



SHAREHOLDER APPLICATION

Date

Building

Unit

C/O TOUCHSTONE PROPERTY MANAGEMENT

16 Sawgrass Drive Suite 1 BELLPORT, NY 11713

Thank you for your interest in 4 Anchorage Lane Owners, Inc., (TOTH), Top of The Harbour, a Cooperative community consisting of 156 units located in Oyster Bay, New York. Please provide the following information for the Board of Directors review. After their review, they will arrange for an opportunity to meet with you regarding your application to purchase a Unit at Top of The Harbour.

Please submit all the following documents as an entire package, please supply three (3) copies of said package:

1. Provide short letter of introduction (how you learned of our community, why you want to live here, along with a brief bio –tell us about yourself).
2. Completed and signed application.
3. Check for \$500.00 nonrefundable application fee payable to “4 Anchorage Lane Owners, Inc.”
4. Copy of fully executed contract of sale.
5. Copy of signed application for Cooperative Loan (Mortgage) submitted to lender together with any attachments (if applicable).
6. Copy of Mortgage commitment (if applicable).
7. Copy of financial statements, (brokerage, savings, checking, and retirement accounts, along with any monthly pension and or social security income).
8. Copy of statement of the accounts from which the down payment was taken.
9. In the case of all cash transactions, copy of the statement of the accounts from which the funds are being taken.
10. If the funds for the down payment or the purchase price were a gift, proof that this was a gift and not to be repaid must be supplied. i.e., Notarized Statement signed by all parties.
11. Copies of signed Federal Tax Returns complete with all pages and schedules for the past two (2) years.
12. Copies of W-2's for the past two (2) years.
13. Copies of the most recent (past 3 months) pay stubs.
14. Proof of income from any other source such as Social Security or pensions.
15. Signed consent for credit reports
16. Signed key agreement

17. Signed occupancy agreement
18. Signed House Rules agreement
19. Signed certification of completeness and accuracy of application.
20. Proof that you have secured Co-op insurance (i.e., a policy substantially like or better than a Homeowner's 9 Co-op Shareholders form with full replacement value) must be presented at the time of closing.

Your application may be denied at any point. Provided your application passes the pre-screening review, you will be notified of the date, time, and place for an in-person interview. These are generally held in the evening starting at 7:00 pm for approximately 1 hour.

If you have questions about the application process, please feel free to call Touchstone Property Management, the normal business hours are Monday-Friday, 9am-4pm. Once complete, please submit all documentation to Touchstone Property Management at the following address.

Touchstone Property Management

16 Sawgrass Drive - Suite 1

Bellport, NY 11713

631-448-7919

info@tpm.team

EMPLOYMENT HISTORY

Applicant ONE

Employment? RETIRED | PART TIME | FULL TIME | UNEMPLOYED

If employed provide the following:

Employer Name

Employer Address

Position Title

Applicant TWO

Employment? RETIRED | PART TIME | FULL TIME | UNEMPLOYED

If employed provide the following:

Employer Name

Employer Address

Position Title

FINANCIAL INFORMATION

How will you finance your purchase? CASH | MORTGAGE | OTHER

If "other," please describe

Liabilities (specify creditor & monthly payment)

Credit Cards

Student Loans

Mortgages

Alimony, Maintenance, Child Support

Car Payments (lease/loan)

Other

Total current monthly obligations

FINANCIAL INFORMATION CONTINUED

Do you have any judgements or liens outstanding against you? YES | NO

If Yes

- Provide details on separate page referencing this question.
- Include the court in which the petition was filed, the court's index number, and the resolution of the proceeding.

Have you ever been convicted of a crime? YES | NO

If Yes

- Provide details on separate page referencing this question.

REFERENCES

List three references (do **not** include relatives).

1. Reference One

Name

Relationship

Phone

Years known

2. Reference Two

Name

Relationship

Phone

Years known

3. Reference Three

Name

Relationship

Phone

Years known

AUTHORIZATION

4 Anchorage Lane Owners, Inc. will rely heavily on the information you have supplied. It is important that the information is accurate and complete.

The foregoing Application, including all personal information, has been carefully prepared, and the undersigned hereby solemnly declares and certifies that all the information is true and accurate statement of the undersigned as of the date set forth by each signature.

The undersigned hereby authorizes the managing agent and the 4 Anchorage Lane Owners, Inc. to share such portions of the application as they may reasonably believe necessary to fulfill the purposes of this application with any other parties, and further agrees to hold the COOP corporation, its officers, and directors, and managing agent, harmless from any error or omission in the transfer of the information or the distribution of such information to third parties.

If any information supplied is found to be untrue or fraudulent it may result in denial of this application or if found in the future a cancellation of the Proprietary Lease.

By signing this application, you represent and warrant the accuracy of the information and you authorize us to verify any information that you have listed.

Applicant Signature _____ Date __/__/____

Co-Applicant Signature _____ Date __/__/____

CREDIT REPORT AUTHORIZATION & PRIVACY DISCLOSURE FORM

I hereby authorize and instruct Touchstone Property Management to obtain and review my credit reports. My credit reports will be obtained from all three credit reporting agencies. I understand and agree Touchstone Property Management intends to use the credit report for the purpose of evaluating my financial readiness to purchase a unit.

I understand that I may revoke my consent to these disclosures by notifying Touchstone Property Management in writing.

Social Security numbers will only be used for this application and will not be given to any outside parties: nor will they be retained once the requirement needs for the application are fulfilled. If credit reports are anti-fraud locked, please be prepared to obtain a PIN number for a one-time release for your report.

Applicant

Full Name

Soc. Security #

Applicant Signature _____ Date __/__/____

Co-Applicant

Full Name

Soc. Security #

Co-Applicant Signature _____ Date __/__/____

KEY AGREEMENT

I (we) agree to provide 4 Anchorage Lane Owners, Inc., and their duly authorized agent with copies of all keys to my unit. The keys may be used by the Superintendent to enter the premises in the case of an emergency or for the regularly scheduled monthly exterminating maintenance visit.

I am aware that if I do not provide 4 Anchorage Lane Owners, Inc., and their duly authorized agent with copies of the entry keys I will have breached the House Rules and may be subject to the violation fees detailed within the governing documents for the duration of time that I withhold entry into my unit.

Applicant Signature _____ Date __/__/____

Applicant Name (print) _____

Co-Applicant Signature _____ Date __/__/____

Co-Applicant Name (print) _____

OCCUPANCY AGREEMENT

It is agreed by the purchaser/shareholder that, if the purchaser/shareholder shall allow another individual or individuals to reside in the referenced unit with the purchaser/shareholder for a period more than one month, the purchaser/shareholder shall promptly notify the Cooperative Corporation of this additional residents) by notifying Touchstone Property Management in writing no later than 14 days before the additional occupant intends to move into the unit.

It is further agreed that any such additional residents other than those within the definitions of paragraph 13 of the proprietary lease shall be screened by the screening committee as soon as reasonably possible prior to the date that individual intends to move in.

Failure to notify the Cooperative Corporation of any change in the occupancy of the referenced unit shall constitute a violation of the proprietary lease.

Applicant Signature _____ Date __/__/_____

Applicant Name (print) _____

Co-Applicant Signature _____ Date __/__/_____

Co-Applicant Name (print) _____

HOUSE RULES AGREEMENT & ANNEXED AMENDMENT

I/We have read the House Rules of Top of the Harbour/ 4 Anchorage Lane Owners Inc, and any questions we may have had about these rules have been answered,

I/We understand that we are required to abide by the provisions of the House Rules and that any breach of a rule will be dealt with by the Board of Directors as provided for in those rules.

I/We have read the annexed amendment to the proprietary lease of 4 Anchorage Lane Owners, Inc. and agree to obtain and to keep in full force and effect the insurance described in that amendment. I (we) further agree to install and maintain the CO & smoke alarms in the unit as requires by the annexed amendment.

Applicant Signature _____ Date __/__/____

Applicant Name (print) _____

Co-Applicant Signature _____ Date __/__/____

Co-Applicant Name (print) _____