Refinance/Equity Loan APPLICATION:

Rocky Hill Tenants Corp. 215-37 48th Avenue Bayside, N.Y. 11364

Contact Information:

Ms. Susan Rubin Transfer Agent Kaled Management Corp. 7001 Brush Hollow Road Westbury, NY 11590

(516) 876-4800x313

Bldg. # 460



CORPORATE OFFICE 7001 BRUSH HOLLOW ROAD SUITE 200 WESTBURY, NY 11590

TEL: (516) 876-4800 FAX: (516) 876-6812

WWW.KALED.COM

ASSET MANAGEMENT 757 THIRD AVENUE SUITE 2028 NEW YORK, NY 10017 TEL: (212) 376-5508

EMAIL: INFO@KALED.COM

IMPORTANT INFORMATION REGARDING YOUR SOCIAL SECURTLY NUMBER

PROTECTING YOUR PRIVACY

In order to protect your privacy please remove/blackout your social security number from each financial institution document inserted into the application.

- Financial condition (net worth)
- Tax returns
- Personal loans
- Bank statements
 - o IRA
 - o CD'S
 - Savings

The Credit Agency Authorization Form AND Criminal Background Check Forms in the application are the only form that requires your Social Security number. These two forms containing your Social Security number will be shredded in our office as soon as we submit the information to the Agency used to obtain your reports.

If you have any questions please contact the Management Office.

<u>ALL SOCIAL SECURITY NUMBERS SHOULD BE REMOVED/BLOCKED</u> <u>OUT FROM TAX RETURNS AND ANY OTHER DOCUMENTS.</u>

REFINANCE/HOME EQUITY REQUIREMENTS FOR BOARD APPROVAL

The following must be submitted to the Board of Directors for their review in order to expedite your request to refinance the above referenced apartment. One (1) Original and Five (5) copies of the completed package must be submitted to the management office.

SPECIAL REQUIREMENTS FOR YOUR BUILDING:

Your building allows 80% financing of the appraised value.

- 1. Copy of bank loan application.
- 2. Financial Statement with verification of assets (enclosed).
- 3. Commitment letter from bank and three (3) original recognition agreements (Aztech form only). Bank will provide.
- 4. A copy of the current loan statement, reflecting the amount owed.
- 5. If refinancing for more than original loan a recent appraisal of the apartment must be submitted.
- 6. Bank check or certified check in the amount of \$200.00 for recognition agreements payable to Kaled Management Corp.

Note: Please submit one (1) original and five (5) copies to Kaled Management Corp. 7001 Brush Hollow Road Westbury, NY 11590 Att: Susan Rubin Transfer Agent. All sets must be collated and identical or they be returned.

Only completed packages will be sent to the Board of Directors for review. If a document is not included, please provide a written explanation in its place.

REFINANCE/HOME EQUITY APPLICATION

Application is herewith submitted for the refinance of	shares of common stock of Rocky
Owners Name(s):	
Telephone Numbers - Home: ()	
Employer's Name:	-
Address:	
Occupation:	
Length of Employment:	
Present Amount Mortgage:	
Length of Residency:	
I declare that I have examined this application and to the best of and complete.	my knowledge, it is true, correct
Signature of Owner:	Date:
Signature of Owner:	Date:

FINANCIAL STATEMENT

Name (s)		
Address		
The following	g is submitted as being a true and a	accurate statement of the financial condition of the undersigned on
the	_day of	_ 20

ASSETS			LIABILITIES		
	Applicant	Co-Applicant		Applicant	Co-Applicant
Cash in banks			Notes Payable:		
Money markets Funds			To Banks		
Contract Deposit			To Relative		
Investments: Bonds & Stocks			To Others .		
-see schedule			Installment Accounts Payable:		
Investment in Own Business			Automobile		
Accounts and Notes Receivable			Other .		
Real Estate Owned - see schedule			Other Accounts Payable		
Year Make			Mortgages Payable on Real		
Automobiles:			Estate - see schedule		
Personal Property & Furniture			Unpaid Real Estate Taxes		
Life Insurance			Unpaid Income Taxes		
Cash Surrender Value			Chattel Mortgages	40.00	
Retirement Funds/IRA			Loans on Life Insurance Policies		
401K			(Include Premium Advances)		
KEOGH			Outstanding Credit Card Loans		
Profit Sharing/Pension Plan			Other Debts - itemize		
Other Assets			TOTAL LIABILITIES		
TOTAL ASSETS			NET WORTH .		
COMBINE	D ልዩዩፑፕዩ				
SOURCE OF INCOME	O AUGETO	<u> </u>			
BOOKED OF MICOIME		-		<u></u>	<u>.</u>
	Applicant	Co-Applicant	COMBINED		
Base Salary		<u></u>	CONTINGENT LIABILITIES	ш,	
Overtime Wages			As Endorser or Co-maker on Notes \$		
Bonus & Commissions			Alimony Payments (Annual)		
Dividends and Interest Income			Child Support \$		
Real Estate Income (Net)			Are you defendant in any legal action?		<u>.</u>
Other Income - itemize			Are there any unsatisfied judgments?		
TOTAL			Have you ever taken bankruptcy? Explain:		
GENERAL INFORMATION		·			
	Applicant	Co-Applicant			
Personal Bank Accounts at			PROJECTED EXPENSES / MONTHLY		
			•		
			Maintenance		
Savings & Loans Accounts at			Apartment Financing		
			Other Mortgages		
			Bank Loans		
Purpose of Loan			Auto Loan .		
					_
			TOTAL		

		SCHEDUL	E OF BONDS AN	D STOCKS		
Amount of Shares	Description (Extended Valuation in Column)		Marketable Value	arketable Value Non-Marketable Va		
			······································			
			·			
		SCHED	ULE OF REAL I	ESTATE		
Description and L	ocation	Cost	Actual Value	Value Mortgage Am		Maturity Date
•					•	
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, Jan 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 - 1984 -					<u>, , , , , , , , , , , , , , , , , , , </u>	
	Specify any		LE OF NOTES P s collateral, includin	AYABLE g the liabilities they se	cure:	<u> </u>
To Whom Payable Date		Amount	Due	Interest	Pledge	ed as Security

						,
- 1						
The foregoing financial certify(s) that all the information	statement h	as been carefully ained herein is tru	prepared, and the use and correct.	ndersigned hereby sole	mnly declar	re(s) and
Date20		Signature	Signature			
Date	Date20		Signature			•
Rev. Jan/98						

Release of Information Authorization

Authorization to obtain criminal, credit/litigation report

In order to comply with the provisions of section 6.06 (A) of the Federal Fair Credit Reporting Act, I hereby authorize any individual, company, or institution to release to Kaled Management Corp. and/or its representative any and all information that they have concerning any criminal/litigation activity.

I hereby release the individual, company, or institution and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information.

Print Name:	Date of Birth:
Signature:	
Print Name:	Date of Birth:
Address:	
City:	State:
Zip code:	
Social Security #	Social Security #