

***REFINANCE  
HOME EQUITY APPLICATION:***

***Jackson 34 Realty Corp.***

**Contact Information**

**Ms. Susan Rubin  
Transfer Agent  
Kaled Management Corp.  
7001 Brush Hollow Road Ste:200  
Westbury, NY 11590  
(516) 876-4800 (516) 780-8331  
[susan@kaled.com](mailto:susan@kaled.com)**

**4/2020**

**Bldg. # 432**



**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 SECURITY  
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**
  - **IRA**
  - **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.**

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

The following fee is payable upon submission of the Refinance Application:

Option A or B: Recognition agreement fee in the amount \$200.00, made payable to Kaled Management Corp. (Certified check or money order)

\* Please note that additional fees may apply for additional requested documents.

**ON ALL REFINANCES, BOARD APPROVAL WILL BE REQUIRED IF: (option A)**

The new mortgage total (the new mortgage loan) is 80% of the current market value of the apartment.

**ON ALL REFINANCES, BOARD APPROVAL WILL NOT BE REQUIRED IF: (option B)**

The new mortgage total (the new mortgage loan that is not being financed is less than 80% of the current market value of the apartment.

All necessary documentation should be submitted to:

Susan Rubin  
Kaled Management Corp.  
7001 Brush Hollow Road Suite 200  
Westbury, N.Y. 11590  
516-876-4800 x 313 Fax 516-780-8331  
Email: [Susan@kaled.com](mailto:Susan@kaled.com)

The submission of the above documents in complete sets of copies will expedite the processing of your request.

**Jackson 34 Realty Corp.**

**STANDARDS FOR REFINANCING/EQUITY LOANS**

Please submit Two (2) complete collated sets of the following:

**Option A: Board Approval Required**

If the new monthly payment is HIGHER than the current monthly payment, or the face amount of the new loan is more than 5% higher than the existing loan, you must complete and submit Short form application (page 4) IN ITS ENTIRETY.

**SHORT FORM APPLICATION FOR REFINANCING (Option A)**

Please refer to **STRICT STANDARDS FOR REFINANCING** to ensure the proper use of this form.

Please **fill out the attached application**, enclose the following items and return to our office **four (4) complete, collated sets of all forms included in this package** plus the following:

1. Federal and State Tax Returns for past two(2) years, two (2) years W2 forms, and most recent pay stubs(3 consecutive weeks), for all individuals who will be contributing to the purchase, maintenance and/or rental of the shares/apartment.
2. Copies of Bank Statements from the last three (3) months.
3. Copy of the Loan Application
4. Copy of the Commitment Letter
5. Copy of Bank Appraisal Report
6. Aztech Recognition Agreements. Please make sure to include **three (3) originals.**

**Option B:**

If the new monthly payment is the SAME or LOWER than the current monthly payment; AND the mortgage amount has not been increased by more than 5%, you must submit Short form application (page 4) in its entirety and (one) 1 copy of the following: Commitment Letter, three (3) ORIGINAL Aztech recognition forms and a recent mortgage statement for the current mortgage.

**REFINANCE/HOME EQUITY APPLICATION**

Application is herewith submitted for the refinance of \_\_\_\_\_ shares of common stock of Jackson 34 realty Corp. for the right of residency in apartment # \_\_\_\_\_.

**Owners Name(s):** \_\_\_\_\_  
\_\_\_\_\_

**Telephone Numbers - Home:** (\_\_\_\_) \_\_\_\_\_ **Work:** (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_

**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 my knowledge, it is true, correct and complete.

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ASSETS AND LIABILITIES STATEMENT

Applicant's Name \_\_\_\_\_  
 Statement of Financial Condition as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Please Note:** Supporting documentation for all assets and liabilities is to be attached to this statement. Please use the word "none" where no amount is to be entered.

ASSETS		LIABILITIES	
Cash in bank (attach bank statements & schedule E)	\$	Notes Payable (attach schedule B)	\$
Down payment on contract (if paid)		Mortgages payable (attach schedule A)	
Securities (Stocks & Bonds - attach statements & schedule F)		Unpaid Real Estate Taxes	
Cash value of life insurance, less any loans		Unpaid Income Taxes	
Investment in own business		Accounts Payable (attach schedule C)	
Real Estate Owned (attach schedule A)		Outstanding Credit Card Balances (attach schedule C)	
Vested Interest in Retirement Fund (include IRAs and 401Ks) (attache schedule G)		Other Liabilities (itemize)	
Automobile (make and year)			
Loans and Notes Receivable			
Personal Property and Furniture			
Other Assets (itemize)			
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES</b>	<b>\$</b>
		<b>NET WORTH (excess of assets over liabilities)</b>	<b>\$</b>
Contingent Liabilities (personal guarantees or potential liabilities-attach schedule D)	\$		

The foregoing statements and details pertaining thereto, both printed and written, have been carefully read and the undersigned hereby solemnly declares and certifies that same is a full and correct exhibit of my/our financial condition.

Date \_\_\_\_\_

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Applicant

## YEARLY INCOME AND EXPENSE STATEMENT

**Instructions:** If the income tax statement you submit with this application is for the *prior calendar year*, then complete this form for the current calendar year only. *If you have not submitted* a filed income tax statement for the prior calendar year, please complete two forms; one for the preceding year and one for the current year.

Applicant's Name \_\_\_\_\_

INCOME		EXPENSES	
Salary (or earned income)	\$	Mortgage Payments	\$
Bonus and Commissions		Real Estate Taxes	
Real Estate Income (Net)		Rent/Co-op/Condo Maintenance	
Share of partnership income (loss)		Loan or Note Payments	
Business Income (Net) Sole Proprietorship		Auto Loan/Lease Payments	
Dividends		Insurance Premiums	
Interest		Tuition Expenses	
Pension (IRA, Keogh)		Charitable Contributions	
Social Security		Medical (unreimbursed)	
Investments (describe)		Alimony, Child Support, maint.	
		Living Expenses (food, clothing, utilities, etc.)	
Other Income (itemize)		Credit Card Payments	
		Investment Expenses	
		Pension (IRA, Keogh)	
		Other Expenses (itemize)	
TOTAL INCOME	\$	TOTAL EXPENSES	\$

List any unsatisfied judgments or legal actions pending against you and the amounts involved \_\_\_\_\_

Have you ever gone through bankruptcy or other insolvency proceedings? \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant

**SCHEDULE A - REAL ESTATE OWNED**

Location and Type of Property	Title In the Name of	Date Acquired	Cost	Recent Appraised Value	Mortgage Balance	Maturity Date	Monthly Payment

**SCHEDULE B - NOTES PAYABLE**

Amount	Due to	In Name of	Maturity Date	Collateral	Monthly Payment

**SCHEDULE C - ACCOUNTS PAYABLE (include credit card balances here)**

Amount	Due to	In Name Of	Maturity Date	Monthly Payment

**SCHEDULE D**

Amount	Type	Due to	Obligor	Final Maturity/or repayment	Collateral

\*including Letters of Credit and Surety Bonds

**SCHEDULE E - SCHEDULE OF CASH IN BANKS - INCLUDE CD'S AND MONEY MARKET ACCTS**





CREDIT CHECK AUTHORIZATION

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NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

HOME ADDRESS:  
(LAST SEVEN YEARS): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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In connection with my transfer/ purchase/sublet/refinance of property. I authorize the procurement of a credit report on myself. I further authorize all credit agencies, banks, lending institutions and persons to release information they may have about me and release them from any liability and responsibility doing so. This authorization, in original or copy form, shall be valid for this and any future reports that may be requested, Further information may be available upon written request within a reasonable period of time.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Dated*

\_\_\_\_\_

\_\_\_\_\_

Release of Information Authorization

Authorization to obtain Criminal, Credit/Litigation Report

In order to comply with the provision 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: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_