

APARTMENT LISTING

Date Listed: _____

Unit Location

Name of Complex (if any) _____

Address of Unit/Building 44 Park Ave

Street/Town & Zip Code Monticello N.Y. 12701

of Bedrooms 3

of Bathrooms 2

Estimated Sq. Ft. 1,900 sq. ft.

Amount of Rent \$ 1,500

Owner/Manager Information

Owner _____

_____ Mgmt. Co.

Name: FARUK Mucetovic

Phone: (646) 966-3207

Address: 373 96 St Apt B1

Fax #: _____

Brooklyn N.Y. 11209

Building Type

Garden _____

Row House _____

Townhouse _____

2 Family _____

Single Family Detached _____

Apt House 3 or more _____

Mobile Home _____

Unit Amenities Provided by Owner

Carpeting _____ yes _____ no

Washer/Dryer _____ yes _____ no

Washer Dryer Connections: _____ yes _____ no

Dishwasher: yes _____ no

Screens for Windows yes _____ no

Age (if any) _____

Fireplace yes _____ no

Balcony yes _____ no

Deck/Patio: yes _____ no

Private Fenced yard yes _____ no

Other (Specify) _____

Utility Information (check who pays & then source of fuel):

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat		<input checked="" type="checkbox"/>			
Hot Water	<input checked="" type="checkbox"/>				
Cooking					
Electric		<input checked="" type="checkbox"/>			
Water/Sewer	<input checked="" type="checkbox"/>				
Garbage Pickup		<input checked="" type="checkbox"/>			
A/C		<input checked="" type="checkbox"/>			
Stove	<input checked="" type="checkbox"/>				
Refrigerator	<input checked="" type="checkbox"/>				

Building Facilities:

Playground _____ yes no

Covered/garage parking _____ yes no

Storage Outside unit _____ yes no

Pool: _____ yes no

Laundry Facilities: _____ yes _____ no

Cable Hook-up _____ yes _____ no

Community Road: _____ yes _____ no

Day Care: _____ yes _____ no

Management and Maintenance Services (if applicable):

On-site mgmt/maint. staff: yes no

Lawn/snow removal _____ yes no

Security System: _____ yes no

other (Specify) _____ yes _____ no

Neighborhood/Location Characteristics (Circle One)

A. Residential

B. Mixed Commercial/Residential

C. Industrial

D. Rural

E. Relation to Shopping & Transportation

F. Other: _____

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MONTICELLO HOUSING AUTHORITY APARTMENT LISTING

Date Listed: Any time Number of Bedrooms 3
 Unit Location: Number of Bathrooms 2
 Name of Complex (if any) HOUSE APT EST. SQ. FT. 1200
 Address of Unit/Building 49 PARK AVE Amount of Rent 1350
 Street/Town & Zip Code MONTICELLO NY 12701
 Owner Manager Information: Owner: _____ -Mgmt. Co. _____
 Name: BERO KOLSHOVI Address: _____

 Phone: 646 2374775 Fax: _____

Building Type

Garden _____ Single Family Detached _____
 Row House _____ Apt. House 3 or more _____
 Townhouse _____ Mobile Home _____ 2 Family _____

Unit Amenities Provided by Owner

Carpeting- yes _____ no _____ Age (if any) _____ Fireplace-yes _____ no _____
 Washer/Dryer- yes _____ no _____ Balcony- yes _____ no _____ Deck/Patio-yes _____ no _____
 Washer Dryer Connections: yes _____ no _____ Private Fenced Yard- yes _____ no _____
 Dishwasher- yes _____ no _____ Other (specify) _____ Screens for Windows-yes _____ no _____

Fuel Source (Put T for Tenant if tenant pays for fuel source or O for Owner if the owner pays for fuel source):

WHO PAYS FOR: GAS _____ OIL _____ ELECTRIC T Heat T Hot Water T Cooking T
 Electric _____ Water/Sewer _____ Garbage Pickup _____ A/C _____ Stove _____ Refrigerator _____

Building Facilities:

Playground- yes _____ no _____ Laundry Facility-yes _____ no _____
 Covered/Garage Parking - yes _____ no _____ Cable Hook Up- yes _____ no _____
 Storage Outside Unit- yes _____ no _____ Community Room- yes _____ no _____
 Pool- yes _____ no _____ Day Care-yes _____ no _____

Management and Maintenance Services (if applicable):

On-Site mgmt/ maintenance staff-yes _____ no _____
 Security System-yes _____ no _____
 Lawn/Snow Removal-yes _____ no _____

Neighborhood/Location Characteristics (circle one)

- | | |
|---------------------------------|------------------------------------------|
| A. Residential | D. Rural |
| B. Mixed Commercial/Residential | E. Relation to Shopping & Transportation |
| C. Industrial | F. Other _____ |

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Apartment Listing

Ready Now

Date Listed: 2/15/19

Unit Location

Name of Complex (if any) _____

of Bedrooms 3 Bdrm

Amount of Rent 1060

Address of Unit/Building 14 York Ave
 Street/Town & Zip code Monticello NY 12751

Owner/Manager Information

Name: Rejim
 Address: _____

Owner _____ Mgmt. Co.

Phone: _____
 Fax #: (646) 208 8984
 Email Address: _____

Building Type

Garden _____
 Row House _____
 Townhouse _____
 2 Family _____

Single Family Detached _____
 Apt House 3 or more _____
 Mobile Home _____

Unit Amenities Provided by Owner

Carpeting _____ yes _____ no
 Washer/Dryer _____ yes _____ no
 Washer/Dryer Connections _____ yes _____ no
 Dishwasher _____ yes _____ no
 Screens for Windows _____ yes _____ no

Fireplace _____ yes _____ no
 Balcony _____ yes _____ no
 Deck/Patio _____ yes _____ no
 Private Fenced yard _____ yes _____ no
 Other (Specify) _____

Utility Information (check who pays & then source of fuel):

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat		<input checked="" type="checkbox"/>			
Hot Water		<input checked="" type="checkbox"/>			
Cooking		<input checked="" type="checkbox"/>			
Electric		<input checked="" type="checkbox"/>			
Water/Sewer	<input checked="" type="checkbox"/>				
Garbage Pickup	<input checked="" type="checkbox"/>				
A/C					
Stove		<input checked="" type="checkbox"/>			
Refrigerator		<input checked="" type="checkbox"/>			

Building Facilities:

Playground _____ yes _____ no
 Covered/garage parking _____ yes _____ no
 Storage Outside unit _____ yes _____ no
 Day Care _____ yes _____ no
 Laundry Facilities _____ yes _____ no
 Cable Hookup _____ yes _____ no
 Pool _____ yes _____ no

Management and Maintenance Services (if applicable)

On-site mgmt./maint. Staff _____ yes _____ no
 Lawn/snow removal _____ yes _____ no
 Security System _____ yes _____ no
 other (specify) _____ yes _____ no

Neighborhood/Location Characteristics (Circle One)

A. Residential
 B. Mixed Commercial/Residential
 C. Industrial
 D. Rural
 E. Relation to Shopping & Transportation
 F. Other: _____
 Remove Listing From Book

Apartment Listing

Date Listed: 2/19/19

Unit Location

Name of Complex (if any) Rochelle Park

of Bedrooms 3
Amount of Rent 980.00

Address of Unit/Building Rochelle Park Circle
Street/Town & Zip code Swan Lake - Ny - 12783

Owner/Manager Information

Name: Grey Trailer Realty, LLC
Address: P.O. Box 605
Harris Ny 12742

Owner Mgmt. Co.
Phone: 845 6991520
Fax #: _____
Email Address: _____

Building Type

Garden _____
Row House _____
Townhouse _____
2 Family _____

Single Family Detached _____
Apt House 3 or more _____
Mobile Home

Renovated Mobile Home

Unit Amenities Provided by Owner

Carpeting yes no
Washer/Dryer yes no
Washer/Dryer Connections yes no
Dishwasher yes no
Screens for Windows yes no

Fireplace yes no
Balcony yes no
Deck/Patio yes no
Private Fenced yard yes no
Other (Specify) _____

Utility Information (check who pays & then source of fuel):

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat					<input checked="" type="checkbox"/>
Hot Water			<input checked="" type="checkbox"/>		
Cooking		<input checked="" type="checkbox"/>			
Electric		<input checked="" type="checkbox"/>			
Water/Sewer	<input checked="" type="checkbox"/>				
Garbage Pickup	<input checked="" type="checkbox"/>				
A/C	<input checked="" type="checkbox"/>				
Stove	<input checked="" type="checkbox"/>				
Refrigerator	<input checked="" type="checkbox"/>				

Building Facilities:

Playground yes no
Covered/garage parking yes no
Storage Outside unit yes no
Day Care yes no
Laundry Facilities yes no
Cable Hookup yes no
Pool yes no

Management and Maintenance Services (if applicable)

On-site mgmt/maint. Staff yes no
Lawn/snow removal yes no
Security System yes no
other (specify) _____

Neighborhood/Location Characteristics (Circle One)

A. Residential D. Rural
B. Mixed Commercial/Residential E. Relation to Shopping & Transportation
C. Industrial F. Other: _____

APARTMENT LISTING

Date Listed: 4/16/14

Unit Location

Name of Complex (if any) _____

Address of Unit/Building 870 Old Route 17

Street/Town & Zip Code Harris, NY

of Bedrooms 3
 # of Bathrooms 2
 Estimated Sq. Ft. 1600
 Amount of Rent \$ 1475

Owner/Manager Information

Owner

_____ Mgmt. Co.

Name: 870 Old RT 17

Phone: 845-428-9014

Address: 870 Old RT 17

Fax #: _____

Harris, NY 12742

Building Type

Garden _____
 Row House _____
 Townhouse _____
 2 Family _____

Single Family Detached _____
 Apt House 3 or more _____
 Mobile Home _____

Duplex

Unit Amenities Provided by Owner

Carpeting _____ yes _____ no
 Washer/Dryer _____ yes _____ no
 Washer Dryer Connections: _____ yes _____ no
 Dishwasher _____ yes _____ no
 Screens for Windows _____ yes _____ no

Age (if any) _____ Fireplace _____ yes _____ no
 Balcony _____ yes _____ no
 Deck/Patio _____ yes _____ no
 Private Fenced yard _____ yes _____ no
 Other (Specify) _____

Utility Information (check who pays & then source of fuel):

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Hot Water		<input checked="" type="checkbox"/>			
Cooking		<input checked="" type="checkbox"/>			
Electric		<input checked="" type="checkbox"/>			
Water/Sewer		<input checked="" type="checkbox"/>			
Garbage Pickup		<input checked="" type="checkbox"/>			
A/C					
Stove	<input checked="" type="checkbox"/>				
Refrigerator	<input checked="" type="checkbox"/>				

Building Facilities:

Playground _____ yes _____ no
 Covered/garage parking _____ yes _____ no
 Storage Outside unit _____ yes _____ no
 Pool: _____ yes _____ no

Laundry Facilities: _____ yes _____ no
 Cable Hook-up _____ yes _____ no
 Community Road: _____ yes _____ no
 Day Care: _____ yes _____ no

Management and Maintenance Services (if applicable)

On-site mgmt/maint staff _____ yes _____ no
 Lawn/snow removal _____ yes _____ no

Security System: _____ yes _____ no
 other (Specify) _____ yes _____ no

Neighborhood/Location Characteristics (Circle One)

- A. Residential D. Rural
 B. Mixed Commercial/Residential E. Relation to Shopping & Transportation
 C. Industrial F. Other: _____

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3 BEDROOM

Apartment Listing

Date Listed: 5/30/2019

Unit Location

Name of Complex (if any) _____

of Bedrooms 3
Amount of Rent \$1,369

Address of Unit/Building 26 Highland Ave
Street/Town & Zip code Monticello NY 12701

Owner/Manager Information

Name: Yaniv Bazel

Owner _____ Mgmt. Co. _____
Phone: 347-243-7607

Address: _____

Fax #: _____

Email Address: _____

Building Type

Garden X
Row House _____
Townhouse X
2 Family _____

Single Family Detached X
Apt House 3 or more _____
Mobile Home _____

Unit Amenities Provided by Owner

Carpeting X yes ___ no
Washer/Dryer ___ yes X no
Washer/Dryer Connections X yes ___ no
Dishwasher ___ yes X no
Screens for Windows X yes ___ no

Fireplace ___ yes X no
Balcony X yes ___ no
Deck/Patio ___ yes X no
Private Fenced yard ___ yes X no
Other (Specify) _____

Utility Information (check who pays & then source of fuel):

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat		<u>X</u>		<u>X</u>	
Hot Water		<u>X</u>		<u>X</u>	
Cooking		<u>X</u>		<u>X</u>	
Electric		<u>X</u>		<u>X</u>	
Water/Sewer	<u>X</u>				
Garbage Pickup		<u>X</u>			
A/C		<u>X</u>			
Stove	<u>X</u>				
Refrigerator	<u>X</u>				

Building Facilities:

Playground ___ yes ___ no
Covered/garage parking X yes ___ no
Storage Outside unit X yes ___ no
Day Care ___ yes ___ no

Laundry Facilities ___ yes ___ no
Cable Hookup ___ yes ___ no
Pool ___ yes ___ no

Management and Maintenance Services (if applicable)

On-site mgmt./maint. Staff ___ yes ___ no
Lawn/snow removal ___ yes ___ no

Security System ___ yes ___ no
other (specify) ___ yes ___ no

Neighborhood/Location Characteristics (Circle One)

- A. Residential
- B. Mixed Commercial/Residential
- C. Industrial
- D. Rural
- E. Relation to Shopping & Transportation
- F. Other: _____

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Apartment Listing

Date Listed: 7/25/19

Unit Location

Name of Complex (if any) 5097 RT 42

of Bedrooms 3

Amount of Rent 1300

Address of Unit/Building 5097 RT 42

Street/Town & Zip code SOUTH FALSBURG NY 12779

Owner/Manager Information

Name: NUCHEM FRIEDMAN

_____ Owner Mgmt. Co.

Phone: 845 774 9237

Address: P.O. Box 728

Fax #: _____

MONROE NY 10949

Email Address: _____

Building Type

Garden _____

Single Family Detached

Row House _____

Apt House 3 or more _____

Townhouse _____

Mobile Home _____

2 Family _____

Unit Amenities Provided by Owner

Carpeting _____yes _____no

Fireplace _____yes _____no

Washer/Dryer _____yes _____no

Balcony _____yes _____no

Washer/Dryer Connections yes _____no

Deck/Patio yes _____no

Dishwasher _____yes _____no

Private Fenced yard _____yes _____no

Screens for Windows _____yes _____no

Other (Specify) _____

Utility Information (check who pays & then source of fuel):

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Hot Water		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cooking		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Electric		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Water/Sewer	<input checked="" type="checkbox"/>				
Garbage Pickup	<input checked="" type="checkbox"/>				
A/C					
Stove	<input checked="" type="checkbox"/>				
Refrigerator	<input checked="" type="checkbox"/>				

Building Facilities:

Playground yes _____no

Laundry Facilities yes _____no

Covered/garage parking _____yes _____no

Cable Hookup _____yes _____no

Storage Outside unit yes _____no

Pool _____yes _____no

Day Care _____yes _____no

Management and Maintenance Services (if applicable)

On-site mgmt./maint. Staff _____yes _____no

Security System _____yes _____no

Lawn/snow removal _____yes _____no

other (specify) _____yes _____no

Neighborhood/Location Characteristics (Circle One)

- A. Residential
- B. Mixed Commercial/Residential
- C. Industrial
- D. Rural
- E. Relation to Shopping & Transportation
- F. Other: _____

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Apartment Listing

Date Listed: 8/20/19
 Available 9/8/19

Unit Location

Name of Complex (if any) _____

of Bedrooms 3

Amount of Rent \$1,400

Address of Unit/Building 92 Trail One

Street/Town & Zip code Wurtsboro, NY 12790

Owner/Manager Information

Owner _____ Mgmt. Co.

Name: Miller Heights LLC - Elan Assouline

Phone: 917-696-1631

Address: 6155 Junction Blvd Apt. 12C

Fax #: _____

Reg. Park, NY 11374

Email Address: _____

Building Type

Garden _____
 Row House _____
 Townhouse _____
 2 Family _____

Single Family Detached
 Apt House 3 or more _____
 Mobile Home _____

Unit Amenities Provided by Owner

Carpeting yes no
 Washer/Dryer yes no
 Washer/Dryer Connections yes no
 Dishwasher yes no
 Screens for Windows yes no

Fireplace yes no
 Balcony yes no
 Deck/Patio yes no
 Private Fenced yard yes no
 Other (Specify) _____

Utility Information (check who pays & then source of fuel):

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Hot Water		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Cooking		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Electric		<input checked="" type="checkbox"/>			
Water/Sewer	<input checked="" type="checkbox"/>				
Garbage Pickup	<input checked="" type="checkbox"/>				
A/C		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Stove	<input checked="" type="checkbox"/>				
Refrigerator	<input checked="" type="checkbox"/>				

Building Facilities:

Playground yes no
 Covered/garage parking yes no
 Storage Outside unit yes no
 Day Care yes no
 Laundry Facilities yes no
 Cable Hookup yes no
 Pool yes no

Management and Maintenance Services (If applicable)

On-site mgmt./maint. Staff yes no
 Lawn/snow removal yes no
 Security System yes no
 other (specify) yes no

Neighborhood/Location Characteristics (Circle One)

- A. Residential D. Rural
 B. Mixed Commercial/Residential E. Relation to Shopping & Transportation
 C. Industrial F. Other: _____

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Apartment Listing

Date Listed: 8/20/19
 Available 10/1/19

Unit Location

Name of Complex (if any) _____

of Bedrooms 2

Amount of Rent \$1,200

Address of Unit/Building 9 Birch Street

Street/Town & Zip code Bloomington, NY 12721

Owner/Manager Information

Name: High Birch LLC - Elan Assouline

Owner _____ Mgmt. Co.

Phone: 917-696-1631

Address: 6155 Junction Blvd Apt 12C
Reg. Park, NY 11374

Fax #: _____

Email Address: _____

Building Type

Garden _____

Row House _____

Townhouse _____

2 Family _____

Single Family Detached _____

Apt House 3 or more _____

Mobile Home _____

Unit Amenities Provided by Owner

Carpeting _____ yes no

Washer/Dryer _____ yes no

Washer/Dryer Connections _____ yes no

Dishwasher yes _____ no

Screens for Windows yes _____ no

Fireplace _____ yes no

Balcony _____ yes no

Deck/Patio yes no

Private Fenced yard _____ yes no

Other (Specify) _____

Utility Information (check who pays & then source of fuel):

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Hot Water		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Cooking		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Electric		<input checked="" type="checkbox"/>			
Water/Sewer	<input checked="" type="checkbox"/>				
Garbage Pickup		<input checked="" type="checkbox"/>			
A/C		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Stove	<input checked="" type="checkbox"/>				
Refrigerator	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	

Building Facilities:

Playground _____ yes no

Covered/garage parking _____ yes no

Storage Outside unit _____ yes no

Day Care _____ yes no

Laundry Facilities _____ yes _____ no

Cable Hookup yes _____ no

Pool _____ yes _____ no

Management and Maintenance Services (if applicable)

On-site mgmt./maint. Staff _____ yes no

Lawn/snow removal _____ yes no

Security System _____ yes no

other (specify) _____ yes _____ no

Neighborhood/Location Characteristics (Circle One)

A. Residential

D. Rural

B. Mixed Commercial/Residential

E. Relation to Shopping & Transportation

C. Industrial

F. Other: _____

Please Do Not Remove Listing From Book

Apartment Listing

Date Listed: 9/17/19

Unit Location

Name of Complex (if any) _____

of Bedrooms 3 bedroom
 Amount of Rent 1360.⁰⁰

Address of Unit/Building 17 Highland Ave
 Street/Town & Zip code Monticello NY 12701

Owner/Manager Information

Name: BASIC
 Address: 17 Highland Ave Apt-2
Monticello NY 12701

Owner _____ Mgmt. Co.
 Phone: 347-520-0045
 Fax #: _____
 Email Address: _____

Building Type

Garden _____ Single Family Detached _____
 Row House _____ Apt House 3 or more _____
 Townhouse _____ Mobile Home _____
 2 Family _____

Unit Amenities Provided by Owner

Carpeting _____yes no
 Washer/Dryer _____yes no
 Washer/Dryer Connections _____yes _____no
 Dishwasher _____yes no
 Screens for Windows yes _____no
 Fireplace _____yes no
 Balcony yes _____no
 Deck/Patio yes _____no
 Private Fenced yard _____yes _____no
 Other (Specify) _____

Utility Information (check who pays & then source of fuel):

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Hot Water	<input checked="" type="checkbox"/>				
Cooking		<input checked="" type="checkbox"/>			
Electric		<input checked="" type="checkbox"/>			
Water/Sewer	<input checked="" type="checkbox"/>				
Garbage Pickup	<input checked="" type="checkbox"/>				
A/C		<input checked="" type="checkbox"/>			
Stove					
Refrigerator					

Building Facilities:

Playground _____yes _____no
 Covered/garage parking _____yes _____no
 Storage Outside unit _____yes _____no
 Day Care _____yes _____no
 Laundry Facilities _____yes _____no
 Cable Hookup _____yes _____no
 Pool _____yes _____no

Management and Maintenance Services (if applicable)

On-site mgmt./maint. Staff _____yes _____no
 Lawn/snow removal _____yes _____no
 Security System _____yes _____no
 other (specify) _____yes _____no

Neighborhood/Location Characteristics (Circle One)

- A. Residential D. Rural
 B. Mixed Commercial/Residential E. Relation to Shopping & Transportation
 C. Industrial F. Other: _____

Please Do Not Remove Listing From Book

Apartment Listing

Date Listed: OCT 2/19

Unit Location

Name of Complex (if any) _____

of Bedrooms 3

Amount of Rent 1250

Address of Unit/Building 5097 RT 42

Street/Town & Zip code SOUTH FALSBOURG 12229

Owner/Manager Information

Name: MICHELE FRIDMAN

_____ Owner Mgmt. Co.

Phone: _____

Address: P.O. BOX 728

Fax #: _____

MONROE NY 10949

Email Address: MFRIDMAN@E.GMAIL.COM

Building Type

Garden _____
 Row House _____
 Townhouse _____
 2 Family _____

Single Family Detached
 Apt House 3 or more _____
 Mobile Home _____

Unit Amenities Provided by Owner

Carpeting _____yes no
 Washer/Dryer _____yes no
 Washer/Dryer Connections yes _____no
 Dishwasher _____yes no
 Screens for Windows _____yes no

Fireplace _____yes no
 Balcony _____yes no
 Deck/Patio yes _____no
 Private Fenced yard _____yes no
 Other (Specify) _____

Utility Information (check who pays & then source of fuel):

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat		<u>T</u>		<input checked="" type="checkbox"/>	
Hot Water		<u>T</u>		<input checked="" type="checkbox"/>	
Cooking		<u>T</u>		<input checked="" type="checkbox"/>	
Electric		<u>T</u>		<input checked="" type="checkbox"/>	
Water/Sewer	<u>O</u>				
Garbage Pickup	<u>O</u>				
A/C					
Stove	<u>O</u>				
Refrigerator	<u>O</u>				

Building Facilities:

Playground yes _____no
 Covered/garage parking _____yes no
 Storage Outside unit yes _____no
 Day Care _____yes no

Laundry Facilities _____yes no
 Cable Hookup _____yes no
 Pool _____yes no

Management and Maintenance Services (if applicable)

On-site mgmt./maint. Staff _____yes no
 Lawn/snow removal _____yes no

Security System _____yes no
 other (specify) _____yes _____no

Neighborhood/Location Characteristics (Circle One)

- A. Residential D. Rural
 B. Mixed Commercial/Residential E. Relation to Shopping & Transportation
 C. Industrial F. Other: _____

Please Do Not Remove Listing From Book

MONTICELLO HOUSING AUTHORITY APARTMENT LISTING

Date Listed: 12/05/12 Number of Bedrooms 3
Unit Location: Number of Bathrooms 1
Name of Complex (if any) _____ EST. SQ. FT. _____
Address of Unit/Building 99 Cold Spring Rd Amount of Rent \$1,300
Street/Town & Zip Code Monticello NY 12901
Owner Manager Information: Owner: 26 Highland -Mgmt. Co. _____
Name: Yaniv Bazel Address: _____
Phone: 347-243-7607 Fax: _____

Building Type

Garden _____ Single Family Detached X
Row House _____ Apt. House 3 or more _____
Townhouse _____ Mobile Home _____ 2 Family _____

Unit Amenities Provided by Owner

Carpeting- yes X no _____ Age (if any) _____ Fireplace-yes _____ no X
Washer/Dryer- yes _____ no X Balcony- yes _____ no _____ Deck/Patio-yes X no _____
Washer Dryer Connections: yes X no _____ Private Fenced Yard- yes X no _____
Dishwasher- yes _____ no X Other (specify) _____ Screens for Windows-yes X no _____

Fuel Source (Put T for Tenant if tenant pays for fuel source or O for Owner if the owner pays for fuel source):

WHO PAYS FOR: GAS _____ OIL _____ ELECTRIC T Heat T Hot Water T Cooking T
Electric T Water/Sewer T Garbage Pickup T A/C _____ Stove O Refrigerator O

Building Facilities:

Playground- yes X no _____ Laundry Facility-yes X no _____
Covered/Garage Parking - yes _____ no X Cable Hook Up- yes X no _____
Storage Outside Unit- yes X no _____ Community Room- yes _____ no X
Pool- yes _____ no X Day Care-yes _____ no _____

Management and Maintenance Services (if applicable):

On-Site mgmt/ maintenance staff-yes _____ no _____
Security System-yes _____ no _____
Lawn/Snow Removal-yes _____ no _____

Neighborhood/Location Characteristics (circle one)

- A. Residential
- B. Mixed Commercial/Residential
- C. Industrial
- D. Rural
- E. Relation to Shopping & Transportation
- F. Other _____

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Apartment Listing

Date Listed: 12-18-2019

Unit Location

Name of Complex (if any) _____

of Bedrooms 3

Amount of Rent 1250

Address of Unit/Building 27 Bedford Ave

Street/Town & Zip code Monticello, NY 12701

Owner/Manager Information

Name: Michael Banks

_____ Owner X Mgmt. Co.

Phone: (845) 798-9396

Address: PO Box 819
Monticello, NY 12701

Fax #: N/A

Email Address: Mbanks_reagent@gmail.com

Building Type

Garden _____

Single Family Detached _____

Row House _____

Apt House 3 or more ✓

Townhouse _____

Mobile Home _____

2 Family _____

Unit Amenities Provided by Owner

Carpeting _____ yes ✓ no

Fireplace _____ yes ✓ no

Washer/Dryer _____ yes ✓ no

Balcony _____ yes ✓ no

Washer/Dryer Connections _____ yes ✓ no

Deck/Patio _____ yes ✓ no

Dishwasher _____ yes ✓ no

Private Fenced yard ✓ yes _____ no

Screens for Windows ✓ yes _____ no

Other (Specify) _____

Utility Information (check who pays & then source of fuel):

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat		<u>✓</u>		<u>✓</u>	
Hot Water		<u>✓</u>		<u>✓</u>	
Cooking		<u>✓</u>		<u>✓</u>	
Electric		<u>✓</u>		<u>✓</u>	
Water/Sewer	<u>✓</u>			<u>MP</u>	
Garbage Pickup	<u>✓</u>				
A/C		<u>✓</u>		<u>✓</u>	
Stove	<u>✓</u>			<u>✓</u>	
Refrigerator	<u>✓</u>			<u>✓</u>	

Building Facilities:

Playground _____ yes ✓ no

Laundry Facilities _____ yes ✓ no

Covered/garage parking _____ yes ✓ no

Cable Hookup ✓ yes _____ no

Storage Outside unit _____ yes ✓ no

Pool _____ yes ✓ no

Day Care _____ yes ✓ no

Management and Maintenance Services (if applicable)

On-site mgmt./maint. Staff ✓ yes _____ no

Security System _____ yes ✓ no

Lawn/snow removal _____ yes _____ no

other (specify) _____ yes _____ no

Neighborhood/Location Characteristics (Circle One)

- A. Residential
- B. Mixed Commercial/Residential
- C. Industrial
- D. Rural
- E. Relation to Shopping & Transportation
- F. Other: _____

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MONTICELLO HOUSING AUTHORITY APARTMENT LISTING

Date Listed: 1/28/2020

Number of Bedrooms 3 Possible 4

Unit Location:

Number of Bathrooms 2 1/2

Name of Complex (if any) _____

EST. SQ. FT. 21120

Address of Unit/Building _____

Amount of Rent 1500.00

Street/Town & Zip Code _____

Owner Manager Information: Owner: _____ -Mgmt. Co. _____

Name: Cornel Marsh

Address: 338 Horseshoe

Lake Road Swan Lake

NY 12783

Phone: 845-381-0406

Fax: _____

Building Type

Garden _____ Single Family Detached

Row House _____ Apt. House 3 or more _____

Townhouse _____ Mobile Home _____ 2 Family _____

Unit Amenities Provided by Owner

Carpeting- yes _____ no Age (if any) _____ Fireplace-yes no

got wood stove of Pellet

Washer/Dryer- yes _____ no Balcony- yes _____ no _____ Deck/Patio-yes no _____

Washer Dryer Connections: yes no _____ Private Fenced Yard- yes no _____

Dishwasher- yes no _____ Other (specify) _____ Screens for Windows-yes no _____

Fuel Source (Put T for Tenant if tenant pays for fuel source or O for Owner if the owner pays for fuel source):

WHO PAYS FOR: GAS _____ OIL _____ ELECTRIC T Heat _____ Hot Water _____ Cooking _____
Electric _____ Water/Sewer O Garbage Pickup T A/C _____ Stove _____ Refrigerator _____

Building Facilities:

Playground- yes _____ no Laundry Facility-yes _____ no

Covered/Garage Parking - yes no _____ Cable Hook Up- yes _____ no

Storage Outside Unit- yes _____ no Community Room- yes _____ no

Pool- yes _____ no Day Care-yes _____ no

Management and Maintenance Services (if applicable):

On-Site mgmt/ maintenance staff-yes _____ no

Security System-yes _____ no

Lawn/Snow Removal-yes _____ no *Tenant pay for lawn/snow Removal*

Neighborhood/Location Characteristics (circle one)

A. Residential

D. Rural

B. Mixed Commercial/Residential

E. Relation to Shopping & Transportation

C. Industrial

F. Other _____

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Apartment Listing

Date Listed: February 3, 2020

Unit Location

Name of Complex (if any) Moon Manor

of Bedrooms 3

Address of Unit/Building 64 Moon Manor Rd, #3

Amount of Rent \$1350.00

Street/Town & Zip code Monticello, NY 12701

Owner/Manager Information

Name: 64 Moon Manor LLC/owner Ronald Lindridge/Manager

Owner 3984 Mgmt. Co.
Phone: (845-499-3948)(Avt) 845-866-5478 (Ron)

Address: 108 McNamara Rd.
Spring Valley, NY 10977

Fax #: _____
Email Address: adorfman220@gmail.com
rlindridge@hvc.rr.com

Building Type

Garden _____
Row House _____
Townhouse _____
2 Family _____

Single Family Detached _____
Apt House 3 or more _____
Mobile Home _____

Unit Amenities Provided by Owner

Carpeting _____yes no
Washer/Dryer _____yes no
Washer/Dryer Connections yes _____no
Dishwasher _____yes no
Screens for Windows yes _____no

Fireplace yes _____no
Balcony yes _____no
Deck/Patio yes _____no
Private Fenced yard _____yes no
Other (Specify) _____

Utility Information (check who pays & then source of fuel):

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Hot Water		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Cooking		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Electric		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Water/Sewer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> (water only)			
Garbage Pickup	<input checked="" type="checkbox"/>				
A/C		<input checked="" type="checkbox"/>			
Stove	<input checked="" type="checkbox"/>				
Refrigerator	<input checked="" type="checkbox"/>				

Building Facilities:

Playground _____yes no
Covered/garage parking _____yes no
Storage Outside unit _____yes no
Day Care _____yes no

Laundry Facilities _____yes no
Cable Hookup yes _____no
Pool _____yes no

Management and Maintenance Services (if applicable)

On-site mgmt./maint. Staff _____yes no
Lawn/snow removal yes _____no

Security System _____yes no
other (specify) _____yes _____no

Neighborhood/Location Characteristics (Circle One)

- A. Residential D. Rural
B. Mixed Commercial/Residential E. Relation to Shopping & Transportation
C. Industrial F. Other: _____

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Apartment Listing

Date Listed: 2/5/2020

Unit Location

Name of Complex (if any) _____ # of Bedrooms 3
 Amount of Rent \$1350.-
 Address of Unit/Building 29 YORK AVE. 1ST FL.
 Street/Town & Zip code Monticello NY 12701

Owner/Manager Information

Name: Kwai C. Cheung Owner Mgmt. Co. _____
 Address: 732 East Main Rd. Phone: 917-886-1533
Grahamsville NY 12740 Fax #: _____
 Email Address: basketbob@yahoo.com

Building Type

Garden _____ Single Family Detached _____
 Row House _____ Apt House 3 or more _____
 Townhouse _____ Mobile Home _____
 2 Family

Unit Amenities Provided by Owner

Carpeting _____ yes no _____
 Washer/Dryer _____ yes no _____
 Washer/Dryer Connections yes no _____
 Dishwasher _____ yes no _____
 Screens for Windows yes _____ no _____
 Fireplace _____ yes no _____
 Balcony _____ yes no _____
 Deck/Patio _____ yes _____ no _____
 Private Fenced yard _____ yes no _____
 Other (Specify) Full basement
Drive way.

Utility Information (check who pays & then source of fuel):

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Hot Water	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Cooking	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Electric		<input checked="" type="checkbox"/>			
Water/Sewer	<input checked="" type="checkbox"/>				
Garbage Pickup	<input checked="" type="checkbox"/>				
A/C	<u>N/A</u>				
Stove					
Refrigerator	<input checked="" type="checkbox"/>				

Building Facilities:

Playground _____ yes no _____
 Covered/garage parking _____ yes no _____
 Storage Outside unit _____ yes no _____
 Day Care _____ yes no _____
 Laundry Facilities _____ yes no _____
 Cable Hookup _____ yes _____ no _____
 Pool _____ yes no _____

Management and Maintenance Services (if applicable)

On-site mgmt./maint. Staff _____ yes no _____
 Lawn/snow removal _____ yes no _____
 Security System _____ yes no _____
 other (specify) _____ yes _____ no _____

Neighborhood/Location Characteristics (Circle One)

- A. Residential
- B. Mixed Commercial/Residential
- C. Industrial
- D. Rural
- E. Relation to Shopping & Transportation
- F. Other: _____

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APARTMENT LISTING

Date Listed: February 20th

Classification

Name of Complex (If any)

Address of Development 114 Park Ave

Street Town & State 12701 Monticello H.Y

Owner/Manager Information

Frank Virostani

Address 635 92 Street

Brooklyn N.Y. 11228

Bed Rooms 3

Bath Rooms 2

Estimated Sq. Ft. 2,000

Number of Units 25

Phone No.

(646) 966-3207

Building Type

Single Family Dwelling

Other Building Features

Utility Information (Check with page of this book or call)

Utility	Paid or Provided by:		Type of Service		
	Owner	Tenant	Gas	Electric	Water
Heat		<input checked="" type="checkbox"/>			
Hot Water	<input checked="" type="checkbox"/>				
Cooking		<input checked="" type="checkbox"/>			
Electric	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Water Sewer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			
Garden Pickups					
AC	<input checked="" type="checkbox"/>				
Storage	<input checked="" type="checkbox"/>				
Refrigerator	<input checked="" type="checkbox"/>				

Building Features

Playground	<input type="checkbox"/>	<input type="checkbox"/>	Laundry Facilities	<input type="checkbox"/>	<input type="checkbox"/>
Covered/Leased parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cable Hook-up	<input type="checkbox"/>	<input type="checkbox"/>
Storage Outside unit	<input type="checkbox"/>	<input type="checkbox"/>	Community Room	<input type="checkbox"/>	<input type="checkbox"/>
Pool	<input type="checkbox"/>	<input type="checkbox"/>	Day Care	<input type="checkbox"/>	<input type="checkbox"/>

Management and Maintenance Services (If available)

On-site maintenance staff	<input type="checkbox"/>	<input type="checkbox"/>	Security System	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping service	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>

Neighborhood/Location Characteristics (Circle One)

- Residential
- Mixed Commercial/Residential
- Industrial
- D. Rural
- E. Relation to Shopping & Transportation
- F. Other

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MONTICELLO HOUSING AUTHORITY APARTMENT LISTING

Date Listed: 2/24/2020 Number of Bedrooms 3
Unit Location: Number of Bathrooms 1 1/2
Name of Complex (if any) _____ EST. SQ. FT. 1200
Address of Unit/Building 49 Park Ave Amount of Rent 1200
Street/Town & Zip Code Monticello, NY
Owner Manager Information: Owner: Koljenovic -Mgmt. Co. Banks
Name: Beko Koljenovic Address: PO Box 819
Monticello, NY 12701
Phone: (646) 234-4275 Fax: _____

Building Type

Garden _____ Single Family Detached _____
Row House _____ Apt. House 3 or more _____
Townhouse Mobile Home _____ 2 Family _____

Unit Amenities Provided by Owner

Carpeting- yes _____ no Age (if any) _____ Fireplace-yes _____ no
Washer/Dryer- yes _____ no Balcony- yes no _____ Deck/Patio-yes no _____
Washer Dryer Connections: yes _____ no Private Fenced Yard- yes _____ no
Dishwasher- yes _____ no Other (specify) _____ Screens for Windows-yes no _____

Fuel Source (Put T for Tenant if tenant pays for fuel source or O for Owner if the owner pays for fuel source):

WHO PAYS FOR: GAS _____ OIL _____ ELECTRIC Heat Hot Water Cooking
Electric Water/Sewer Garbage Pickup A/C _____ Stove Refrigerator

Building Facilities:

Playground- yes _____ no Laundry Facility-yes _____ no
Covered/Garage Parking - yes _____ no Cable Hook Up- yes no _____
Storage Outside Unit- yes _____ no Community Room- yes _____ no
Pool- yes _____ no Day Care-yes _____ no

Management and Maintenance Services (if applicable):

On-Site mgmt/ maintenance staff-yes no _____
Security System-yes _____ no _____
Lawn/Snow Removal-yes _____ no

Neighborhood/Location Characteristics (circle one)

- A. Residential D. Rural
B. Mixed Commercial/Residential E. Relation to Shopping & Transportation
C. Industrial F. Other _____

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Date Listed: 04/16/2020

Unit Location

Name of Complex (if any) _____

of Bedrooms 3

Amount of Rent 1450

Address of Unit/Building 28 York Ave #1
Street/Town & Zip code Monticello NY 12701

Owner/Manager Information

Owner _____ Mgmt. Co. _____

Name: Angel Cheung

Phone: 917-605-6626

Address: 232 E. Mtn. Rd.
Grahamsville NY 12740

Fax #: _____

Email Address: basketbob@yahoo.com

Building Type

Garden _____
Row House _____
Townhouse _____
2 Family

Single Family Detached _____
Apt House 3 or more _____
Mobile Home _____

Unit Amenities Provided by Owner

Carpeting _____ yes no
Washer/Dryer _____ yes no
Washer/Dryer Connections yes _____ no
Dishwasher _____ yes no
Screens for Windows yes _____ no

Fireplace _____ yes no
Balcony _____ yes no
Deck/Patio _____ yes no
Private Fenced yard _____ yes _____ no

Other (Specify) Full basement car port

Utility Information (check who pays & then source of fuel):

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Hot Water				<input checked="" type="checkbox"/>	
Cooking				<input checked="" type="checkbox"/>	
Electric		<input checked="" type="checkbox"/>			
Water/Sewer	<input checked="" type="checkbox"/>				
Garbage Pickup	<input checked="" type="checkbox"/>				
A/C					
Stove	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Refrigerator	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	

Building Facilities:

Playground _____ yes no
Covered/garage parking yes _____ no
Storage Outside unit _____ yes no
Day Care _____ yes no

Laundry Facilities _____ yes no
Cable Hookup yes _____ no
Pool _____ yes no

Management and Maintenance Services (if applicable)

On-site mgmt./maint. Staff _____ yes no
Lawn/snow removal _____ yes no

Security System _____ yes no
other (specify) _____ yes no

Neighborhood/Location Characteristics (Circle One)

- A. Residential
- B. Mixed Commercial/Residential
- C. Industrial
- D. Rural
- E. Relation to Shopping & Transportation
- F. Other: _____

Apartment Listing

Date Listed: 04/16/2020

Unit Location

Name of Complex (if any) _____

of Bedrooms 3

Amount of Rent 1450.00

Address of Unit/Building 19 Roosa Ave #2
 Street/Town & Zip code Monticello NY 12701

Owner/Manager Information

Owner _____ Mgmt. Co.

Name: Cindy Lin-Abcede

Phone: 917-605-6626

Address: 232 E. Mtn. Rd.
Grahamsville NY 12740

Fax #: _____
 Email Address: basketbob@yahoo.com

Building Type

Garden _____
 Row House _____
 Townhouse _____
 2 Family

Single Family Detached _____
 Apt House 3 or more _____
 Mobile Home _____

Unit Amenities Provided by Owner

Carpeting _____ yes no
 Washer/Dryer _____ yes no
 Washer/Dryer Connections yes _____ no
 Dishwasher _____ yes no
 Screens for Windows yes _____ no

Fireplace _____ yes no
 Balcony yes _____ no
 Deck/Patio yes _____ no
 Private Fenced yard yes _____ no
 Other (Specify) _____

Utility Information (check who pays & then source of fuel):

Utility	Paid or Provided By:		Fuel Source		
	Owner	Tenant	Gas	Electric	Oil
Heat	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hot Water				<input checked="" type="checkbox"/>	
Cooking				<input checked="" type="checkbox"/>	
Electric		<input checked="" type="checkbox"/>			
Water/Sewer	<input checked="" type="checkbox"/>				
Garbage Pickup	<input checked="" type="checkbox"/>				
A/C					
Stove	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	
Refrigerator	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	

OIL + ELECTRIC

Building Facilities:

Playground _____ yes no
 Covered/garage parking _____ yes no
 Storage Outside unit _____ yes no
 Day Care _____ yes no

Laundry Facilities _____ yes no
 Cable Hookup _____ yes no
 Pool _____ yes no

Management and Maintenance Services (if applicable)

On-site mgmt./maint. Staff _____ yes no
 Lawn/snow removal _____ yes no

Security System _____ yes no
 other (specify) _____ yes no

Neighborhood/Location Characteristics (Circle One)

- A. Residential
- B. Mixed Commercial/Residential
- C. Industrial
- D. Rural
- E. Relation to Shopping & Transportation
- F. Other: _____