutual Housing Co., Inc.

Seller:

1. \$950.00 fee payable to Hankin & Mazel, PLLC for corporate representation.
2. Transfer Fee (Flip Tax) – This fee is twenty five percent (25%) of the profit or three percent (3%) of the purchase price, whichever is greater, not to exceed \$250.00 per share.
3. \$1,500.00 check made payable to United Veterans Mutual Housing Co., Inc., to be held in escrow & returned approximately 45 - 60 days after closing.

**United Veterans Mutual Housing Company, Inc.
A/K/A Bell Park Manor-Terrace**

Application for Approval of Sale of Cooperative Apartment

Name: _____

Address: _____

Unit #: _____

Date: _____

Note: The Corporation reserves the right to verify all information supplied herein with credit agencies, landlords, employers, banks, references, etc. By your signature, you authorize verification of all information supplied. **A personal interview shall be required of all purchasers and any individuals who intend to occupy the apartment.**

The information supplied should cover each purchaser when there is more than one person involved.

1. Name(s) of Purchaser(s): _____

2. Address: _____

3. City: _____ State: _____ Zip Code: _____

4. Telephone No.: Home _____ Business _____

Other _____

5. Date of Birth: _____ Marital Status: _____

Date of Birth: _____ Marital Status: _____

6. Social Security Number: _____

Social Security Number: _____

7. Who does the Purchaser(s) anticipate will reside in the apartment? (List name, age, and relationship to Purchaser(s))

8. Previous addresses (last seven (7) years)

Address	Period of Residence	Name & Address of Landlord / Owner
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Employment experience of Purchaser(s) (last seven (7) years) (Indicate whether position was full-time or temporary).

(a) Name & Address of Employer or Business: _____

Date from: _____ Date To: _____

Supervisors Name: _____

Phone No.: _____ Fax No.: _____

Title Duties: _____

Annual Salary: _____

*If more space is required, please attach additional page

(b) Name & Address of Employer or Business: _____

Date from: _____ Date To: _____

Supervisors Name: _____

Phone No.: _____ Fax No.: _____

Title Duties: _____

Annual Salary: _____

* If more space is required, please attach additional page

10. Estimated annual income of Purchaser(s)

\$ _____

\$ _____

Submit a breakdown of annual income, indicating sources of each item:

\$ _____ Source _____

\$ _____ Source _____

\$ _____ Source _____

\$ _____ Source _____

Total \$: _____

11. Submit statement of Purchaser's assets and liabilities.

* If more space is required, please attach additional page

12. Please list as personal references two (2) persons other than relatives, who have known the purchaser at least two (2) years:

1) Name: _____

Address: _____

Telephone No.: _____

2) Name: _____

Address: _____

Telephone No.: _____

13. A) Have you ever been arrested. Yes _____ No _____ If yes please explain.

* If more space is required, please attach additional page

B) Have you ever been charged with any type of criminal activity? Yes _____
No _____ If yes, please explain.

* If more space is required, please attach additional page

14. A) State whether purchaser(s) has (have) been convicted of a crime. If so,
please explain.

B) Has anyone who will be living in this apartment ever been convicted of a crime?

* If more space is required, please attach additional page

15. List all debts of Purchaser(s) indicating amount, creditor, due date,
schedule of payment:

* If more space is required, please attach additional page

16. Are there any unsatisfied judgments against purchaser(s)? If so explain.

17. Has/Have Purchaser(s) ever filed a petition in bankruptcy or had any petition been filed against purchaser(s)? If so, give full particulars including date petition was filed, court and disposition. If discharge was denied, give full particulars:

18. Please provide bank references (indicate name and address of bank and account numbers for Purchaser(s)).

Name & Address of Bank _____

Phone No.: _____ Fax No.: _____

Account Number _____

Name & Address of Bank _____

Phone No.: _____ Fax No.: _____

Account Number _____

Name & Address of Bank _____

Phone No.: _____ Fax No.: _____

Account Number _____

19. Address of any additional residence owned or leased by Purchaser.

20. When does Purchaser plan to take possession of the Apartment?

21. Purchaser's attorney

Name: _____

Address: _____

Telephone No.: _____ Fax No.: _____

22. Name, address and telephone number of Seller's broker, (if any):

23. Purchase price of apartment: \$ _____
If part of the purchase price is being financed, indicate:

Amount to be financed: \$ _____

Duration of Loan: _____

Estimated monthly payment: _____

Lender's name & address: _____

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BELL PARK MANOR TERRACE

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221 22 MANOR ROAD
BELLEROSE MANOR N Y 11427

If there are any other facts the Purchaser would like to bring to the attention of the Board with regard to this application, please set forth on a separate sheet of paper and attach to this application.

Applicants Signature: _____

Date: _____

Co-Applicants Signature: _____

Date: _____

TENANT DATA VERIFICATION

AUTHORIZATION TO OBTAIN A CREDIT REPORT

BUILDING ADDRESS _____

APARTMENT # _____

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR
INSTITUTION TO RELEASE TO _____ AND
OR ITS REPRESENTATIVE ANY AND ALL INFORMATION THAT
THEY HAVE CONCERNING CREDIT REPORT

I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR
INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH
FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER
INCURRED IN FURNISHING SUCH INFORMATION...

Print Name: _____

Signature: _____

Social Security # _____

Date of Birth _____
Month/date/year

Address: _____

City State Zip Code

Date: _____

TENANT DATA VERIFICATION

AUTHORIZATION TO OBTAIN A CREDIT REPORT

BUILDING ADDRESS _____

APARTMENT # _____

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR
INSTITUTION TO RELEASE TO _____ AND
OR ITS REPRESENTATIVE ANY AND ALL INFORMATION THAT
THEY HAVE CONCERNING CREDIT REPORT

I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR
INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH
FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER
INCURRED IN FURNISHING SUCH INFORMATION...

Print Name: _____

Signature: _____

Social Security # _____

Date of Birth _____
Month/date/year

Address: _____

City State Zip Code

Date: _____

RELEASE OF INFORMATION AUTHORIZATION

AUTHORIZATION TO OBTAIN A CRIMINAL REPORT

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR
INSTITUTION TO RELEASE TO _____
AND/OR ITS REPRESENTATIVE ANY AND ALL INFORMATION
THAT THEY HAVE CONCERNING ANY CRIMINAL ACTIVITY AND
SEX OFFENDER HISTORY...

I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR
INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH
FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER
INCURRED IN FURNISHING SUCH INFORMATION...

Print Name: _____ Date Of Birth _____

Signature: _____

Address: _____

City : _____

State : _____ Zip Code _____

Social Security #: _____

RELEASE OF INFORMATION AUTHORIZATION

AUTHORIZATION TO OBTAIN A CRIMINAL REPORT

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR
INSTITUTION TO RELEASE TO _____
AND/OR ITS REPRESENTATIVE ANY AND ALL INFORMATION
THAT THEY HAVE CONCERNING ANY CRIMINAL ACTIVITY AND
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I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR
INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH
FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER
INCURRED IN FURNISHING SUCH INFORMATION...

Print Name: _____ Date Of Birth _____

Signature: _____

Address: _____

City : _____

State : _____ Zip Code _____

Social Security #: _____

United Veterans Mutual Housing Co., Inc.

aka/ Bell Park Manor-Terrace

221-22 Manor Road, Bellerose Manor, NY 11427 Phone (718)465-6070 Fax (718)468-7556

Uniform Residential Application

This application is designed to be completed by one applicant. In the spirit of U.S. Policy for the achievement of equal housing opportunity, there are no barriers to obtaining housing because of race, color, sexual orientation, national origin, handicap, or familial status. Approval is based on an applicant's ability to prove employment, income, residency, credit and financial history as described in detail below. All information supplied will be verified for its accuracy. All sections must be complete before submitting for approval.

~This Application Must Be Printed and Legible~

Applicant		
First Name	Middle Initial	Last Name
Sex: M F	Social Security Number	Date of Birth
Day Phone #. :		Evening Phone #:

Current Residency				
Address	Apt#	City	State	Zip Code
Daytime Phone #		Evening Phone #		
Name of Landlord, Mgmt Co.		Phone #	Contact Name	
How long have you lived at this address?	Monthly Rent/Mortgage \$		Own Rent <input type="checkbox"/>	

Prior Residency Must be filled in if you lived at the current address for less than 2 years				
Address	Apt#	City	State	Zip Code
Name of Landlord, Mgmt Co.		Phone #	Contact Name	
How long did you live at this address?	Monthly Rent/Mortgage \$		Own Rent <input type="checkbox"/>	

<i>Current Employment</i>		<i>Primary source of income</i>	
Name of Employer		Your Position/Title/Type of Business	
Address	City	State	Zip Code
Contact Name	Phone #	Dates of Employment (from-to)	

<i>Annual Salary</i>				
Gross Amount	Overtime	Bonuses	Commissions	Total

<i>Prior Employment</i>		<i>Must be filled in if current employment is less than 2 years</i>	
Name of Employer		Your Position/Title/Type of Business	
Address	City	State	Zip Code
Contact Name	Phone #	Dates (from-to)	

<i>Annual Salary</i>				
Gross Amount	Overtime	Bonuses	Commissions	Total

<i>Asset Accounts</i>		
Checking Savings <input type="checkbox"/> Money Market Stock Investment <input type="checkbox"/> Other _____ Individual Account Joint Account <input type="checkbox"/> (Supply Spouse Name & SS #) Corporate Account (Supply Tax ID #) Is this a Borrowing Account? No <input type="checkbox"/> Yes		
Name of Bank or Institution	Branch Address	Account #
Name(s) Exactly as They Appear on this Account	Branch Phone #	Contact Name

<i>Asset Accounts</i>		
Checking Savings <input type="checkbox"/> Money Market Stock Investment <input type="checkbox"/> Other _____ Individual Account Joint Account <input type="checkbox"/> (Supply Spouse Name & SS #) Corporate Account (Supply Tax ID #) Is this a Borrowing Account? No <input type="checkbox"/> Yes		
Name of Bank or Institution	Branch Address	Account #
Name(s) Exactly as They Appear on this Account	Branch Phone #	Contact Name

<i>Department of Motor Vehicles Identification</i>		<i>Must be Completed if Registered Motorist</i>			
Motorist License ID #	State of License	Primary Vehicle License Plate	Manufacturer	Year	Model

<i>References Other Than Family Members</i>		
Name	Phone #	Relationship to You
Name	Phone #	Relationship to You

Applicants Signature: _____

Date: _____

United Veterans Mutual Housing Co., Inc.

aka/ Bell Park Manor-Terrace

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Uniform Residential Application

This application is designed to be completed by one applicant. In the spirit of U.S. Policy for the achievement of equal housing opportunity, there are no barriers to obtaining housing because of race, color, sexual orientation, national origin, handicap, or familial status. Approval is based on an applicant's ability to prove employment, income, residency, credit and financial history as described in detail below. All information supplied will be verified for its accuracy. All sections must be complete before submitting for approval.

~This Application Must Be Printed and Legible~

Co - Applicant			
First Name		Middle Initial	Last Name
Sex:	Social Security Number		Date of Birth
M F			
Day Phone #: :		Evening Phone #:	

Current Residency				
Address		Apt#	City	State Zip Code
Daytime Phone #		Evening Phone #		
Name of Landlord, Mgmt Co.		Phone #	Contact Name	
How long have you lived at this address?	Monthly Rent/Mortgage \$		Own Rent <input type="checkbox"/>	

Prior Residency Must be filled in if you lived at the current address for less than 2 years				
Address		Apt#	City	State Zip Code
Name of Landlord, Mgmt Co.		Phone #	Contact Name	
How long did you live at this address?	Monthly Rent Mortgage \$		Own Rent <input type="checkbox"/>	

Current Employment		Primary source of income	
Name of Employer		Your Position Title Type of Business	
Address		City	State Zip Code
Contact Name	Phone #	Dates of Employment (from-to)	

Annual Salary				
Gross Amount	Overtime	Bonuses	Commissions	Total

Prior Employment		Must be filled in if current employment is less than 2 years	
Name of Employer		Your Position/Title/Type of Business	
Address		City	State Zip Code
Contact Name	Phone #	Dates (from-to)	

Annual Salary				
Gross Amount	Overtime	Bonuses	Commissions	Total

Asset Accounts			
Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock Investment <input type="checkbox"/> Other _____ Individual Account <input type="checkbox"/> Joint Account <input type="checkbox"/> (Supply Spouse Name & SS #) Corporate Account (Supply Tax ID #) Is this a Borrowing Account? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Name of Bank or Institution	Branch Address		Account #
Name(s) Exactly as They Appear on this Account		Branch Phone #	Contact Name

Asset Accounts			
Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock Investment <input type="checkbox"/> Other _____ Individual Account <input type="checkbox"/> Joint Account <input type="checkbox"/> (Supply Spouse Name & SS #) Corporate Account (Supply Tax ID #) Is this a Borrowing Account? No <input type="checkbox"/> Yes <input type="checkbox"/>			
Name of Bank or Institution	Branch Address		Account #
Name(s) Exactly as They Appear on this Account		Branch Phone #	Contact Name

Department of Motor Vehicles Identification Must be Completed if Registered Motorist					
Motorist License ID #	State of License	Primary Vehicle License Plate	Manufacturer	Year	Model

References Other Than Family Members		
Name	Phone #	Relationship to You
Name	Phone #	Relationship to You

Co - Applicants Signature: _____

Date: _____

UNITED VETERANS MUTUAL HOUSING COMPANY, INC.
BELL PARK MANOR-TERRACE

Telephone 718 465 6070
FAX 718 468 7556

221-22 MANOR ROAD
BELLEROSE MANOR N.Y. 11427

United Veterans Mutual Housing Co., Inc.
Occupancy Standards Agreement

a) **One Bedroom Apartments** One or two adults living together as husband & wife, or domestic and financial partners who are not related.

b) **Two Bedroom Apartments** No more than four persons as follows: Two adults and two dependent children, in the absence of children, the family may consist of two adults with one parent of either spouse, making a total of three

c) **Three Bedroom Apartments** No more than six persons as follows. Two adults and four dependent minor children, adult children and parents of either spouse shall be eligible

II. In all instances, occupancy of the same bedroom by children of opposite sex shall be permitted only if the older child has not attained his or her 11th birthday, and the other child has not attained his or her 7th birthday, and the other child has not attained his or her 7th birthday at the time of moving into the apartment.

III. The Board of Directors may, upon written application, waive these standards on a case by case basis only for good cause shown, and then only provided the housing company is experiencing financial difficulties because of a slowed market and an unreasonable number of vacancies.

I We have read, understand and will abide by United Veterans Mutual Housing Co.'s Occupancy Standards.

I / We will have _____ adults and _____ children residing in my / our _____ room apartment located at _____

Signature(s): _____ Date: _____

State of _____
County of _____

Subscribed and sworn to me this _____
Day of _____

UNITED VETERANS MUTUAL HOUSING COMPANY, INC
BELL PARK MANOR TERRACE

Telephone 718 465 6070
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221-22 MANOR ROAD
BELLEROSE MANOR, N.Y. 11427

Lead Paint
Disclosure

Please note that all buildings were initially occupied in 1951 and were decorated with lead paint.

In many instances, this lead paint has been scraped away, but there may still be traces of lead paint in the apartment.

If you have children under 10 occupying the apartment, please be aware that it is dangerous for them to eat lead paint chips.

COPY OF THIS
DISCLOSURE WAS RECEIVED:

Signature(s):

Date:

UNITED VETERANS MUTUAL HOUSING COMPANY, INC.
BELL PARK MANOR TERRACE

Telephone 718 465 6070
FAX 718 468 7556

221-22 MANOR ROAD
BELLEROSE MANOR, N.Y. 11427

Prohibition of Subletting

I we understand that subletting is prohibited and considered to be a material and substantial breach of the terms and conditions of the Proprietary Lease.

If I am caught subletting, I will be subject to immediate legal action and a \$1,500.00 monthly administrative charge until the illegal sublet is vacated. Legal fees will also be imposed.

Signature(s): _____

Date: _____

State of _____
County of _____

Subscribed and sworn to me this _____
Day of _____

UNITED VETERANS MUTUAL HOUSING COMPANY, INC.
BELL PARK MANOR-TERRACE

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221 22 MANOR ROAD
BELLEROSE MANOR N.Y. 11427

Insurance Notification

"Insurance is required for all Shareholders in the amount of \$25,000.00 for personal property damage and \$100,000.00 for liability. This insurance must remain in force at all times".

If a Shareholder does not have the required insurance an administrative fee may be placed on their maintenance account in the amount of \$250.00 for the first month and \$100.00 a month thereafter until proof of insurance is submitted to the Management Office.

Signature(s): _____

Date: _____

UNITED VETERANS MUTUAL HOUSING COMPANY, INC.
BELL PARK MANOR TERRACE

Telephone 718 465 6073
FAX: 718 468 7556

221-22 MANOR ROAD
BELLEROSE MANOR N Y 11427

No Pet Policy

I / we understand that harboring a cat or dog is strictly prohibited and is a violation of the terms and conditions of the Proprietary Lease and House Rules

Signature(s): _____

Date: _____

State of
County of

Subscribed and sworn to me this
Day of

UNITED VETERANS MUTUAL HOUSING COMPANY, INC.
BELL PARK MANOR TERRACE

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BELLEROSE MANOR N Y 11427

Carbon Monoxide Form

The undersigned, being duly sworn, deposes and says under the penalty of perjury that:

- I am the purchaser of the cooperative shares in United Veterans Mutual Housing Co. Inc. located at _____, New York (the "Premises").
- The Premises is a cooperative apartment used as a residence
- Installed in the Premises is an approved and operational carbon monoxide detecting device in compliance with the law.
- These statements are made with the knowledge that a willfully false representation is unlawful and are punishable as a crime.

(Print Name)

(Sign Name)

Sworn to before me this
Day of _____, 20____

Notary Public

UNITED VETERANS MUTUAL HOUSING COMPANY, INC.
BELL PARK MANOR TERRACE

Telephone 718 465 6070
FAX 718 468 7556

SMOKING POLICY

221 22 MANOR ROAD
BELLEROSE MANOR NY 11427

In recognizing the dangers of secondhand smoke exposure to the health and wellbeing of United Veterans' residents, and acknowledging United Veterans' Bylaws, proprietary lease and house rules restriction against the creation of nuisances, the following rules shall be implemented on United Veterans Mutual Housing Co., Inc. Property:

1. Smoking is prohibited as described below:

Smoking is prohibited in all common areas and areas within 15 feet of entrances, windows and doors. Common areas includes common hallways, United Veterans Management Office, United Veterans Maintenance Office, laundry rooms, storage rooms, garages, and any other enclosed area under the direct control of United Veterans Mutual Housing Co., Inc.

2. Definition of "Smoking":

"Smoking" means inhaling, exhaling, burning or carrying any lighted cigar, cigarette, pipe or any form of lighted object or device that contains tobacco.

3. Smoke Migrating from a United Veterans Apartment:

Smoke migrating from an apartment into an adjacent apartment shall be recognized by the Board of Directors as a nuisance, and thus a violation of the United Veterans Mutual Housing Co., Inc. Bylaws; proprietary lease and house rules. Once the Board of Directors is provided detailed notice of this nuisance, a mandatory mediation will be required between the Complainant and the offending Shareholder in order to mitigate the nuisance. Failure to participate in the mediation or failure to take reasonable steps required to mitigate the nuisance will be deemed a material violation of the United Veterans Mutual Housing Co., Inc. Bylaws; proprietary lease and house rules, and shall constitute grounds for fines; termination of the stock and proprietary lease, or any other remedy available to United Veterans Mutual Housing Co., Inc. under the Law. All remedies hereunder shall be cumulative.

4. Applicability

These rules apply to shareholders, residents, and any other persons on the premises, including guests and servicepersons. Shareholders are responsible for their residents and guests while located on United Veterans Mutual Housing Co. Inc. property (*See House Rule #1*).

5. Enforcement

Violation of these rules shall be deemed a violation of the United Veterans' bylaws, and may constitute grounds for fines or eviction, or any other remedy available to United Veterans' under the Law

I have read, understand and agree to abide by the above.

Signature (s) _____

Print Name (s) _____

UNITED VETERANS MUTUAL HOUSING COMPANY, INC.
BELL PARK MANOR-TERRACE

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FAX 718 468 7556

221 22 MANOR ROAD
BELLEROSE MANOR N Y 11427

Acceptance of House Rules

I (we) have read, understand and agree to abide by all House Rules.

Signature(s): _____

Date: _____

State of _____
County of _____

Subscribed and sworn to me this _____
Day of _____

UNITED VETERANS MUTUAL HOUSING COMPANY, INC.
BELL PARK MANOR-TERRACE

Telephone 718 465 6070
FAX 718 468 7556

221 22 MANOR ROAD
BELLEROSE MANOR N Y 11477

ALTERATIONS TO APARTMENTS

In accordance with the Proprietary Lease, Shareholders are cautioned that their right to make any additions, changes or alterations to the interior or exterior of the building requires written permission from the Board of Directors. Shareholders must submit an alteration agreement to Management for Board approval. No work may be commenced until such time that the Board gives written approval. Violation of this rule shall result in a fine of up to \$5,000.00 and/or legal action.

I (we) have read, understand and agree to abide by the above.

Signature(s) _____

Print Name(s) _____

Date: _____

State of
County of

Subscribed and sworn to me this

UNITED VETERANS MUTUAL HOUSING COMPANY, INC.
BELL PARK MANOR TERRACE

Telephone: 718-465-6070
FAX: 718-468-7556

221 22 MANOR ROAD
BELLEROSE MANOR N.Y. 11427

Residency Verification Form

Applicant: Please complete the TOP PORTION ONLY.

Date: _____

Name of Landlord: _____

Phone: _____ Fax: _____ Email: _____

Are you current with your rent? Yes _____ No _____

To Whom This May Concern:

_____, residing at _____
has applied for residency at our property. We would appreciate the following information to expedite the application

I, _____ authorize you to release any and all of the information requested
below regarding my past/current rental history.

Applicant: Please have this portion completed by the LANDLORD OR MANAGING AGENT

Lease Dates: from _____ to _____

Rental Rates: \$ _____ per month

Number of occupants: _____

Is (was) current on rent: _____

Ever been late? _____ How late? _____ How often? _____

Have you ever begun eviction proceedings for non-payment? _____

Was full security deposit refunded? _____

Does applicant permit persons other than those on the lease to live in the unit? _____

Any complaints or non-compliance issues? _____ If yes please provide details:

Would you re-rent to this resident? _____

Has resident given notice of intent to vacate? _____

Thank you for your assistance.

Name (Print): _____ Date: _____

Name (sign): _____ Title: _____

Form **4506**

(November 2020)

Department of the Treasury
Internal Revenue Service**Request for Copy of Tax Return**

- Do not sign this form unless all applicable lines have been completed.
 ► Request may be rejected if the form is incomplete or illegible.
 ► For more information about Form 4506, visit www.irs.gov/form4506.

OMB No. 1545-0429

Tip. You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." or call 1-800-908-9946.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax return is being sent to the third party, ensure that lines 5 through 7 are completed before signing. (see instructions).

6 Tax return requested. Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ►

Note: If the copies must be certified for court or administrative proceedings, check here ☐

7 Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions).
 ____/____/____ ____/____/____ ____/____/____ ____/____/____
 ____/____/____ ____/____/____ ____/____/____ ____/____/____

8 Fee. There is a \$43 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.	
a Cost for each return	\$
b Number of returns requested on line 7	
c Total cost. Multiply line 8a by line 8b	\$

9 If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here ☐

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

Signature (see instructions)	Date
Print/type name	Title (if line 1a above is a corporation, partnership, estate, or trust)
Spouse's signature	Date
Print/type name	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506 and its instructions, go to www.irs.gov/form4506.

General Instructions

Caution: Do not sign this form unless all applicable lines, including lines 5 through 7, have been completed.

Designated Recipient Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

How long will it take? It may take up to 75 calendar days for us to process your request.

Where to file. Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year or period and the chart below shows two different addresses, send your request based on the address of your most recent return.

Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:

Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
Stop 6716 AUSC
Austin, TX 73301

Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin

Internal Revenue Service
RAIVS Team
Stop 6705 S-2
Kansas City, MO 64999

Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming

Internal Revenue Service
RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

Chart for all other returns

For returns not in Form 1040 series, if the address on the return was in:

Mail to:

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service
RAIVS Team
Stop 6705 S-2
Kansas City, MO 64999

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service
RAIVS Team
P.O. Box 9941
Mail Stop 6734
Ogden, UT 84409

Specific Instructions

Line 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, please include it on this line 3.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note. If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506.

Line 7. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 return, or 03/31/2017 for a first quarter Form 941 return.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5 through 7, are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506 but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5a. Form 2848 showing the delegation must be attached to Form 4506.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 16 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR 6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

UNITED VETERANS MUTUAL HOUSING COMPANY, INC.
BELL PARK MANOR – TERRACE

TELEPHONE: 718-465-6070
FAX: 718-468-7556

221-22 MANOR ROAD
BELLEROSE MANOR, NY 11427

**Contracts signed as of January 1st, 2025, must reflect a Minimum Sales
Prices of:**

Size	Price
3.5 Room	\$ 162,000.00
<u>(1 bedroom)</u>	
4.5 Room	\$ 250,000.00
<u>(2 bedroom)</u>	
5.0 Room	\$ 270,000.00
<u>(2 bedroom)</u>	
5.0 Room	\$ 340,000.00
<u>(duplex)</u>	
6.0 Room	\$ 320,000.00
<u>(3 bedroom)</u>	