



Cooper Square Realty, Inc.
6 East 43rd Street · New York, NY 10017-4609
Phone: 212-634-8900 · Fax: 212-634-3946

Doric Apartment Corporation — Purchase Application

Dear Prospective Resident:

Thank you for your interest in Doric Apartment Corporation!

Enclosed is your Purchase Application. Please complete and forward the application, along with the required documents, to Cooper Square Realty, Inc. , Application Processing Department, 6 East 43rd Street, 14th Floor, New York, NY 10017.

If reference letters are required by this application, it is important that you urge your references to submit their letters of reference to you as soon as possible, since your application cannot be processed until they are received.

If you have any questions, please contact Cooper Square Realty, Inc.'s Application Processor at 212-634-8900.

Again, thank you for your interest in Doric Apartment Corporation! We look forward to hearing from you.

Sincerely,

COOPER SQUARE REALTY, INC.

Transfer Department



Cooper Square Realty, Inc.
6 East 43rd Street · New York, NY 10017-4609
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Doric Apartment Corporation — Important Information and Required Documents

The following is a list of the items you are required to submit for the Board to review your application. Please be sure to provide all the information requested.

Important Information (Please read carefully before completing your application)

Please submit **one (1) original** of the completed application package. Please note that application packages must contain all required documentation. Items missing will only delay the Managing Agent's review and submission to the Board as incomplete packages will not be considered.

THE APPLICANT INFORMATION AND FINANCIAL INFORMATION FORMS MUST BE TYPED OR PRINTED LEGIBLY.

Cooper Square Realty realizes that this application contains sensitive personal information. We require the social security number for each applicant (and each other adult occupant of the apartment) on the Authorization to Obtain Consumer Reports Form. This is the only place on the application requiring a social security number, but social security numbers may be contained in other documents that you are submitting (e.g. tax returns, contracts of sale). Before submitting these documents, please black out or otherwise obliterate the social security number as Cooper Square Realty can not be responsible for the security of this information if it is included in these documents.

- This approval process takes **30 days** from the time the completed application is submitted to the management office. No closing can take place without the proper approval.
- All perspective buyers must meet with the admissions committee. **Interviews are scheduled for the 1st and 3rd Wednesday of each month.** Subject to committee approval, you will be contacted by the application processor to arrange the meeting. After the meeting, the processor will notify you of the committee's decision.
- **Gross monthly expenses cannot exceed 40% of your gross monthly income. Also, you must have cash available to cover 6 months of expenses.**

Complete the following enclosed forms and return:

- ___ 1. Applicant Information for Purchase Form - This form must be filled out in its entirety in order for your application to be considered for review. All applicants are required to complete this form.
- ___ 2. Certification and Acknowledgement of Fees Form
- ___ 3. Financial Information - This form must be filled out in its entirety in order for your application to be considered for review. Please make sure your totals match your supporting documents exactly. All applicants are required to complete the form.
- ___ 4. Consumer Report Authorization - must include social security number, birth date and a US residence (no PO Boxes). Every adult (over 18 years of age) occupant of the apartment must submit a consumer report authorization.
- ___ 5. House Rules Acknowledgement Form
- ___ 6. Move In/out Rules Acknowledgement
- ___ 7. Sales and Subletting Policy Acknowledgement
- ___ 8. Pet Acknowledgement Form
- ___ 9. Notice to Tenant/occupant Window Guard Notice
- ___ 10. Smoke Detector /Carbon Monoxide Detector Form
- ___ 11. Emergency Contact Form



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Doric Apartment Corporation — Important Information and Required Documents (continued)

Provide the following additional documents (Documents will not be returned)

- 1. Verification of Assets and Liabilities listed in Financial Information Form - Include ALL pages of each statement listed for the past 3 months. Also include full financial disclosure of additional real estate investments. If downloaded statements are used, the accountholder's name and account number must be on statement. All assets and liabilities MUST be accounted for if listed on form.
 - 2. Contract of Sale - signed by all parties, dated, and including all riders
 - 3. Loan Application – if financing any part of purchase
 - 4. Loan Commitment Letter (if financing any part of purchase) - must include monthly mortgage payment and interest amount. If you have not locked in, the mortgage company must provide a Good Faith Estimate of your monthly payment and interest amount.
 - 5. Aztech Recognition Agreement (if financing any part of purchase) - 3 originals, no other form will be accepted.
 - 6. Federal Tax Returns (past 2 years) - including your signature and all schedules. After April 15th, you must include the most recent year's tax return OR a copy of your extension filing and the two most recent year's tax returns.
 - 7. W-2 forms (Last 2 years)
 - 8. Employment Verification Letter - stating annual salary, bonus (if applicable), position held, length of employment. If you are self employed, please submit a letter from your CPA or accountant stating your income.
 - 9. Copy of Current Title/Lien Search (MUST be submitted with application)- *You can obtain a copy from:*
- Your Attorney or your lender's attorney
 - 10. CCO (Continuance of a Certificate of Occupancy) (MUST be submitted with application) - *You can obtain the CCO by contacting:*
**The City of Union City
Office of the Building Department
3715 Palisade Avenue
Union City, NJ 07087
(201) 348-5710**
 - 11. Pay Stubs - at least three(3)
 - 12. Two (2) Professional Reference Letters
 - 13. Two (2) Personal Reference Letters
 - 14. Landlord Reference Letter - must state length of residence and payment history.
 - 15. Photo Identification (i.e. Driver's license, non-driver identification, alien registration card, Valid US passport or foreign passport with valid visa) (only if applicable), copy of Social Security Card
- Self employed applicants also need to submit:
- 16. Financial Statement for Business - Must be prepared by CPA.

Additional Information (Enclosed for your information. Do not return.)

- 1. House Rules and Regulations
- 2. Summary of Sales and Subletting Policy



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Doric Apartment Corporation — Purchase Fees

Schedule of Fees - Due at submission:

Payable by Applicant(s)

1. \$350.00 Application Processing Fee (non-refundable) payable to **Cooper Square Realty, Inc.** Includes one consumer report per application.
2. \$75.00 Consumer Report Fee (per **ADDITIONAL** report) (non-refundable) payable to **Cooper Square Realty, Inc.** All applicants, guarantors, and adult occupants must have a consumer report. The application processing fee includes ONE consumer report. One consumer report fee for each additional applicant, guarantor, and adult occupant (if more than a single applicant).
3. \$150.00 Recognition Agreement Fee (Due at Closing) (non-refundable) payable to **Cooper Square Realty, Inc.**
4. \$250.00 Move-In Fee (Due at application submission) (non-refundable) payable to **Doric Apartment Corporation.**
5. \$250.00 Move-In Deposit (Due at application submission) (refundable) payable to **Doric Apartment Corporation.** Deposit will be refunded after moving inspection by managing agent if no damage has occurred during move.

Payable by Seller(s)

1. \$250.00 Move-Out Fee (Due at application submission) (non-refundable) payable to **Doric Apartment Corporation.**
2. \$250.00 Move-Out Deposit (Due at application submission) (refundable) payable to **Doric Apartment Corporation.** Deposit will be refunded after moving inspection by managing agent if no damage has occurred during move.
3. \$650.00 Closing Fee (non- refundable)(due at Closing) payable to **Cooper Square Realty, Inc.**

Fees Acknowledgement

I (we) hereby acknowledge that all fees paid pursuant to this purchase application are non-refundable, unless otherwise noted, and hereby authorize you or your agents to obtain a consumer report and related information and contact any references or employers listed herein.

X _____ Date _____
 Applicant

X _____ Date _____
 Co-Applicant (if any)

Applicant Information for Purchase

Applicant Information



Cooper Square Realty, Inc.
 6 East 43rd Street · New York, NY 10017-4609
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Applicant Information for Purchase

Applicant Information

Today's date:	_____	Requested move-in date:	_____
Proposed closing date:	_____	Number of shares:	_____
Building name:	<u>Doric Apartment Corporation</u>	City and State:	<u>Union City, NJ</u>
Unit address:	_____	Apartment number:	_____
Purchase price:	_____	Source of down payment:	_____
Amount financed:	_____	Monthly maintenance fee:	_____
Down payment:	_____		
Special conditions (if any):	_____		
Managing agent:	<u>Cooper Square Realty, Inc.</u>	Phone:	<u>212-634-8900</u>
Inc. Agent address:	<u>6 E 43rd Street</u> <u>New York, NY 10017</u>	Contact person:	<u>Application Processor</u>

Seller

Name(s):	_____	Phone:	_____
Current address:	_____	Fax:	_____
	_____	E-mail:	_____
Attorney name:	_____	Phone:	_____
Firm name:	_____	Fax:	_____
Firm address:	_____	E-mail:	_____
Seller's Broker :	_____	Phone:	_____
Broker address:	_____	Fax:	_____
		E-mail:	_____

Applicant(s)

Applicant:	_____	Work phone:	_____
Home phone:	_____	Fax:	_____
E-mail:	_____		
Co-Applicant:	_____	Work phone:	_____
Home phone:	_____	Fax:	_____
E-mail:	_____		
Attorney name:	_____	Phone:	_____
Firm name:	_____	Fax:	_____
Firm address:	_____	E-mail:	_____

Name(s) cooperative stock to be held in
 If more than one indicate type of tenancy: _____

Purchasers' Broker:	_____	Phone:	_____
Fax:	_____	E-mail:	_____
Mortgage Lender:	_____	Phone:	_____
Fax:	_____	E-mail:	_____

Housing History

Current landlord:	_____	Phone:	_____
Address:	_____	Rent:	_____
		Dates of occupancy:	_____
Reason for moving:	_____		
Previous landlord:	_____	Phone:	_____
Address:	_____	Rent:	_____
		Dates of occupancy:	_____



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Applicant(s) Personal Information

	Applicant	Co-Applicant
Applicant name:	_____	_____
Address:	_____	_____
Dates of residence:	_____	_____
US Citizenship:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Status:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student
Nature of business:	_____	_____
Current employer:	_____	_____
Employer's Address:	_____	_____
Are you self employed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of employment:	_____	_____
Years in this line of work:	_____	_____
Title or position:	_____	_____
Supervisor's name:	_____	_____
Business phone:	_____	_____
Prior employer:	_____	_____
Prior title:	_____	_____
Prior employer's address:	_____	_____
Prior dates of employment:	_____	_____
Prior employer's phone:	_____	_____
Estimated income this year:	_____	_____
Actual income last year:	_____	_____
Educational background:	_____	_____
Schools attended:	_____	_____
Dates attended:	_____	_____

Will occupancy be: Full-time Part-time

Will the apartment be leased: Yes No *(Note: Leasing apartments is subject to board approval and may not be permitted.)*

List the names of ALL proposed occupants (applicants included) and their relationship to applicant(s) :

Indicate the birth dates and ages of any minor(s).

List the names of anyone in the building known to the applicant(s):

Are any pets to be maintained in the apartment? Yes No *(Note: If yes, indicate number and kind.)*

List any club, society, fraternity or board memberships which applicant(s) believe would be beneficial to the building:

Has the applicant(s) and/or any occupant(s) ever been convicted of a felony? Yes No *(Note: If yes, please explain.)*



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	Applicant	Co-Applicant
Personal References		
1. Name:	_____	_____
Address:	_____	_____
Phone:	_____	_____
2. Name:	_____	_____
Address:	_____	_____
Phone:	_____	_____
3. Name:	_____	_____
Address:	_____	_____
Phone:	_____	_____

Professional/Financial References		
1. Name:	_____	_____
Address:	_____	_____
Phone:	_____	_____
2. Name:	_____	_____
Address:	_____	_____
Phone:	_____	_____
3. Name:	_____	_____
Address:	_____	_____
Phone:	_____	_____

Bank & Credit References		
Bank Name:	_____	
Bank Address:	_____	
Account number:	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan
Bank Name:	_____	
Bank Address:	_____	
Account number:	_____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Loan

I (we) agree, as a condition of processing this application, that Cooper Square Realty, Inc. and/or its employees neither bear nor assume any responsibility whatsoever for the verification or completeness of the Applicant Information. In addition, I authorize Cooper Square Realty, Inc. to share the Applicant Information, or portions of it, with any other parties they may reasonably believe necessary to fulfill the purposes of this application. Transfer of the Applicant Information may be made in any form, including but not limited to mail, overnight courier, facsimile, email or posting on a secure/password protected web site. I further agree to hold Cooper Square Realty, Inc. harmless from any error or omission in the transfer of the Applicant Information or from the consequences of the distribution of the Applicant Information to third parties.

X _____ Date
 Applicant

X _____ Date
 Co-Applicant (if any)



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Financial Information

Applicant: _____
 Address: _____

Co-Applicant: _____
 Address: _____

Monthly Housing Expenses

Income:	Applicant	Co-Applicant	Expenses:	Applicant (present)	Co-Applicant (present)	Total (after closing)
Base monthly salary:	_____	_____	Rent:	_____	_____	_____
Overtime (monthly):	_____	_____	Maintenance:	_____	_____	_____
Bonuses (monthly):	_____	_____	Mortgages/Loan:	_____	_____	_____
Commissions (monthly):	_____	_____	Hazard insurance:	_____	_____	_____
Dividends/Interest:	_____	_____	Real estate taxes:	_____	_____	_____
Net rental income:	_____	_____	Other expenses*:	_____	_____	_____
Other income:	_____	_____	TOTAL:	_____	_____	_____
TOTAL:	_____	_____				

Assets & Liabilities

*Related directly to housing or debt(not personal expenses)

Assets:	Applicant	Co-Applicant	Liabilities	Applicant (present)	Co-Applicant (present)
Cash (Schedule A):	_____	_____	Notes payable to banks:	_____	_____
Contract deposit:	_____	_____	Notes payable to relatives:	_____	_____
Stocks & bonds (Schedule B):	_____	_____	Notes payable to others:	_____	_____
Investment in business:	_____	_____	Install accounts payable:	_____	_____
Accounts receivable:	_____	_____	Automobile:	_____	_____
Real estate (Schedule C):	_____	_____	Other accounts payable:	_____	_____
Automobiles:	_____	_____	Mortgages payable:	_____	_____
Personal property:	_____	_____	Unpaid real estate taxes:	_____	_____
Life insurance(cash value):	_____	_____	Unpaid income taxes:	_____	_____
Retirement funds/IRA:	_____	_____	Chattel mortgages:	_____	_____
401k:	_____	_____	Loans on life insurance:	_____	_____
KEOGH:	_____	_____	Credit card debt:	_____	_____
Profit sharing/pension:	_____	_____	Other debts:	_____	_____
Other assets (Schedule D):	_____	_____	TOTAL:	_____	_____
TOTAL:	_____	_____			

Itemized Schedule of Assets & Liabilities

Schedule A – Cash (attach additional pages if necessary) – Total should match cash line above

Applicant or Co-Applicant	Financial Institution	Type of account	Account Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Itemized Schedule of Assets & Liabilities (continued)

Schedule B – Stock, Bonds and Mutual Funds (attach additional pages if necessary) – Total Should match Stocks & Bonds Line Above

Amount of shares	Description	Marketable value	Non-marketable value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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Itemized Schedule of Assets & Liabilities (continued)

Schedule C – Real Estate (attach additional pages if necessary) – Total should match Real Estate line on previous page.

Applicant or Co-applicant	Property Address	Type of Property	Amount of Mortgage/liens	Mortgage Payment	Insurance main, tax & misc.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Itemized Schedule of Assets & Liabilities (continued)

Schedule D – Other Assets (attach additional pages if necessary)

Explanation: _____

IF YOU ARE A PRINCIPAL OF OR ARE EMPLOYED BY A FAMILY BUSINESS, PLEASE COMPLETE THIS SECTION:

	Applicant	Co-Applicant
Dividend or partnership income (present year)	_____	_____
Dividend or partnership income (prior year)	_____	_____
Dividend or partnership income (second prior year)	_____	_____

DECLARATIONS

Are there any outstanding judgments against you? _____

Have you been declared bankrupt in the past 7 years? _____

Have you had a property foreclosed upon or given title or deed in lieu thereof in the past 7 years? _____

Are you a party to a lawsuit? _____

Have you directly or indirectly been obligated on any loan that resulted in foreclosure, transfer or title in lieu of foreclosure or judgment? _____

Are you presently delinquent or in default on any Federal debt or any other loan, mortgage, financial obligation, bond or loan guarantee? _____

Are you obligated to pay alimony, child support, or separate maintenance? _____

Is any part of the down payment borrowed? _____

Are you a co-maker or endorser on a note? _____

Do you intend to occupy the property as your primary residence? _____

Have you had ownership interest in a property in the last 3 years? _____

If yes, what type of property did you own? _____

How did you hold title to the property? _____

If answering "yes" to any question, please explain on a separate page

The foregoing application has been carefully prepared, and the undersigned hereby solemnly declare(s) and certify(s) that all information contained herein is complete, true and correct. The information is submitted as being a true and accurate statement of the financial condition of the undersigned on the _____ day of _____, 20____.

X _____ Date _____
 Applicant

X _____ Date _____
 Co-Applicant (if any)

MUST BE SUBMITTED BY ALL ADULTS WHO WILL RESIDE IN UNIT

COOPER • SQUARE

REALTY
INC.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I/We are an applicant(s) to purchase/sublets/lease an apartment (the "Apartment") in a building (the "Building") managed by Cooper Square Realty, Inc. ("CSR"). I understand that in order to be considered the Apartment, CSR as the managing agent for the owner of the Building, may obtain a Consumer Report(s) for the purpose of evaluating me/us from a Consumer Reporting Agency.

I/We hereby authorize CSR to obtain a Consumer Report(s) on me/us, including but not limited to: (i) Credit Report; (ii) Criminal History; (iii) Housing Court Records; (iv) Employment Records and (v) other pertinent information, including records of public agencies and personal interviews of people who know me/us. I/we understand that these Consumer Reports may contain information about my/our character, general reputation, personal characteristics and mode of living. I/We understand that upon request, I/we are entitled to a disclosure of the nature and scope of the investigation to be requested by you of the Consumer Reporting Agency.

I/We agree to forever release and waive any claims I/we might have against Cooper Square Realty, Inc., its affiliates, the owner of the Building and their directors, officers, shareholders, unit owners and employees (the "Indemnified Parties") related to the use of the information contained in the Consumer Reports in making the decision on the application for the Apartment I/we are submitting. Further, I/we agree to indemnify and hold harmless the Indemnified Parties from any claim or demand of any kind whatsoever by any third party related to the Consumer Reports that are obtained.

Applicant Signature

Print Name

Social Security Number

Date of Birth

Applicant's Current Address (Must be US Residence, no P.O. Boxes)

Applicant Signature

Print Name

Social Security Number

Date of Birth

Applicant's Current Address (Must be US Residence, no P.O. Boxes)



Doric Apartment Corporation

100 Manhattan Avenue | Union City, NJ 07087

P: 201.866.4664 | F: 201.866.8020

HOUSE RULES & REGULATIONS ACKNOWLEDGEMENT FORM

I (We) have read the house rules of the Doric Apartment Corporation and hereby agree to abide by said rules and regulations during my tenancy.

I understand that if I violate these rules, I am subject to monetary fines, in addition to possible termination of my lease.

All renters must present a copy of their rental insurance policy prior to moving in. In addition all renters must carry liability insurance in an amount no less than \$500,000.

Purchaser/Lessee (Signature)

DATE

Purchaser/Lessee (Signature)

DATE



Doric Apartment Corporation

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MOVE GUIDELINES

Please take the time to familiarize yourself with the move-in/move-out policies and procedures to ensure a smooth and speedy move.

- **Scheduling a Move:** Shareholders and tenants must reserve, *in advance*, a move date and time with the management office. Scheduling is done on a first come, first serve basis. Please note only one move is permitted per day.

Moves are scheduled Monday thru Friday between the hours of 9am and 4pm. Moves are not permitted on weekends or holidays, *no exceptions*.

- **Certificate of Insurance:** At least three days prior to the move, the shareholder or tenant must present the management office with a copy of the certificate of insurance of no less than \$1,000,000 from the moving company. The certificate holder must name the person moving and also name Doric Apartment Corporation and Cooper Square Realty as additional insured.

*If you are not using a moving company, you must advise the management office of this in writing and note you are responsible for any injuries/damages that occur during the move.

- **Fees:** \$250 Move-in Fee \$250 Move-in Deposit *
Payable by check or money order to: Doric Apartment Corporation at the time of Application Submission to Cooper Square.
\$250 Move-out Fee \$250 Move-out Deposit *
Payable by money order or certified check to: Doric Apartment Corporation

*Deposits are refundable providing there are no damages to the common areas and elevators. Deposits are sent via check. If you are moving out of the building please provide the Management Office with a forwarding address. Once the move is complete, please notify the Front Desk so they may do a move inspection.

Please Remit to Management Office:

Move-In Move-Out **Date:** _____ **Unit #:** _____

Name: _____

Email: _____ **Phone:** _____

If move-out, forwarding address: _____

Requested Move Date: _____

[Office Use Only] Scheduled Date of Move: _____

Received: \$250 Deposit \$250 Fee Check #: _____ COI Initial: _____

Damage Inspection Sheet Received

Deposit Requested Sent on: _____ by: _____



**ACKNOWLEDGMENT AND CERTIFICATION OF
SALES AND SUBLET POLICY**

Applicant(s): _____

Apartment: _____

Number of Shares: _____

Applicant(s) hereby acknowledge that we have read and fully understand the policy of the Doric Apartment Corporation regarding the sale and subletting of apartments in the Doric Apartments. A summary of said policy is attached hereto as Schedule A. I (we) hereby certify to the Doric Apartment Corporation that I (we) shall occupy the above referenced apartment. I (we) acknowledge and agree that I (we) will not be permitted to sublet this apartment.

Applicant(s) acknowledge that they understand that in the event they fail to comply with the terms of the sales and Subletting Policy, such failures shall entitle the Doric Apartment Corporation to terminate the Proprietary Lease upon thirty (30) days written notice and to seek any and all damages to which the Doric Apartment Corporation may be entitled.

WITNESS:

APPLICANT(S)

Date

Date



Doric Apartment Corporation
100 Manhattan Avenue | Union City, NJ 07087
P: 201.866.4664 | F: 201.866.8020

PET ACKNOWLEDGEMENT

Apartment #: _____

The undersigned agree(s) any dogs, cats, birds or other pets shall only be kept or harbored in the referenced apartment in accordance with the rules and regulations of the cooperative.

I understand there is a policy prohibiting large dogs (50 pounds or more) and/or large exotic animals. I further understand the maximum number of pets allowed per apartment is two (2). I will at no time harbor or maintain any animal, described above, in my apartment.

I further understand all pets must have current licenses and vaccinations. (Please attach a picture of your pet(s) and copy of their licenses and vaccination papers.)

(Check one)

- 1. I have no pets. _____

- 2. I have pets. _____
 Type of Pet(s): _____
 Breed(s): _____
 Weight: _____

If there is a breach/violation of these Rules and Regulations, I understand I can be subject to monetary fines, in addition to possible termination of my lease.

Signature Date

Signature Date

NOTICE TO TENANT OR OCCUPANT

New Jersey Administrative Code – Window Guard Notice

IMMEDIATELY RETURN THIS FORM TO:

**Doric Management Office
100 Manhattan Avenue
Union City, NJ 07087**

You are required by law to have window guards/stopping device installed in all windows if a child 10 years of age or younger lives in your apartment.

Your Landlord is required by law to install window guards/stopping device in your apartment:

*If a child 10 years of age or younger lives in your apartment; **or**

*If you **ask** him to install window guards/stopping device at any time (you need not give a reason).

It is a violation of the law to refuse, interfere with installation, or remove window guards/stopping devices where required, **or to fail to complete and return this form to your landlord/management office.** If this form is not returned promptly, an inspection by the landlord will follow.

CHECK WHICHEVER APPLY:

- CHILDREN 10 YEARS OF AGE OR YOUNGER LIVE IN MY APARTMENT
- NO CHILDREN 10 YEARS OF AGE OR YOUNGER LIVE IN MY APARTMENT
- I WANT WINDOW GUARDS/STOPPING DEVICES EVEN THOUGH I HAVE NO CHILDREN 10 YEARS OF AGE OR YOUNGER
- WINDOW GUARDS/STOPPING DEVICES ARE ALREADY INSTALLED IN ALL WINDOWS
- WINDOW GUARDS/STOPPING DEVICES ARE **NOT** INSTALLED IN ALL WINDOWS
- WINDOW GUARDS/STOPPING DEVICES NEED MAINTENANCE OR REPAIR
- WINDOW GUARDS **DO NOT** NEED MAINTENANCE OR REPAIR

TENANT'S NAME (PRINT)

APARTMENT #

TENANT'S SIGNATURE

DATE



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**SMOKE DETECTOR AND
CARBON MONOXIDE DETECTOR
ACKNOWLEDGEMENT FORM**

Date: _____

Re: Apartment _____

I (we), _____

acknowledge that an operational smoke detector and carbon monoxide detector are installed in the apartment and that I am (we are) responsible for maintaining them in proper working order.

Applicant Signature

Applicant Signature



Doric Apartment Corporation
 100 Manhattan Avenue | Union City, NJ 07087
 P: 201.866.4664 | F: 201.866.8020

**SHAREHOLDER/ RESIDENT
 EMERGENCY CONTACT FORM**

DATE: _____ BLDG. #7180 APARTMENT#: _____

SHAREHOLDER/RESIDENT #1

Name: _____ Email address: _____
 Home #: _____ Work #: _____
 Alternate #: _____ Fax #: _____

SHAREHOLDER/RESIDENT #2

Name: _____ Email address: _____
 Home #: _____ Work #: _____
 Alternate #: _____ Fax #: _____

EMERGENCY CONTACT:

Please provide the names of individuals to be contacted in the event of an emergency:

Name/Relationship: _____	Name/Relationship: _____
Address: _____	Address: _____
Daytime #: _____	Daytime #: _____
Evening #: _____	Evening #: _____
Fax #: _____	Fax #: _____
Alternate #: _____	Alternate #: _____

IN CASE OF EMERGENCY, DOES THE SUPERINTENDANT OR ANOTHER RESIDENT HAVE KEYS TO YOUR APARTMENT?

BUILDING: YES _____ NO _____
 RESIDENT: YES _____ NO _____

If "yes" to resident, kindly provide the name and apartment # of such resident:

Name: _____ Apartment #: _____

IF NO ONE HAS KEYS TO YOUR APARTMENT, YOU WILL BE HELD PERSONALLY RESPONSIBLE FOR DAMAGES IN THE EVENT EMERGENCY ACCESS TO YOUR APARTMENT IS NECESSARY.

DORIC HOUSE RULES

- I PUBLIC AREAS OF THE BUILDING
- II ELEVATORS
- III DRIVEWAYS AND PARKING
- IV COMPACTOR ROOMS
- V LAUNDRY ROOM
- VI CONDUCT WITHIN ONE'S APARTMENT
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- XI POOL

I. PUBLIC AREAS OF THE BUILDING

1. Smoking is prohibited in all public space including the hallways, lobby, meeting rooms and elevators.
2. Waste paper, garbage and other materials should only be deposited in the proper receptacles and not be discarded in any of the common areas, including the elevators.
3. Any damage done to the walls, ceilings or floors of the common spaces, including the elevators will be responsibility of the individual causing such damage and he will be billed for the cost, including labor, for repairs or replacement of the damaged items. If a minor causes the damage, the parents shall be held responsible.
4. The halls and stairways of the building shall not be obstructed or used for any purpose other than that for which they were intended.
5. Children shall not play in the halls, stairways, laundry room, elevators or lobby.
6. Nothing shall be hung on the outside of the windows or placed on the outside walls, terraces, or doors, and no sign, awning, canopy, shutter radio or television antenna shall be affixed to or placed upon the exterior walls or doors, or exposed on or at any window without the prior written consent of the Board of Directors.
7. No, public hall shall be decorated or furnished by anyone in any manner without the prior consent of the Board of Directors and all of the residents serviced by that hall.

8. No articles may be stored in the halls or on the staircase landings.
9. No sign, notice, advertisement or illumination shall be inscribed or exposed on or at any window or other part of the building without the prior approval of the Building Manager of the Board of Directors. Signs and notices are permitted on the bulletin board in the laundry room.
10. No group tour, exhibition or open house for the sale of any apartment or any other propose shall be conducted, nor shall any auction sale of any type be held in any apartment, lobby or parking lot without the consent of the Manager.
11. All residents shall be properly attired in clothes customarily worn on the street when in the lobby area and in the elevators.

II. ELEVATORS

1. The south service elevator (#1) is to be used for walking of pets and users of the laundry room. The north service elevator (#5) is to be used for moving in and moving out furniture, deliveries, and maintenance needs.
2. Moving in and out of the building is by appointment only. All moves not scheduled in advance with the Managing Agent will be denied. All moves must be made between the hours of 9 AM and 4 PM. Moving is not allowed on Weekends or Holidays.
3. There is a fee of \$250 for moving. Please provide the management office a certified check or money order in the amount of \$500 as a deposit against damages prior to your move. Once an inspection of the elevator and common areas has been completed and there is no evidence of damage a check in the amount of \$250 will be refunded to the resident within 10 days.
4. Residents must notify the service desk in advance concerning the date and time of furniture and appliance deliveries. If a resident is planning an occasion when more than a few guests are expected, a guest list should be provided to the doorman so that each guest does not need to be separately announced.
5. Shopping carts are to be returned promptly to the service entrance. The movement of packages by shopping carts, loading and unloading of vehicles and the movement of bicycles, scooters, baby carriages and similar vehicles is restricted to service elevators.
6. Posting of notices and advertisements in elevator cabs is strictly prohibited.

III. DRIVEWAYS AND PARKING

1. For obvious safety reasons, when driving on the property, one should use caution and not exceed the speed of five miles per hour.
2. Under no circumstances is a vehicle to be left unattended in front of the building for more than ten minutes. Any vehicle parked in the driveway must be registered with the doorman.

3. Vehicles shall not be parked in such a way as to impede or prevent access to the building or to another vehicle.
4. Parking in the fire zones is not permitted. This zone is for emergency vehicles only.
5. Only vehicles with proper handicapped identification may use handicapped parking space.
6. The Management Office assigns all parking spaces. Proper forms, including a license agreement including the identification of the vehicle being parked in the space, must be completed. No other vehicle may be parked in that space without the prior written approval of the Management.
7. Parking spaces are assigned and fees charged monthly, payable in advance. Any licensee who is delinquent in payment of the parking fees after thirty (30) days will have his garage license revoked and his car will be towed. Failure to receive a bill for parking is not an excuse for not paying. Consistently late payment of parking fees will subject owner to revocation of his parking privilege and removal of the vehicle without notice.
8. A licensee cannot rent his parking space to another resident.
9. Oversized trucks may not be parked on the property. Vans or other commercial vehicles may use the garage with the prior written approval of the Management.
10. Campers, trucks, trailers or boats may not be parked on the premises overnight.
11. Washing, repairing or maintaining of vehicles is not permitted on the Doric property. The parking area shall not be used for any purpose other than to park automobiles.
12. Contractors providing services to the building or to shareholders must park in designated areas determined by Management.
13. Guests shall park in the designated guest parking spaces. A daily fee will be charged for its use. Evidence of payment of the fee must be displayed in the front window of the vehicle. Any car parked in the garage without the proper form displayed may be towed.

IV. COMPACTOR ROOMS

1. The residents of the Doric must recycle according to the specifications of the City of Union City. Glass, plastic and metal bottles must be rinsed and placed in the re-cycling barrel located in each compactor room. Newspapers, magazines and flattened cereal and other light cardboard boxes should be neatly stacked in the designated area.
2. Garbage, including cat litter, must be placed in small plastic bags, tied securely and deposited down the chute. No bags of garbage are to be left on the floor of the compactor rooms.
3. The following items are NOT to be thrown down garbage chutes:
 1. Construction materials, paint or flammables
 2. Clothing
 3. Rugs

4. Wire clothes hangers
5. Aerosol cans
6. Lighted cigarettes or matches
7. Glass
8. Folded pizza boxes

These items should be left neatly on the floor of the compactor room.

4. Large items such as boxes, mattresses, furniture, etc. should not be left in compactor rooms. Their disposal should be coordinated with the porters on staff.
5. Because Christmas trees make a tremendous mess when being disposed of, they must be contained in the apartment in an appropriate plastic bag designed for the purpose and secured. They should then be placed in the compactor room, or if the size is very large, they must be brought down to the disposal area on the ground floor.
6. It is the responsibility of each individual to clean up or report to the doorman any spilled or leaking garbage in the hallways or compactor rooms immediately.
7. Management shall inform residents of any new procedures in the future dealing with recycling of garbage. Residents are expected to fully cooperate with garbage and refuse disposal.

V. LAUNDRY ROOM

1. The laundry room is provided for residents to wash and dry their clothes. No washers or dryers are permitted in the apartments because the utilities are inadequate for them and will be damaged by their use. The laundry carts that are provided in the laundry room are **not ever** to be removed from the room for any reason.
2. Please remove lint and other loose material from washers and dryers after each use.
3. It is imperative that each individual cleans up any spills of detergent or other leakage before leaving the laundry room or advises the staff of such spills to insure that no one slips on them.
4. Please remove clothes promptly from washers and dryers when cycles are finished so as not to keep others waiting to use machines. Your laundry may be removed to a table if there are no other available machines.
5. Please report any water leaks or machines that are out of order to maintenance staff or doorman.

VI. CONDUCT WITHIN ONE'S APARTMENT

1. No one shall make or permit any disturbing noises in the building or do or permit anything to be done therein which will interfere with the rights, comfort, or convenience of others.
2. TVs, stereos and musical instruments shall be played at a reasonable level at all times. All speakers should be positioned off the floors and away from common walls of the

apartment for soundproofing. At no time should such noise be heard in any other apartment.

3. No construction, repair work or other installation involving noise shall be conducted in any apartment except between the hours of 9am-4:30pm Monday-Friday. Work is not permitted on Holidays or Weekends.
4. Toilets and drainpipes shall not be used for any purposes other than those for which they were constructed, nor shall any sweepings, rubbish, rags or any other article be thrown into the plumbing fixtures. The resident who caused the damage shall pay for the cost of repairing any resulting damage.
5. No washer or dryer shall be permitted. The building drainpipes cannot handle the large volumes of discharged water and suds, leaving apartments on lower floors subject to drain backups, flooding and hot water coming out of the cold water tap. The occupant of an apartment that has a washer and/or dryer will be held solely liable for any damage to the building's plumbing or wiring and damage to other apartments.
6. No one shall put a doormat of any material outside of his/her apartment door because it impedes cleaning of the hallways. Residents shall insure that newspapers and periodicals do not accumulate at apartment doors in their absence.
7. Apartments must be kept clean and offensive odors eliminated. Unsanitary conditions encourage the survival and spread of vermin, insects or other pests.
8. The floors of each apartment must be covered with rugs or carpeting or equally effective noise-reducing material, to the extent of at least 80% of the floor area of each room, excepting only kitchens, bathrooms, closets and foyer.

VII INSURANCE

1. Though the corporation maintains property insurance on the structure and liability insurance for the corporation, individual shareholders and residents and their apartment contents are not covered by this policy. For their own protection and for the protection of the corporation, all tenant/shareholders and subtenants shall maintain what is called "renter's insurance" or "coop or condo owner's insurance", which provides property insurance for the contents of the apartment and for the liability of the shareholder or occupant.
2. The Board of Directors may require that all apartment owners and residents provide a certificate of insurance or other evidence that such property and liability insurance coverage is in place.

VIII. TERRACES

1. No terrace shall be enclosed by glass, screen or any material whatsoever. No terrace shall be covered by any awning. Nothing shall be hung from the windows or terraces or placed upon the exterior windowsills or be attached to the railing.
2. All terrace doors, ceilings and divider walls, where existing, shall be painted the building standard color. The railings, ceilings and floors of the terraces may not ever be painted.

The floors and ceilings have been treated to preserve them and painting them would violate the warranty, necessitating that the coating be reapplied. The cost of this re-application will be billed to the unit owner.

3. Astro-turf or carpeting is prohibited on the terrace as it holds water and contributes to the deterioration. of the surface of the terrace.
4. No rugs or mops may be shaken or hung from any of the windows, doors or terraces, nor shall anything be swept or thrown from the doors, windows or terraces.
5. No clothing, towels or articles of any kind shall be hung on terrace railings.
6. No piece of furniture or anything structural shall be installed on terraces above the rail, nor shall anything be projected out of any window or over any terrace above 4 feet. Furniture and other objects on terraces must be secured during high-wind conditions. During extended absence of occupants, objects that could be blown away must be secured or removed.
7. Hanging objects are not allowed on terraces because of the high wind factor.
8. Only electric grills are permitted; absolutely no propane or charcoal units shall be allowed, as they are extremely dangerous and are against City Fire Regulations. The authorities may impose a fine of \$500 on the resident of any unit which has a propane tank on the terrace or who uses a charcoal or propane grill.
9. No feeding of birds is permitted from terraces. Pigeons are a health hazard and we take efforts to minimize their numbers.
10. Terraces should not be used for storage of unsightly objects.

IX. PETS

The Board of Directors recognizes the value of pet ownership in providing companionship to residents and that to many their pet has become a family member. However, circumstances require guidelines concerning pet ownership.

1. Residents are permitted to retain pets that they have at the time of initial occupancy but replacement or acquisition of large dogs which presently or when full grown will have a weight of 50 pounds or more is prohibited.
2. The Management Office shall be notified in writing immediately of all pets being housed in an apartment, including cats and birds. In addition, Management must receive a copy of the license issued for said pet by the Union City Health Department; a copy of the current vaccinations required; a photo of your pet and deposit check in the amount of \$500, which will be held in an escrow account against any damage your pet may have contributed to while residing at the building.
3. All dogs must be licensed with the Union City Department of Health. This law will be strictly enforced. The telephone number of the Health Department is 201.348.5608. The maximum number of pets per apartment according to code is 2.

4. Dogs, no matter how well behaved, must be leashed at all times both in the common areas and on the grounds of the building. Dogs small enough may be carried when in the common areas.
5. Pets shall enter and exit the building using the service elevator (#1 and #5) only. Pets are not allowed in the lobby.
6. Pets are not to be walked in any stairwells.
7. Pets may not be housed or tied out on the terraces.
8. Dogs must be walked away from the building grounds entirely. The owners **MUST** clean up any accidental mess caused by a pet within the building or on the building grounds **IMMEDIATELY**.
9. All local ordinances require that pet owners clean up after their pet. Violators of this law will be subject to fines as posted by Union City Board of Health or other local authorities.
10. No animals of any kind may be raised or bred for commercial purposes.
11. No pets of any kind will be permitted in the pool area or sun deck.
12. All pets have occupancy at the tolerance of Management and the Board of Directors. If the pet owner fails to abide by the rules or if the pet creates or continues to create a nuisance or unreasonable disturbance, the pet shall be subject to removal from the property.

X. UNIT OWNER IMPROVEMENTS

1. Nothing shall be done in any unit, nor in or on or to the common areas which will impair the structural integrity of the building or which would structurally change the building.
2. Unit owners must submit to the Board of Directors for approval a drawing or written description of changes within their unit which will involve or affect the walls, floors, ceilings, electrical, plumbing, windows or doors. (For example: new kitchen, bathroom, moving or cutting back walls, installing marble floors, etc.) No work can begin until there is written approval from the Board of Directors. The unit owner must pay the cost of the review of the plans by the Board's engineer.
3. All changes must comply with City and State Building and Fire codes.
4. Management and/or the Board of Directors will have the right to inspect work during and after completion to insure compliance with approved drawings and/or written documents.
5. All outside contractors or suppliers doing work or installations in the building must have a current Certificate of Insurance and Work Permit on file with the Management Office insuring the Doric Apartment Corporation against all liability and naming unit or common area to be worked on.
6. Any new hard surface flooring (marble, tile, wood, etc.) being installed to replace old flooring is to be installed over cork or other suitable soundproofing subfloor.

XI. POOL

1. The pool area is open to the residents of the Doric and their guests. All who enter the pool are subject to these rules.
2. Entry to the pool is by pass only, which will be available to residents on the payment of a processing fee. The Management Office will issue these passes. Guests passes may be available at an amount fixed annually by the Board of Directors.
3. Swimming can take place only when the lifeguard is on duty. He/she will control or designate adult time or lap swimming time as requested.
4. An adult must accompany children under 12 years of age. Children are not allowed to be left unsupervised or in the care of the lifeguard.
5. Babies in diapers are not permitted in the pool.
6. No playpens or cribs are permitted in the pool area.
7. Music is permitted in the pool area with earphones only.
8. Alcoholic beverages and glass bottles are prohibited in pool area.
9. There shall be no horseplay, diving into the shallow end of the pool and no running in the pool area.
10. Littering is prohibited. Pool Members must remove their own garbage from the pool area.
11. Deck chairs and lounges shall not be removed from the pool and sundeck area. The furniture shall be protected from sun tan lotions by a towel and shall not be reserved for extended time (30 minutes) by towels or personal articles
12. Everyone must be properly attired and dry when entering the lobby and elevators. Bathing tops and shoes must be worn in the Common Areas.
13. The lifeguard is empowered to enforce these rules and regulations and to withhold a member's pool pass after three (3) violations. Reinstatement of a minor is conditional upon the parent and child appearing before the Pool Committee.
14. Pool use shall be subject to any additional rules and regulations promulgated by the pool management company or the Pool Committee.