

The applicant listed below has applied for financing secured by the referenced cooperative shares. Please complete this form by answering all questions or indicating "Unknown" or "N/A" (Not Applicable). This form must be completed by either the management agent or a member of the cooperative board. Your cooperation in providing the requested information is appreciated.

Applicant Name \_\_\_\_\_

Co-op Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## General Project Information

**1. Ownership Breakdown:**

\_\_\_\_\_ Total Number of Unsold/Sponsor-Owned Units  
(or units owned by holders of unsold shares)

\_\_\_\_\_ Total Number of Sold Units  
(include Unsold units in contact to be sold)

**SOLD UNIT BREAKDOWN:**

\_\_\_\_\_ Principle Residence    \_\_\_\_\_ Second Home    \_\_\_\_\_ Investor/Sublet    \_\_\_\_\_ Co-op Corp. Owned

\_\_\_\_\_ Total Number of Units in Co-op Project

**2. Share Breakdown:**

\_\_\_\_\_ Total Shares in Project

\_\_\_\_\_ Total Shares Subject Unit

**3. Proprietary Lease Expiration Date:**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. Does any individual or entity, other than the sponsor, own more than 10% of the total units in the project?  Yes  NO

5. Is any space within the project designated for commercial/non-residential use?  
If Yes, indicate the approximate percentage: \_\_\_\_\_  Yes  NO

6. Are there any land use agreements or is the Co-op subject to a leasehold (Ground Lease)?  
If Yes, please provide Ground Lease for review.  Yes  NO

7. How many shareholders are delinquent more than thirty (30) days on their maintenance fees? \_\_\_\_\_

8. Does the Co-op impose a Stock Transfer Tax (Flip Tax) upon the sale of units?  
If Yes, what is the method of calculation or percent charged to the seller? \_\_\_\_\_  Yes  NO

9. Is a Lender exempt from the Stock Transfer Tax (Flip Tax) if the Lender acquires a unit's share?  Yes  NO

10. Who controls the Cooperative Board?  Tenant-Shareholders  Sponsor    Until when? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

11. Date of the last Amendment filed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Amendment # \_\_\_\_\_

12. Does the Co-op receive any tax/assessment abatements?  Yes  NO  
If Yes, indicate type of abatement? Expiration: \_\_\_\_\_    Until when? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

13. Are there any mechanic's liens filed against the subject property?  Yes  NO  
If Yes, indicate type of lien: \_\_\_\_\_

14. Is the Co-op involved in any litigation?  Yes  NO  
If Yes, indicate type of litigation: \_\_\_\_\_

15. Total current reserve funds: \$ \_\_\_\_\_

16. Does the HOA budget provide for the funding of replacement reserves for capital expenditures and deferred maintenance that is at least 10% of the budget not including any underlying mortgage (if applicable) and property tax expenses?  Yes  NO

17. Annual HOA dues for the subject unit excluding units portion of the underlying mortgage (if applicable) and building property tax expense \_\_\_\_\_.

**18. Please provide the names and phone number for the following Co-op Board officials:**

Co-op Board President: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Co-op Board President: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## 2 Sponsor/Holder of Unsold Share Information

Sponsor Name \_\_\_\_\_

Contact Name \_\_\_\_\_

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

1. Total number of shares held by the Sponsor: \_\_\_\_\_
2. Sponsor's monthly rental income: \$ \_\_\_\_\_  
 Sponsor's monthly maintenance fees: \$ \_\_\_\_\_
3. Are the maintenance fees for Unsold shares current?  Yes  No  
*If No, indicate amount in arrears: \$ \_\_\_\_\_*
4. Have there been assessments or reductions in reserves due to the Sponsor's failure to maintenance fees?  Yes  No  
*If Yes, indicate amount: \$ \_\_\_\_\_*

## 3 Underlying Mortgage Information

Lender Name \_\_\_\_\_

1. Monthly Payment: \$ \_\_\_\_\_
2. Mortgage Balance: \$ \_\_\_\_\_
3. Maturity Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
4. Interest Rate: \_\_\_\_\_  Fixed  Adjustable
5. If adjustable, what is the lifetime cap? \_\_\_\_\_
6. Date Obtained/Closed: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
7. Have the interest rate or repayment terms of the underlying mortgage been modified or otherwise extended?  Yes  No  
*If Yes, please explain: \_\_\_\_\_*
8. Are payments on the underlying mortgage current?  Yes  No  
*If No, indicate amount in arrears: \$ \_\_\_\_\_*

## 4 Management Agent & Insurance Information

1. Is the project managed by a professional management company?  Yes  No

Name \_\_\_\_\_

Contact Name \_\_\_\_\_

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

Co-op Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

2. Is the building covered for its replacement cost or maximum allowable coverage for hazard, liability and flood (if applicable) insurance coverage and fidelity bond coverage? Please attach copy of insurance certificate and schedule of coverages.  Yes  No

Company \_\_\_\_\_

Agent Name \_\_\_\_\_

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

3. Does the project have co-insurance?  Yes  No  
*If Yes, what percentage? \_\_\_\_\_ %* And is there an agreed amount endorsement?  Yes  No

## 5 Signature & Certification

I, the undersigned certify that to the best of my knowledge and belief, the information and statements contained on this form and an any attachments are true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

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