

Ft. Washington Apt. Corp.
712 West 175th Street
New York, NY 10033

SUBLET OF APARTMENT#:_____

Enclosed is your application to sublet the above-mentioned apartment. The purpose of this application is to permit the Admissions Committee and the Board of Directors of Ft. Washington Apt. Corp. to expeditiously process your request to sublease. Please answer all questions. Do not leave any questions blank or unanswered. If the questions do not apply to your situation, write N/A (not applicable) in the space provided. **THE COMMITTEE AND BOARD WILL NOT PROCESS AN INCOMPLETE APPLICATION. APPLICATIONS WHICH DO NOT HAVE ALL OF THE SUPPORTING DOCUMENTATION WILL BE CONSIDERED INCOMPLETE AND MAY BE SUMMARILY REJECTED BY THE ADMISSIONS COMMITTEE.** It is strongly recommended that you submit this application as soon as possible to avoid any delay in the approval process. Before this application can be processed, the following information must be forwarded to the Admissions Committee:

- _____1. Letter from current employer verifying salary, position, length of employment and the likelihood of continued employment. **(Please note we do not request employment verification by internet).**
- _____2. Statements for ALL banks or financial institutions where funds are held confirming present balance.
- _____3. Letter from current landlord verifying status of tenancy.
- _____4. A letter of personal reference from person other than relative.
- _____5. Signed copy of the Sublease Agreement, Window Guard and Lead Paint attachment.
- _____6. Most recent tax returns, State and Federal, with W-2 Form and schedules attached.
- _____7. Most recent pay stub.
- _____8. Signed and Notarized acceptance of House Rules.
- _____9. Signed Credit Release and a **Non-refundable** credit fee in the form of a **Certified Check** or a **Money Order** payable to **First Management Corp.** must accompany application.

\$30.00 for a single individual
\$40.00 for a married couple
\$50.00 for two single individuals
- _____10. A **Non-refundable** application fee in the form of a **Certified Check** or **Money Order** must accompany the **Application**, payable as follows:

\$150.00 made payable to **FIRST MANAGEMENT CORP.**
\$200.00 made payable to **FT. WASHINGTON APT. CORP.**
- _____11. **Submit ONE (1) set ONLY**

If you are self employed, you must furnish the following additional information:

- _____12. Business financial statement.
- _____13. Business tax returns for the last three (3) years.
- _____14. Supplier credit reference.

Please note that the application and all supporting documentation submitted must remain the property of Ft. Washington Apt. Corp. Submit the application to:

Applications Department c/o First Management Corp.
34-03 Broadway, Astoria, NY 11106

All questions in connection with your application should be referred to the Applications Department at **(718) 726-4792 from Monday thru Friday 10 a.m. to 5 p.m.**

After review by the Admissions Committee, applicant(s) will be contacted to arrange for a personal interview. The interview must be attended by all applicant(s). Upon the conclusion of the interview, the Committee will submit recommendation to the Board of Directors. The Board will then act upon the application and advise you of its decision. **PLEASE ALLOW TWO (2) TO FOUR (4) WEEKS FOR THE ENTIRE APPLICATION PROCESS.**

Please Note:

The Board of Directors may require further information and may request that the Applicant(s) appear for personal interview or interviews.

The Shareholder and Applicant are advised that their application is subject to the approval of the Board of Directors without which the proposed sublease may not be consummated. In this regard, the Shareholder is directed to the By-Laws of **Ft. Washington Apt. Corp.** and the provisions of the Proprietary Lease.

The Shareholders is directed to the Proprietary Lease and House Rules which govern the occupancy of **Ft. Washington Apt. Corp.** by its residents and which would govern the occupancy of the Applicant.

In no event will **Ft. Washington Apt. Corp.**, Board of Directors or its agents be responsible for any liabilities or expenses incurred by any Shareholder and/or Applicant whose application is disapproved. While the Board of Directors will attempt to promptly review all applications, **Ft. Washington Apt. Corp.**, the Board of Directors and its agents assume no responsibility for expenses or liabilities resulting from any delay in its review.

Ft. Washington Apt. Corp., the Board of Directors or its agents, assume no responsibilities for expenses or liabilities resulting from any delay in occupancy of apartment.

Please note that ANY AND ALL TERMS AGREED UPON concerning the sublease pertaining to this apartment, including the terms of payment, return of deposit, etc., ARE STRICTLY between the Shareholder(s) and Subtenant(s), and the Cooperative Corporation is not a party to the transaction and assumes no responsibility whatsoever in connection with any claim that may arise from these transactions.

The Applicant is advised that falsification of any of the foregoing information or omission of material information herefrom may result, without limitations, in revocation of the Board of Directors approval and termination of the Applicant's Sublease.

The undersigned hereby authorizes the Board of Directors to contact any of the employers, banks, landlords, educational institutions, references, etc., application, including Credit Reporting Agencies.

First Management Corp. and the Board of Directors of Ft. Washington Apartments Inc.. does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

Subletting of any kind is not permissible without the express written consent of the Board of Directors of **Ft. Washington Apt. Corp.**

THE UNDERSIGNED CERTIFIES THAT THE INFORMATION FURNISHED HEREIN IS TRUE:

APPLICANT: _____

APPLICANT: _____

State of)
County of)

Sworn to before me this _____
day of _____ of 201__.

NOTARY PUBLIC

DATE: _____

I. SUBLEASE INFORMATION

Apartment #: _____ Apartment Size: _____

Shareholder: _____ Telephone #: _____

Lease Date: _____ Term of Lease: _____ Security: _____ Rent: _____

Broker: _____

II. PERSONAL INFORMATION

Applicant: _____	Co-Applicant: _____
Address: _____	Address: _____
_____	_____
Own: _____ Rent: _____	Own: _____ Rent: _____
Phone: (Home) _____	Phone: (Home) _____
(Email) _____	(Email) _____
Date of Birth: _____	Date of Birth: _____
Social Security #: _____	Social Security #: _____
Marital Status: _____	Marital Status: _____

EDUCATIONAL BACKGROUND AND/OR VOCATIONAL TRAINING:

	<u>SCHOOL/COLLEGE</u>	<u>DATES ATTENDED</u>	<u>GRADUATED</u>
Applicant:	_____	_____	_____
	_____	_____	_____
Co-Applicant:	_____	_____	_____
	_____	_____	_____

Do you own any cars: _____ Year/Make/Model: _____

Name of ALL other persons who will occupy apartment:

<u>NAME</u>	<u>RELATIONSHIP TO APPLICANT</u>	<u>AGE</u>
_____	_____	_____
_____	_____	_____

Name and telephone numbers of any residents of Co-operative who know the Applicant: _____

III. INCOME AND EMPLOYMENT

<u>APPLICANT</u>	<u>CO-APPLICANT</u>
1. Current Base Salary	
Annual: _____ Monthly: _____	Annual: _____ Monthly: _____
Other Income (Bonuses, Overtime, Interest, etc.): _____	Other Income (Bonuses, Overtime, Interest, etc.): _____
2. Present Employer:	
Contact Person: _____	Contact Person: _____
Company: _____	Company: _____
Address: _____	Address: _____
Telephone #: _____	Telephone #: _____
Position Held: _____	Position Held: _____
Nature of Business: _____	Nature of Business: _____
Period of Employment: _____	Period of Employment: _____

3. Previous Employer

Contact Person: _____

Company: _____

Address: _____

Telephone #: _____

Position Held: _____

Nature of Business: _____

Period of Employment: _____

Contact Person: _____

Company: _____

Address: _____

Telephone #: _____

Position Held: _____

Nature of Business: _____

Period of Employment: _____

IF THE PAST 2 POSITIONS OF EMPLOYMENT HAVE LASTED FOR LESS THAN 5 YEARS, LIST FURTHER EMPLOYMENT HISTORY ON A SEPARATE SHEET OF PAPER.

4. Self-Employment

Name and Nature of Business: _____

Address: _____

Years Applicant has been in this business: _____

Age of Business: _____

Percentage Owned: _____

Is this a Family Business: _____

Relationship to Owners: _____

Business Sales: _____

Net Worth: _____

IV. ASSETS & LIABILITIES

A. CASH (Including Money Funds or Equivalents)/STOCKS/BONDS:

<u>Bank or Stock/Bond Name</u>	<u>Type of Account & Account Number</u>	<u>Current Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. REAL ESTATE

Location: _____

Type: _____

Extent of Ownership: _____

Mortgage Indebtedness: \$ _____

Annual Net Income: \$ _____

C. LIABILITIES

<u>TYPE</u>	<u>NAME OF CREDITOR</u>	<u>ORIGINAL AMOUNT</u>	<u>OUTSTANDING AMOUNT</u>	<u>MONTHLY PAYMENTS</u>	<u># OF MONTHS REMAINING</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you pay alimony or child support? _____

Monthly Payments: \$ _____

Are you a Guarantor of another's indebtedness?: _____

If so, describe: _____

V. RESIDENCES

Present Landlord: _____

Telephone #: _____

Address: _____

Rent: \$ _____

Dates of Occupancy: _____

Previous Landlord: _____

Telephone #: _____

Address: _____

Rent: \$ _____

Dates of Occupancy: _____

Please provide any information not contained in the application that you feel would be helpful to the Admissions Committee in evaluating your application. (Use space below and additional sheets, if necessary.)

FAIR CREDIT REPORT ACT

PRE-NOTIFICATION

This is to inform you that as part of our procedure for processing your application, an investigative consumer report may be made whereby information is obtained through consumer credit agencies, personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

DATE

APPLICANT'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

FT. WASHINGTON APT.CORP.
712 West 175th Street
New York, NY 10033

Date _____

It is hereby understood and agreed that if accepted as tenants by
FT.WASHINGTON APT.CORP. we will not harbor any dogs in the building.
No pets of any kind are permitted.

So Agreed _____

So Agreed _____

Sworn to before me this _____ day of _____.

Notary Public