260 West 91st street, SUITE #1A,

NEW YORK, NEW YORK 10024

T: (646) 780-1856

F: (646) 813-1497

EMAIL: rcrealtynyc@gmail.com

WEBSITE: [WWW.RCREALTY.NYC](http://www.rcrealty.nyc/)

**SUB-LEASE APPLICATION**

**2728 BROADWAY HDFC APT #\_\_\_\_\_\_\_**

**ATTACHED IS THE APPLICATION PACKAGE YOU HAVE REQUESTED. PLEASE REVIEW AND COMPLETE IN FULL. ATTACHED COPIES OF ALL NECESSARY DOCUMENTS. PLEASE COMPLETE EACH FORM. SHOULD YOU REQUIRE ASSISTANCE PLEASE FEEL FREE TO CONTACT OUR OFFICE AT 212-837-1835 X 228.**

**THERE IS A $350.00 NON-REFUNDABLE APPLICATION FEE MADE PAYABLE TO RC REALTY GROUP OF NEW YORK INC. AND IS REQUIRED TO BE INCLUDED WITH YOUR COMPLETED PACKAGE.**

**SHAREHOLDER MUST INFORM MANAGING AGENT IN WRITING OF THEIR INTENT TO RENT THEIR APARTMENT.**

**UPON RECEIPT OF WRITTEN NOTIFICATION, THE MANAGING AGENT WILL SEND THE SHAREHOLDER THE APPROPRIATE DOCUMENTS TO COMPLETE.**

**THE PROSPECTIVE RENTERS FILL OUT THE FOLLOWING FORMS:**

**W-2 FORMS AND FEDERAL TAX RETURNS (THE 1040 FORMS ONLY) FOR THE TWO (2) PREVIOUS YEARS.**

**STATEMENT OF FINANCIAL CONDITION & FINANCIAL DOCUMENTS REFLECTING NET WORTH**

**COPY OF LATEST PAYSTUB**

**CURRENT CREDIT REPORT**

**LETTER FROM CURRENT LANDLORD**

**LETTER FROM CURRENT EMPLOYER**

**DISCLOSURE FORMS (WINDOW GUARD, BEDBUGS AND SPRINKLER, ETC.)**

**COPY OF DRIVERS LICENSE**

**THE MANAGING AGENT REQUESTS ONE ORIGINAL AND FIVE COPIES OF THE COMPLETED PACKAGE. UPON REVIEW THEY SHALL BE SENT TO THE BOARD OF DIRECTORS.**

**THE BOARD OF DIRECTORS WILL REQUEST AN INTERVIEW WITH THE PROSPECTIVE RENTER. AFTER FULL REVIEW OF THE APPLICATION THE BOARDS FINAL DECISION SHALL BE MADE IN WRITING TO THE OWNER OR COOP. AFTER THIS PROCESS IS COMPLETED IN FULL THE SUB-TENANT SHALL TAKE OCCUPANCY. YOU MUST NOTIFY THE SUPER OF THE MOVE-IN AND MOVE-OUT DATES.**

APPLICANT (PLEASE PRINT ALL INFORMATION):

(**When there are co-applicants, separate sub-lease application and back-up must be submitted).**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City State Zip Code

Check One: Rent [ ] Co-Op/Condo [ ] Home Owner [ ] Other [ ]

How long at the above address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_?

If less than one year, please list previous address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your current residence listed in someone else’s name? Yes [ ] No [ ]

If yes, print name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member of Military Service Yes [ ] No [ ]

Driver’s License No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Address: State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: Length of Employment Salary Other Income

Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If present employer less than one year, list previous employer

If yes, please list title and corporation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you engage in a home occupation? Yes [ ] No [ ]

If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BANK REFERENCES:

Name of Financial Institution\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Checking Account Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Savings Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accountant Name Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of persons not on the lease to occupy the apartment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name Age Relationship to Tenant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Age Relationship to Tenant

Do you own any animals? Yes [ ] No [ ]

If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever claimed diplomatic immunity? Yes [ ] No [ ]

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have applicant or other occupants ever been arrested or indicted for, or convicted of a felony or a misdemeanor? Yes [ ] No [ ]

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does sub-tenant intend to use the premises in any way for business purposes? If so, explain:

Have you filed or has a proceeding been filed against you in bankruptcy'? If so, give details

Are you a co maker or endorser of any obligation`? If so, give details.

(9) Other information

**Please attach copy of Driver’s License if this is for two persons, each person must complete this form.**

Notice of Intent to Sublet

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

To: Landlord

Name of landlord

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State zip

Please take notice that the Tenant(s) intend to sublet as follows:

From:

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tenant(s)

Name(s) of tenant(s) (The present occupant(s) of the apartment)

(2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of apartment apt. no.

City State Zip

Address of Tenant(s) for term of sublet

Briefly describe those accommodations, e.g., no. of rooms; co-op, condo, house, etc.

Address

City State zip

tel. no

Business Address(es) of Tenant(s)

(1) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business address Business address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City state zip City state zip

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel. no. Tel. no.

Term of Sublease

From 20 To 20

Date Sub-Tenant(s) to move out Date Subtenant(s) to move in

Is the Subtenant(s) already in occupancy?

Tenant(s) reason for subletting

Rent for sublet $

Additional rent for furnishings $

Other consideration being paid 5$

Security deposit paid by Subtenant(s) to Tenant(s) $

Was sublet arranged through a broker? If so, give name address and telephone number

*A copy of the proposed sublease, to which a copy of tenant’s lease (if available) has been attached, is annexed to and made part of this Notice.*

LEASE/COMMENCEMENT OF OCCUPANCY NOTICE FOR PREVENTION OF LEAD BASED PAINT HAZARDS-INQUIRY REGARDING CHILD

You are required by law to inform the owner if a child under six years of age resides or will reside in the dwelling unit (apartment) for which you are signing this lease/commencing occupancy. If such a child resides or will reside in the unit, the owner of the building is required to perform an annual visual inspection of the unit to determine the presence of lead-based paint hazards. IT IS IMPORTANT THAT YOU RETURN THIS FORM TO THE OWNER OR MANAGING AGENT OF YOUR BUILDING TO PROTECT THE HEALTH OF YOUR CHILD.

If a child less than six years of age does not reside in the unit now, but does come to live in it at any time during the year, you must inform the owner in writing immediately. If a child under six years of age resides in the unit, you should also inform the owner immediately at the address below if you notice any peeling paint or deteriorated subsurface in the unit during the year.

Please complete this form and return one copy to the owner or his or her agent or representative when you sign the lease/commence occupancy of the unit. Keep one copy of this form for your records. You should also receive a copy of a pamphlet developed by the New York City Department of Health explaining about lead based paint hazards when you sign your lease/commence occupancy.

CHECK ONE: [ ] A child under six years of age resides in the unit.

[ ] A child under six years of age does not reside in the unit.

Print occupant's name, address and apartment # (Occupant signature)

Certification by owner: I certify that I have complied with the provisions of §27-2056.6 of Article 14 of the Housing Maintenance Code and the rules promulgated there under relating to duties to be performed in vacant units, and that I have provided a copy of the New York City Department of Health pamphlet concerning lead based paint hazards to the occupant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Owner signature)

**RETURN THIS FORM TO*: 2728 BROADWAY HDFC***

***C/O RC REALTY GROUP OF NEW YORK INC.***

***260 WEST 91st STREET, SUITE 1A***

***NEW YORK, NEW YORK 10024***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RC REALTY GROUP OF NEW YORK INC.

***260 West 91st Ste 1A. New York, NY 10024***

***Phone (646) 780-1856 Fax: (646) 813-1497***

**Keep the top part of form for your records**

|  |  |
| --- | --- |
| **Annual Notice to Tenant or Occupant in all Buildings with Apartments Protect Your Child from Window Falls and Lead Poisoning.**  You are required by law to complete and return this form to your landlord before **February 15** each year. If you do not return this form your landlord/ Owner is required to visit your apartment to find out the ages of children living with you. Call 311 for more information on preventing window falls and lead poisoning. | |
| **Window Guards**   * The Landlords/Owners are required by law to install window guards in all your windows if a child is age **10** years or younger lives with you, **or** if you ask for them (even if no children live with you). However, windows that open to fire escapes and windows on the first floor used as a fire exits should not have window guards. * Window Guards should be installed so there is no space greater than 4 ½ inches above or below the guard, on the side of the guard, or between the bars. * It is against the law for you to refuse, interfere with the installation, or remove the window guards when they are required.   The above requirements apply to all buildings with 3 or more apartments regardless of when they were built. | **Peeling Lead Paint**   * Landlords/Owners are required by law to inspect your apartment for peeling paint and other lead paint hazards at least once a year if a child age **6** years or younger lives with you. * Always report peeling paint to your landlord/Owner. If a child age **6** years or younger lives with you, your landlord must inspect your apartment. Landlord/Owner must provide you with the results of these paint inspections. * Landlord/Owner must use safe work in practices to repair all peeling paint and other lead paint hazards. * If you have a baby or if a child age **6** years or younger comes to live with you during the year, you must notify Landlord/Owner in writing.   The above requirements apply to buildings with 3 or more apartments built before 1960, or built between 1960 and 1978 if the landlord knows that lead paint is present in the building. |

**Fill Out and detach the bottom part of form and return in envelope.**

|  |  |
| --- | --- |
| Please check **Yes or NO:**   1. A child age 10 years or younger lives in my Apartment: Yes No     If No: I want window guards even though no children age 10 years or younger live in my apartment: Yes No  If Yes: A child age 6 years or younger lives in my apartment: Yes No   1. Window guards are installed in all windows as required: Yes No      1. Window guards need maintenance or repair: Yes No   xxXXXXX | |
| Current Occupants **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Apartment Number #3-C  Address 2728 Broadway  City, State, Zip Code New York, New York 10025    Name of Tenant / Occupant (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tenant / Occupant signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Tenant / Occupant (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Tenant / Occupant signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_ | **Return To:**  **2728 BROADWAY HDFC**  **C/O** **RC REALTY GROUP OF NEW YORK INC.** **260 WEST 91st Street, STE 1A, New York, New York, 10024** |

**THE REAL ESTATE BOARD OF NEW YORK, INC.**

**SPRINKLER DISCLOSURE LEASE RIDER**

Pursuant to the New York State Real Property Law, Article 7, Section 231-a, effective December 3, 2014 all residential leases must contain a conspicuous notice as to the existence or non-existence of a Sprinkler System in the Leased Premises.

Name of Lessee(s):

Premises Address: 2728 BROADWAY

Apartment Number: #3-C (the “Lease Premises”)

Date of Lease: TO BE DETERMINED

**CHECK ONE:**

1. **[ ] There is NO Maintained and Operative Sprinkler System in the Leased**

**Premises.**

1. **[ ] There is a Maintained and Operative Sprinkler System in the Leased Premises**
2. **The last date on which the Sprinkler System was maintained and**

**Inspected was on** \_ \_.

**A “Sprinkler System”** is a system of piping and appurtenances

designed and installed in accordance with generally accepted standards so that heat from a fire will automatically cause water to be discharged over the fire area to extinguish it or prevent its further spread (Executive Law of New York, Article 6-C, Section 155-a(5)).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Acknowledgment & Signatures:**

I, the Buyer, have read the disclosure set forth above. I understand that this notice, as to the existence or non-existence of a Sprinkler System is being provided to me to help me make an informed decision about the Leased Premises in accordance with New York State Real Property Law Article 7, Section 231-a.

**Lessee:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Lessor:** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**State of New York**

**Division of Housing and Community Renewal**

**Office of Rent Administration**

**Website:** [**www.nysdhcr.gov**](http://www.nysdhcr.gov)

NOTICE OF TENANT

DISCLOSURE OF BEDBUG INFESTATION HISTORY

Pursuant to the NYC Housing Maintenance Code, an owner/managing agent of residential rental property

shall furnish to each tenant signing a vacancy lease a notice that sets forth the property’s bedbug infestation

history.

Name of tenant(s):

Subject Premises: **2728 Broadway, New York, New York 10025**

Apt. #: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date of vacancy lease:

**BEDBUG INFESTATION HISTORY**

(Only boxes checked apply)

[x] There is no history of any bedbug infestation within the past year in the building or in any apartment.

[ ] During the past year the building had a bedbug infestation history that has been the subject of eradication measures. The location of the infestation was on the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ floor(s).

[ ] During the past year the building had a bedbug infestation history on the \_\_\_\_\_\_\_\_\_\_\_\_\_ floor(s) and it

has not been the subject of eradication measures.

[ ] During the past year the apartment had a bedbug infestation history and eradication measures were employed.

[ ] During the past year the apartment had a bedbug infestation history and eradication measures were not employed.

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Tenant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Tenant(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_

Signature of Owner/Agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF FINANCIAL CONDITION**

Name

Address

For the purpose of procuring credit from the above-named company, or its assigns, the following is submitted as being a true and accurate statement of financial condition of the undersigned on the day of 20

**FILL ALL BLANKS, WRITING “NO” OR “NONE” WHERE NECESSARY TO COMPLETE INFORMATION**

|  |  |  |
| --- | --- | --- |
| LIABILITIES | | |
| Notes payable:  To Banks |  |  |
| To Relatives |  |  |
| To Others |  |  |
| Installment Accounts Payable:  Automobile | 28,994. |  |
| Other |  |  |
| Other Accounts Payable |  |  |
| Mortgages payable on Real  Estate – see schedule |  |  |
| Unpaid Real Estate Taxes |  |  |
| Unpaid Income Taxes |  |  |
| Chattel Mortgages |  |  |
| Loans on Life Insurance Policies  (Include Premium Advance) |  |  |
| Other debts-Itemize – credit cards | 15,838. |  |
|  |  |  |
| TOTAL LIABILITIES | 44,832. |  |
| NET WORTH |  |  |
| TOTAL LIABILITIES & NET WORTH |  |  |

|  |  |
| --- | --- |
| APPLICANT & SPOUSE SOURCE OF INCOME | PERSONAL INFORMATION |
| BASE Salary | Occupation or Type of Business |
| S/E Income | Employer |
| Bonus & Commissions | Position held No. of years |
| Dividends and interest income | Partner or officer in any other venture or other employment |
| Real Estate Income (Net) |  |
| Spouse income (specify) | Single Married Divorced Children (Ages) |
| Other income-itemize |  |
|  | Age of Spouse Age of Other Dependents |
| TOTAL |  |
|  | |
| APPLICANT & SPOUSE SOURCE OF INCOME | GENERAL INFORMATION |
| As Endorser or Co-maker on Note | Personal bank accounts carried at: |
| Alimony payments (Annual) |  |
| Are you defendant in any legal action? | Savings & Loan Accounts at: |
| Are there any unsatisfied judgments? |  |
| Have you ever taken bankruptcy? Explain: | Purpose of Loan |

|  |  |  |
| --- | --- | --- |
| ASSETS | | |
| Cash in Banks | 149,822. |  |
| Savings & Loan Shares |  |  |
| Earnest Money Deposited |  |  |
| Investments: Bonds & Stocks  -see schedule | 800,000. |  |
| Investment in own Business | 2,500,000. |  |
| Real Estate owned-see schedule | 2,200,000. |  |
| 2015 Year Make Outback  2014 Wrangler  Automobiles: | 28,000.  25,000. |  |
| Personal Property & Furniture | 600,000. |  |
| Life Insurance  Cash Surrender Value | 600,000. |  |
| Other assets-Itemize |  |  |
|  |  |  |
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| TOTAL ASSETS |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SCHEDULE OF BONDS AND STOCKS | | | | | | | | | | | | |
| **AMOUNT**  **OR NO. SHARES** | **DESCRIPTION Enter Valuation in Proper Column →** | | | | | | **MARKETABLE**  **ACTUAL MARKET VALUE** | | | | **NON-MARKETABLE**  **(UNLISTED SECURITIES)**  **ESTIMATED WORTH** | |
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| SCHEDULE OF REAL ESTATE | | | | | | | | | | | | |
| **DESCRIPTION LOCATION** | | | | | | **COST** | | | **ACTUAL MARKET VALUE** | **MORTGAGE**  **AMOUNT** | |  |
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| **SCHEDULE OF NOTES PAYABLE**  ***Specify any assets pledged as collateral, indicating the liabilities which they secure:*** | | | | | | | | | | | | |
| **TO WHOM PAYABLE** | | **DATE** | **AMOUNT** | **DUE** | **INTEREST** | | | **ASSESTS PLEDGED AS SECURITY** | | | | |
|  | |  |  |  |  | | |  | | | | |
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The foregoing statements and details pertaining thereto, both printed and written, have been carefully read and the undersigned hereby solemnly declares and certifies that same is a full and correct exhibit of my/our financial condition.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant

Signature of Spouse/Co-Applicant