

875 WEST END AVENUE

REFINANCING/HOME EQUITY LOANS

The Procedural Requirements for the Board review of Refinancing of a Cooperative Apartment or a Home Equity Loan are as follows:

- If you are financing for an amount which is <u>not more</u> than your current outstanding financing or if your monthly payments <u>will not</u> exceed your current payments, please provide the following:
- A letter from the applicant(s) outlining what your total monthly payments will be if the refinance/home equity loan is approved by the Board.
- A copy of the Commitment letter (signed by all parties)
- Three original <u>AZTECH</u> from Recognition Agreements (obtain from the lender), which have been completed and signed by the lender and signed by the shareholder(s).
- A check in the amount of \$250.00 payable to Orsid Realty Corp. representing our processing fee. Please note that the fee is not refundable.
- A written statement regarding any other financing on the apartment and whether such financing will be completely satisfied if this financing is approved by the Board.
- 2. If you are financing for an amount which is more that your current outstanding financing and if your monthly payments will exceed your current payments, please provide all items requested in item 1 above, plus the following:
- Employer(s) reference letter stating position held, length of employment and annual salary.
- If you wish to provide additional support for your request to have the Board execute your Recognition Agreements in connection with your application for refinancing/home equity loan, i.e. if the materials you have furnished will not sufficiently indicate your income, you may complete the enclosed Net worth Affidavit. If you so choose, please complete, initial, sign, date and have notarized where required;



- Copy of the Loan Application
- Copy of the last W-2 or 1099 form(s)
- Copy of the bank's appraisal report

Once all of the above have been compiled, please forward to:

Orsid Realty Corp. 1740 Broadway, 2nd Fl. New York, New York 10019

Attention: Donika Dodaj

PLEASE NOTE FOR #1 YOU MUST SUBMIT ONE (1) ORIGINAL AND TWO (2) COPIES OF THE INFORMATION.

PLEASE NOTE THAT FOR #2 YOU MUST SUBMIT ONE (1) ORIGINAL AND EIGHT (8) COPIES OF THE INFORMATION.

We will review the file and prepare it for submission to the Board of Directors for their consideration.

Please note that all maintenance charges must be current prior to the Board of Directors considering the request to refinance. Please allow ample time for the managing agent's office to receive and review the materials, to prepare and deliver the materials to the Board and for the Board to review and make its decision.

Please also note that the Board of Directors will not approve financing where total financing on an apartment, including limits on equity lines of credit, will exceed seventy-five (75%) percent of the appraised value of an apartment.

AFFIDAVIT AS TO NET WORTH AND INCOME

(Note: If purchase, loan, or subleat applicant must submit an affidavit Applicant(s) must initial pages 1 at	se is being made by more than one person, <u>each</u> as to the applicant's net worth and income. nd 2.)
State of New York) :ss.:	
County of)	
	, being duly sworn, deposes and states the
(Name) following:	
I submit herewith a true statement this affidavit in order to induce the	of my assets, liabilities, and current net income. I make Board of Directors of:
(Name of entity to v	which you are making application)
to approve the following:	
(Cross	out inapplicable portions)
1. The transfer to me of st	ock of said corporation now owned by
•	,and the assignment to me of the lease of
Apartment, at	
	Name of entity to which you are making application)
2. The borrowing by me of	f\$,on the security of stock of (loan amount)
(Name of en	tity to which you are making application)
which is now, or hereafter, wi	ll be owned by me.
loan commitment furnished to are obtaining. I/We understand	oard of Directors that the loan amount reflected in the the Board represents the full amount of financing I/we that the Board will rely upon this material pproval of my/our financing application.
	Applicant's Initials

Note: If value of any as valuation.	set is not determinable in open mark	et, set forth basis	
Cash in Bank	Account Number/Institution	Amounts	
Checking Accounts			
Savings Accounts			
Certificates of Deposit			
<u>Securities</u>		·	
Stocks			
Bonds			
Treasury Bills			
Real Estate (Spec	ify nature and location of property)		
Other (Describe. If you are receiving or have received a gift, please so state, and indicate the amount. If the gift has not yet been given, provide a letter from the donor describing the gift, and a copy of an account statement of the donor showing from where the gift will be derived.)			
	Total Assets: \$		
	<u>LIABILITIES</u>		
	(State nature and Amount)	: \$	
	Total Liabilities	s:\$	
		•	
Applicant's Initials	Net Worth:	\$	

INCOME

Salary		
Pension		
Social Security		
Profit from Wholly-Owned Busin	ess	
Profit from Partnership		
Dividends		
Interest		
Other (Specify)		
		\$ Total Annual Income
Signatur	re	
Signatur	re	
Sworn to before me this		
Day of	, 200	
Notary Public		

Orsid Realty Corp. 1740 Broadway, 2nd Fl. New York, New York 10019

Gentlemen:

In order for your to comply with the provisions of Section 606 of the Fair Credit Reporting Act, I authorize you to retain a Credit Reporting Agency which agency may obtain, prepare and furnish reports concerning me and my character, general reputation, personal characteristics and mode of living.

I understand that upon request, I am entitled to a disclosure of the nature and scope of the investigation to be requested by you of said Credit Reporting Agency.

Signed

Dated:

CREDIT REPORT RELEASE

I hereby authorize ORSID REALTY CORP. on behalf of	
To request and receive any and all information from any credit but respect to matters other than occupation, referenced and, with resp	* * * * * * * * * * * * * * * * * * *
from any law enforcement agencies.	
I will hold harmless an/or release ORSID REALTY CORP., and from any and all claims and liability which may arise now or in the obtaining or the releasing of the above stated information for the preference checks, and criminal activity checks.	future with regard to the
Please print the following:	
1. Full name and/or aliases:	
2. Full address:	
3. Social Security #:	
4. Employer's Name (Company Name):	
5. Are you 18 years of age or older? Yes: No: _ age:	If not, state your
Agreed to by:	
Signature	
Name	
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