



SITE OFFICE

United Veteran's Mutual Housing Co., Inc.
A/k/a/ Bell Park Manor Terrace
221-22 Manor Road
Bellerose Manor, NY 11427
718-465-6070
718-468-7556 fax
email: bellpark@midboro.com

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

Sales Package

RE: Purchase of – Unit #: _____
Address : _____

In regard to the purchase of the above referenced apartment, please be advised of the following requirements:

A. The Corporation's current minimum financial requirement for prospective purchasers are:

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. Additionally, other annual debt will be deducted from the annual gross salary and a percentage of assets will be added to the gross salary.
2. Cooperative loan financing is limited to a maximum of eighty (80 %) percent of the purchase price.
3. 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).
4. 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).
5. 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. 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:

(Please submit five (5) complete packages (one (1) original & four (4) copies of the following forms & documentation in collated sets.)

We do not accept Incomplete Packages. Packages not submitted in duplicates of five (5) or ANY forms or DOCUMENTATION from C #1 –23 not submitted, will be returned. NO EXCEPTIONS.

1. A bank check or money order for the processing fee in the amount of \$150.00 from the purchaser payable to **United Veterans Mutual Housing Co., Inc.** This fee is non-refundable.
2. A bank check or money order for credit, criminal background check and sex offender search in the amount of **\$111.34 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 **\$95.54** 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 and sex offender search. **These fees are non-refundable**
3. A signed copy of the contract between the selling shareholder and the prospective purchaser that they have entered into a written agreement concerning the sale of stock and apartment.

4. Copies of the following for each prospective purchaser and all other 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
Legal 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 credit history, housing report, criminal report, salary/income, banking/financial practices.
(b) If a person over seventeen (17) will reside in the apartment, a completed and signed authorization form to run criminal background and sex offender search
8. **Cooperative loan/commitment letter. (Pre-Approval Not Accepted)**
9. **Signed Employment Letter**
Letter from employer with employment start date and annual salary.
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 **Complete** 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 (1a – 5) only**
15. Residence verification letter from landlord
16. **Six (6)** months cancelled rent checks or rent receipts

17. **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.**
18. **Two (2)** character reference letters for purchaser
19. Acceptance of House Rules – **Signed & Notarized**
Please remove House Rules from Package. Keep for your information. RETURN SIGNED FORM ONLY.
20. Signed agreement of “Occupancy Standards”.
21. Signed “Lead Paint” notification.
22. Signed “Insurance Notification”.
23. If seller is deceased and an estate is involved:
 - A. Death certificate
 - B. Letter of Administration/Testamentary dated within the last six (6) months

D. The prospective purchaser must be informed of the following restrictions:

1. **Pets are not allowed.**
2. **A stockholder is not allowed to conduct a business from his/her apartment.**
3. **No bankruptcy within the past seven (7) years.**
4. **No subletting allowed.**
5. **ONLY TWO SHAREHOLDERS ARE PERMITTED ON THE SHARES.**
6. **Alterations to the apartment require the approval of the Board of Directors.**

E. Closing Fees:

Purchaser:

1. **Only if Contract of Sale calls for financing provisions,** \$250.00 fee made payable to Hankin, Handwerker & 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. \$650.00 fee payable to Hankin, Handwerker & Mazel 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. \$1500.00 check made payable to United Veterans Mutual Housing Co.,Inc., **to be held in escrow & returned approximately 45 - 60 days after closing.**

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 designated 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.



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

Application for Approval of Sale of Cooperative Apartment

Apartment # : _____ Building # : _____

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 other 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
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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. Have you ever been arrested for a felony. If so, please explain.

* If more space is required, please attach additional page

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

* 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 _____

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: _____

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: _____



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

I hereby authorize United Veterans Mutual Housing Co., Inc. to conduct an inquiry concerning my credit history, housing report, criminal report, salary/income, banking/financial practices or whatever it deems necessary to process my application for residency. I agree to hold landlord and any affiliated organizations harmless for any claims that may arise as result of this investigation.

Applicant Name _____ Date _____
Please Print

Applicant Signature _____ Date _____

Co-Applicant Name _____ Date _____
Please Print

Co-Applicant Signature _____ Date _____



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Every person who will reside in the apartment over the age of seventeen (17) must complete & sign this form

I hereby authorize United Veterans Mutual Housing Co., Inc. to conduct an inquiry concerning my criminal background and sex offender search. I agree to hold landlord and any affiliated organizations harmless for any claims that may arise as result of this investigation. **(For every person who will reside in the apartment over the age of seventeen (17). This form must be completed & signed.)**

a)Residents Name _____ Date _____
Please Print

Address _____

D.O.B _____ SSN # _____

Residents Name _____ Date _____
Signature

b)Residents Name _____ Date _____
Please Print

Address _____

D.O.B _____ SSN # _____

Residents Name _____ Date _____
Signature



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United Veterans Mutual Housing Co.,Inc.
Occupancy Standards

I. All apartments shall be limited to occupancy by a single family who makes the apartment its primary residence and whose make up shall not exceed the following:

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 _____

Date: _____



REAL ESTATE MANAGEMENT

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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:

Date: _____

www.midboro.com

148 West 37th Street, [Bet. 7th & Broadway] New York, NY 10018-6978 • 212-877-8500 • Fax 212-875-0808



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Insurance Notification

Liability Insurance Effective March 1, 1997, all shareholders are obligated to obtain and maintain on an annual basis a tenant/homeowner's insurance policy which has coverage of no less than \$25,000.00. Evidence of this coverage must be submitted to Bell Park by a certificate which provides that Bell Park is an additional insured. The failure to obtain & maintain and show evidence of such insurance on an annual basis will cause the tenant/shareholder to pay \$100.00 violation processing fee every six months.

Request for Copy of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
Read the instructions on page 2.
- ▶ Request may be rejected if the form is incomplete, illegible, or any required line was blank at the time of signature.

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 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 call 1-800-829-1040 to order a transcript.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return	2b Second social security number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code	
4 Previous address shown on the last return filed if different from line 3	
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. The IRS has no control over what the third party does with the tax return.	

Caution: If a third party requires you to complete Form 4506, do not sign Form 4506 if lines 6 and 7 are blank.

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 year or period, using the mm/dd/yyyy format. If you are requesting more than eight years or periods, you must attach another Form 4506.

/ /	/ /	/ /	/ /
_____	_____	_____	_____
/ /	/ /	/ /	/ /
_____	_____	_____	_____

8 Fee. There is a \$39 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 or EIN and "Form 4506 request" on your check or money order.	
a Cost for each return	\$ 39.00
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

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, either husband or wife must sign. If signed by a corporate officer, partner, 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.

Telephone number of taxpayer on line 1a or 2a
()

Sign Here

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

General Instructions

Section references are to the Internal Revenue Code.

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

How long will it take? It may take up to 60 calendar days for us to process your request.

Tip. Use Form 4506-T, Request for Transcript of Tax Return, to request tax return transcripts, tax account information, W-2 information, 1099 information, verification of non-filing, and record of account.

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

Note. If you are requesting a return for more than one year and the chart below shows two different service centers, mail your request to the service center 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:	Mail to the "Internal Revenue Service" at:
District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New York, Vermont	RAIVS Team Stop 679 Andover, MA 05501
Alabama, Delaware, Florida, Georgia, North Carolina, Rhode Island, South Carolina, Virginia	RAIVS Team P.O. Box 47-421 Stop 91 Doraville, GA 30362
Arkansas, Kansas, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, Texas, West Virginia	RAIVS Team Stop 6716 AUSC Austin, TX 73301
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nebraska, Nevada, New Mexico, Oregon, South Dakota, Utah, Washington, Wyoming	RAIVS Team Stop 38101 Fresno, CA 93888
Connecticut, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, North Dakota, Ohio, Wisconsin	RAIVS Team Stop 6705-841 Kansas City, MO 64999
New Jersey, Pennsylvania, a foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695

Chart for all other returns

If you lived in or your business was in:	Mail to the "Internal Revenue Service" at:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Georgia, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Tennessee, Texas, Utah, Washington, Wyoming	RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, Wisconsin	RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250
A foreign country, or A.P.O. or F.P.O. address	RAIVS Team DP 135SE Philadelphia, PA 19255-0695

Specific Instructions

Line 1b. Enter your employer identification number (EIN) if you are requesting a copy of a business return. Otherwise, enter the first social security number (SSN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Signature and date. Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the return be sent to a third party, the IRS must receive Form 4506 within 60 days of the date signed by the taxpayer or it will be rejected.

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.

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.

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 5. 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. 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, and the District of Columbia 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 Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224. Do not send the form to this address. Instead, see *Where to file* on this page.



Bell Park Manor Terrace

UNITED VETERANS MUTUAL HOUSING COMPANY, INC.

HOUSE RULES 2008

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1 – Use of Common Areas

- Residents and their guests shall not play in the common hallways, stairways, garages, roofs or trees. Lawns shall not be used as playgrounds or for any other purpose that may impair the appearance or increase the cost of maintenance.
- Shareholders will be held responsible for the actions of their children and guests, and will be held responsible for any damages.
- Lawns are common property and gardening or any items placed on lawns must be in agreement by both lower and upper residents. Should neighbors not agree then it would be decided upon by the Board of Directors.
- Children's pools may be utilized in season provided that the water is emptied daily by 8:00 P.M. and the pool is placed upright at the side or back of the building in order to preserve the grass.

Note - 1st violation- warning letter, 2nd violation-\$25 fine, 3rd violation-\$50, and 4th violation-\$75

2- Obstruction of Common Areas

- The entrances, vestibules, sidewalks and driveways shall not be obstructed or used for any purpose other than to enter and exit from the apartments.

Note - 1st violation- warning letter, 2nd violation-\$25 fine, 3rd violation- \$50 and 4th violation- \$75

3. Garbage

- Wire baskets shall be used for the disposal of small items only. At no time shall household garbage be placed in said baskets.
- All garbage must be brought to the garbage rooms and placed inside the proper bins. Please be sure to tie your garbage bags. Garbage must not be placed on the outside of the garbage room or on the floor of the garbage room. Green bins are for household garbage, White bins are for papers, and Blue pails are for recyclables.
- Bulk furniture must be placed inside the garbage rooms.

Note - 1st violation- warning letter, 2nd violation-\$25 fine, 3rd violation-\$50, and 4th violation- \$75

4. Placement and Disposal of Articles

- It is forbidden to hang, shake, drape, or sweep any articles, including laundry, from windows or doors or into hallways or on the outside areas in any manner.
- No cigarettes, matches, trash or articles of any kind are to be thrown from windows or disposed of in anything other than the proper container.

Note - 1st violation- warning letter, 2nd violation-\$25 fine, 3rd violation-\$50 and 4th violation- \$75

5. Planting and Removal of Flowers, Etc.

- The Board of Directors may remove or direct the resident to remove, any and all foliage from common areas that may be deemed unsightly.
- No vegetable gardens are permitted on Bell Park property.

Note - 1st violation- warning letter, 2nd violation-\$25 fine, 3rd violation-\$50 and 4th violation- \$75

6. 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 \$1,000.00. For more information regarding alterations please pick up an Alteration Agreement in the Management Office.

Note – violation – fine of up to \$1,000.00 and full restoration be made to apartment's original state.

7. Signs, Antennas and/or Advertisements

- No sign, signal, aerial, antenna, advertisement, or illumination shall be placed on any window, on any part of the building, or anywhere on the property unless approved in writing by the Board of Directors.
- Nothing shall be placed on any outside windowsills or ledges.

8. Yard Sales

- Yard Sales or auctions being held in any apartment must have the written consent of the Board of Directors.

Note - 1st violation warning letter, 2nd violation-\$25 fine, 3rd violation- \$50 and 4th violation- \$75

9. Noise

- No person shall make or permit any disturbing noises in the buildings or do or permit anything to be done therein, which will interfere with the rights, comforts or conveniences of the other residents.
- No person shall permit the excessive use of any musical instrument or permit the operation of a stereo, radio, television, exercise equipment or any other appliance in lessees' apartment between the hours of 10:00 P.M. and the following 8:00 A.M. to the extent that it shall disturb or annoy other occupants of the buildings.
- Construction, repair work or other installation involving loud noise may be conducted in any apartment between the hours of 8:00 A.M. and 6:00 P.M. Monday through Friday and between the hours of 10:00 A.M. and 3:00 P.M. on Saturdays. Work **may not** be performed on Sundays and Holidays.

Note - 1st violation- warning letter, 2nd violation-\$25, 3rd violation-\$50 and 4th violation-\$75

10. Move In / Move Out

- Move in / Move out times is between Sundays – Saturday, 8 A.M -8 P.M.
- Moving trucks are not permitted to park on lawns, sidewalks, or courtyard grounds.

Note- The fine will be assessed according to damage caused.

11. Odors

- No residents shall allow unreasonable cooking or other odors to escape in the building. All units must have proper ventilation (open windows, window fans, and/or exhaust fans) in order to prevent said odors from annoying nearby residents.

Note- 1st violation-warning letter, 2nd violation-\$25, 3rd violation-\$50 and 4th violation-\$75

12. Use and Installation of Appliances

- Any installation of a washing machine, electric dryer or dishwasher must meet the specifications set forth by the appliance manufacturer.
- When installing a washing machine or dishwasher it is mandatory that check valves be installed on the water supply of the appliance.
- Dryers must be properly vented and must be **electric**. **Gas dryers are strictly prohibited**.

Note - 1st violation- warning letter, 2nd violation-\$25 fine, 3rd violation-\$50 and 4th violation-\$75

13. Personal Property on Lawns, Steps and Public Areas

- Temporary storage of seasonal items must not appear unsightly.
- All unattended personal property, including toys, should be removed and neatly stored by the end of the day.
- The Corporation will not be responsible for any damages or loss to residents' property.
- Outdoor holiday decorations must be removed within 30 days of the holiday.
- Outdoor patio furniture must be stored at the end of the season.

Note - 1st violation- warning letter, 2nd violation-\$25, 3rd violation-\$50 and 4th violation-\$75

14. Exterior Doors

- All common doors should be closed and locked at all times unless otherwise agreed to by both lower and upper residents.

Note - 1st violation- warning letter, 2nd violation-\$25, 3rd violation-\$50 and 4th violation-\$75

15. Emergency Access

- Employees of the Corporation, Management or Maintenance may enter an apartment in case of an emergency. In addition, they may also enter the apartment for an inspection or for the performance of work that may be reasonably required.

16. Garages

- Garages are to be used for the storage of currently registered and insured passenger vehicles and for no other purpose. Gasoline or any other combustible material shall not be stored in garages.
- Garages may not be sublet.
- Any resident with a garage located under an apartment is required to park head in and idling is prohibited.
- Use of the garage for the purpose of storage is strictly forbidden.
- A Garage Lease may be canceled upon five (5) days notice at the discretion of the Board of Directors for violations of the Lease.
- Any resident whose maintenance account is in arrears of three (3) months or more and rents a garage and or parking space will be subject to automatic termination of their garage and or parking space lease and confiscation of their garage.

17. Outdoor Designated Parking Spaces

- Solely current licensed passenger vehicles owned or leased by residents of Bell Park shall use designated Parking areas. Dead storage of vehicles is strictly prohibited.
- All vehicles parked in designated parking areas must have a current valid parking sticker.
- If your parking space is in front of an apartment window you must park nose in.
- Parking of commercial vehicles is prohibited, unless written approval from the Board of Directors is given.
- The Corporation is not responsible for any theft of or damage incurred to any vehicle while parked on premises, or being removed from premises.
- The Corporation reserves the right to remove any vehicles (at the Lessee's expense) if in violation of the above regulations, or of which may constitute a hazard or menace.

18. Driveways

- The use of driveways as a play area for automobiles is strictly prohibited (this includes racing and practice driving). A maximum of ten (10) miles per hour must be observed in all driveways.

Note - 1st violation – warning letter, 2nd violation-\$25, 3rd violation-\$50 and 4th violation-\$75

19. Pets

- No cats, dogs, or other pets, except fish and caged birds, shall be kept, harbored or permitted on demised premises. Cooperators who have visitors with dogs/cats shall not permit such dogs/cats to be kept overnight, unless the Board of Directors gives written permission. This rule is a substantial and material obligation of the tenancy and any breach shall be considered a material and substantial violation under the Proprietary Lease.
- The feeding of squirrels, birds and stray animals on the property is prohibited. Residents who are feeding pigeons on Bell Park property will be fined \$75.00.
- Shareholders who have visitors with pets are responsible for any property damage and/or injury that the pet may cause or inflict anywhere within Bell Park Manor Terrace.

20. Use and Storage of Gas & Charcoal Barbecue Grills

Residents are permitted to use both Gas & Charcoal barbecue grills in accordance with New York City Fire Department regulations. Residents must abide by the following rules:

- Barbecues must not be operated within ten (10) feet of any combustible material and must be used at least ten (10) feet away from building entrances so a hazard or nuisance to adjacent apartments is not created.
- There must be a garden type hose attached to a water supply, or a sixteen (16) quart pail of water available.
- Charcoal and charcoal ashes must be **cold** before being disposed of and then should be placed in a metal container, mixed with water, covered with a tight-fitting lid and disposed of in the proper container in the garbage room.
- No more than two (2) 20-pound propane tanks may be used.

- Hot grills should never be left unattended.
- Barbecue grills should be stored and used on large flat surfaces that cannot burn.
- Propane tanks must be shut off from the valve on the tank after you have finished barbecuing.
- Propane tanks **must be empty** for seasonal storage of the grill.
- Propane cylinders **must not** be stored indoors (garages) or near any heat source.
- At the end of the summer season, barbecues must be covered and neatly placed out of sight or removed and stored.

Note – Fine - \$75.00

21. Window Coverings

- Inappropriate items, such as bedspreads, sheets or shower curtains may not be used as window coverings.

Note - 1st violation – warning letter, 2nd violation-\$25, 3rd violation-\$50 and 4th violation-\$75

22. Carpeting

- All apartments are required to have wall-to-wall carpeting with **heavy** padding including stairways, exclusive of the bathroom, kitchen and dining room.

Note- 1st violation- warning letter, 2nd violation-\$25, 3rd violation-\$50 and 4th violation-\$75

23. Commercial Use of Apartment

- Commercial uses of the Apartments are strictly prohibited.

The fine is \$100.00 per month and immediate termination of the Proprietary Lease.

24. Late Maintenance Payments

- Maintenance payments are due and payable by the tenth (10th) of every month. Payments received after the tenth (10th) are subject to a late fee charge.

25. Co-Op Employees

- No employee of the Co-Op may be used or employed by any Lessee for any personal purpose during the employee's regular working hours.
- Management must first approve all private work done by United Veterans Mutual Housing Company, Inc. employees.

The House Rules may be added to, amended or repealed at any time by resolution of the Board of Directors.

MANAGEMENT OFFICE

Bldg. #11 221-22 Manor Road (718) 465-6070

MAINTENANCE DEPARTMENT

Bldg. # 8 225-02 Manor Road (718) 465-7550

LAUNDRY ROOM LOCATIONS
In the basement of building

Bldg. #7 – Back of 82-50 229th Street
Bldg. #11 – Back of 221-32 Manor Road
Bldg. #18 – Back of 220-02 Stronghurst Avenue
Bldg. #20 – Back of 224-24 Stronghurst Avenue
Bldg. #26 – Back of 226-01 Manor Road
Bldg. #38 – Back of 225-04 88th Avenue
Bldg. #45 – Back of 229-11 87th Avenue

GARBAGE ROOMS

Garbage Room #8 -	Next to Maintenance Office – Near Bldg. #8
Garbage Room #11-	Behind Bldg. #11
Garbage Room #15-	Behind Bldg. #15
Garbage Room #18-	Behind Bldg. #19
Garbage Room #24-	Behind Bldg. #24
Garbage Room #28-	Behind Bldg. #30
Garbage Room #32-	Behind Bldg. #32
Garbage Room #38-	Behind Bldg. #39
Garbage Room #43-	Behind Bldg. #42
Garbage Room #50-	Behind Bldg. #45

BARGOLD STORAGE ROOMS
In the basement of buildings

Bldg. #3 – 225-01 Hillside Avenue - Bargold Building A
Bldg. #18 – 86-25 Springfield Blvd. - Bargold Building B
Bldg. #22 – 223-01 Manor Road - Bargold Building C
Bldg. #25 – 224-15 Manor Road - Bargold Building D
Bldg. #41 - 225-05 88th Avenue - Bargold Building E
Bldg. #47 - 227-02 Hillside Avenue - Bargold Building F

Club House - Behind Bldg. # 7 – 226-38 Manor Road
(Please Contact the Management Office for Rental information).

Credit Union - Behind Bldg. #22 - 223-07A Manor Road

Retirees Club - Behind Bldg. #32 – 221-17 Braddock Avenue

SNAP- Behind Bldg. #47 – 227-02 Hillside Avenue

Fenced in Playground with toys –
Behind Bldg. #11 – 221-22 Manor Road



SITE OFFICE

United Veteran's Mutual Housing Co., Inc.
A/k/a/ Bell Park Manor Terrace
221-22 Manor Road
Bellerose Manor, NY 11427
718-465-6070
718-468-7556 fax
email: bellpark@midboro.com

Acceptance of House Rules

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

Dated: _____

Signature(s): _____

State of New York
County of _____, ss.:

On this _____ day of _____, 200__ before me personally appeared _____
known to me to be the person(s) who executed the foregoing instrument and
acknowledged to me that he-she-they executed the same.

**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~

<i>Applicant</i>		
First Name	Middle Initial	Last Name
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Social Security Number	Date of Birth
Day Phone #. :	Evening Phone #:	

<i>Current Residency</i>				
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 <input type="checkbox"/> Rent <input type="checkbox"/>		

<i>Prior Residency</i> <i>Must be filled in if you lived at the current address for less than 2 years</i>				
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 <input type="checkbox"/> 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 <input type="checkbox"/> (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 Savings Money Market Stock Investment Other _____
Individual Account Joint Account (Supply Spouse Name & SS #)
Corporate Account (Supply Tax ID #) Is this a Borrowing Account? No Yes

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

Motornst 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

Applicants Signature: _____

**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~

<i>Co - Applicant</i>		
First Name	Middle Initial	Last Name
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Social Security Number	Date of Birth
Day Phone #. :	Evening Phone #:	

<i>Current Residency</i>				
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 <input type="checkbox"/> Rent <input type="checkbox"/>		

<i>Prior Residency Must be filled in if you lived at the current address for less than 2 years</i>				
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 <input type="checkbox"/> 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 <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 <input type="checkbox"/> (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 <input type="checkbox"/> (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					
<i>Must be Completed if Registered Motorist</i>					
Motorist License ID #	State of License	Primary Vehicle License Plate	Manufacturer	Year	Model

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

Co - Applicants Signature: _____