

***Refinance/Equity Loan
APPLICATION:***

**Midtown Manor Apartments LTD.
211 East 35th Street
New York, NY 10016**

Contact Information:

**Ms. Susan Rubin
Transfer Agent
Kaled Management Corp.
7001 Brush Hollow Road Ste: 200
Westbury, NY 11590
(516) 876-4800x313
Fax (516) 780-8331
Email Susan@Kaled.com.
Bldg. # 474**



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.

SHAREHOLDER REFINANCE and HOME EQUITY CREDIT LINE APPLICATION

Part A

Date: _____

Shareholder Name: _____ Apt.: _____

Address: _____

Tel. #: _____ Fax #: _____

Name of Existing Lender: _____

Current Mortgage Balance: _____

Term Expires: _____ Interest Rate: _____

Monthly Payment: _____ Fixed or Adjustable (circle one)

*Please provide a copy of recent mortgage statement

Name of New/Additional Lender _____

Principle Amount of New Mortgage/Home Equity Line of Credit: _____

Term Expires: _____ Interest Rate: _____

Monthly Payment: _____ Fixed or Adjustable (circle one)

*Please provide a copy of the commitment letter

If you are refinancing for the purpose of lowering our interest rate and the principle amount with a \$15,000 difference of the current mortgage balance, please sign below.

If the refinance or home equity line of credit is above \$15,000, please complete Part B of this application. Six (6) collated copies are also required for Board approval

Shareholder Signature: _____

Shareholder Signature: _____

Please submit the above information to Kaled management Corp.

7001 Brush Hollow Road Westbury, NY 11590 Ste: 200 Attn: Susan Rubin

If you are refinancing for the purpose of lowering our interest rate and the principle amount with a \$15,000 difference of the current mortgage balance, please sign below.

If the refinance or home equity line of credit is above \$15,000, please complete Part B of this application. Seven (7) collated copies are also required for Board approval.

Resident Signature: _____

SHAREHOLDER REFINANCE and HOME EQUITY CREDIT LINE APPLICATION

Part B

Please provide the following information for your refinancing/home equity line of credit:

1. Two (2) years of income tax return and W2's
2. Three months of bank statements
3. Three (3) most recent pay stubs
4. Current net worth statement of Assets & Liabilities(attached)
5. Letter from current employer stating current salary
6. Copy of the appraisal report

**BALANCE SHEET AT THE LAST DAY OF MONTH IMMEDIATELY PRECEDING DATE
OF APPLICATION**

ASSETS

- | | |
|---|----------|
| 1. CASH | \$ _____ |
| 2. CHECKING ACCOUNTS | \$ _____ |
| 3. SAVINGS ACCOUNTS, MONEY FUNDS | \$ _____ |
| 4. TOTAL CASH, BANKS AND MONEY FUNDS | \$ _____ |
| 5. MARKETABLE SECURITIES
(furnish cover sheet showing balance of most recent
statement for any major account) | \$ _____ |
| 6. LIFE INSURANCE NET CASH VALUE (list below) | \$ _____ |
| 7. SUBTOTAL LIQUID ASSETS | \$ _____ |
| 8. NON-MARKETABLE SECURITIES (list below) | \$ _____ |
| 9. REAL ESTATE OWNED (list below) | \$ _____ |
| 10. VESTED INTEREST IN RETIREMENT FUND | \$ _____ |
| 11. NET WORTH OF BUSINESS OWNED | \$ _____ |
| 12. AUTOMOBILES/PLEASURE BOATS (list below) | \$ _____ |
| 13. MARKET VALUE OF FURNITURE &
PERSONAL PROPERTY | \$ _____ |
| 14. NOTES RECEIVABLE | \$ _____ |
| 15. OTHER ASSETS (explain below) | \$ _____ |
| 16. TOTAL ASSETS (explain below) | \$ _____ |

Please number explanatory material to correspond to numbers on this statement under the notes section

**BALANCE SHEET AT THE LAST DAY OF MONTH IMMEDIATELY PRECEDING DATE
OF APPLICATION**

LIABILITIES

- | | |
|---|----------|
| 17. INSTALLMENT DEBT PAYABLE
(list below) | \$ _____ |
| 18. OTHER UNSECURED LOANS
(list below) | \$ _____ |
| 19. REAL ESTATE LOANS & MORTGAGES
(list below) | \$ _____ |
| 20. AUTOMOBILE/BOAT LOANS
(list below) | \$ _____ |
| 21. OTHER SECURED LOANS
(list below) | \$ _____ |
| 22. OTHER LIABILITIES (explain below) | \$ _____ |
| 23. TOTAL LIABILITIES | \$ _____ |
| 24. NET WORTH (assets minus liabilities) | \$ _____ |

****NOTES****

APPLICANT

Name _____

Date of Birth _____ S.S. (last 4 digits) _____

CO- APPLICANT

Name _____

Date of Birth _____ S.S (last 4 digits) _____

APPLICANT RESIDENCY

Present Address: _____

Apt #: _____ City: _____ State: _____ Zip: _____

Home Tel.: _____ Monthly Rent: _____

Date From _____ to _____ Utilities Included? _____

CO- APPLICANT

Present Address: _____

Apt #: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Monthly Rent: _____

Date from _____ to _____ Utilities Included?

APPLICANT EMPLOYMENT

Present Employer _____

Address _____

City _____ State _____ Zip _____

Tel # _____ Supervisor _____

Position _____ Annual Salary _____

Employment Date: From _____ to _____

CO- APPLICANT EMPLOYMENT

Present Employer _____

Address _____

City _____ State _____ Zip _____

Tel # _____ Supervisor _____

Position _____ Annual Salary _____

Employment Date: From _____ to _____

Signature of Applicant

Signature of Co- Applicant

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: _____

CREDIT CHECK AUTHORIZATION

NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

HOME ADDRESS:
(LAST SEVEN YEARS): _____

In connection with my transfer/ purchase/sublet 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

CREDIT CHECK AUTHORIZATION

NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

HOME ADDRESS:
(LAST SEVEN YEARS): _____

In connection with my transfer/ purchase/sublet of property. I authorize the procurement of a credit report on myself. If 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

