

**Title Modification Application
Park Lane North Owners, Inc.
118-17 Union Turnpike
Forest Hills, NY 11375**

Contact Information:

**Ms. Susan Rubin
Transfer Agent
Kaled Management Corp.
7001 Brush Hollow Road Ste: 200
Westbury, NY 11590**

**(516) 876-4800 x 313
Fax (516) 780-8313
Susan@kaled.com**

Bldg. # 494

12/2025

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.**

Park Lane North Owners Corp.

MODIFICATION OF TITLE

TO DELETE/ADD YOUR SPOUSE OR PARTNER FROM/TO THE OWNERSHIP AND TITLE OF YOUR STOCK AND LEASE, PLEASE NOTE THE FOLLOWING REQUIREMENTS:

BOARD APPROVAL IS REQUIRED. AN INTERVIEW WITH YOUR NEW SPOUSE OR PARTNER MAY BE REQUIRED. ACKNOWLEDGEMENT OF THE MORTGAGE HOLDER IS REQUIRED.

PLEASE COMPLETE THE ATTACHED APPLICATION AND SUPPLY THE FOLLOWING INFORMATION:

COPY OF STOCK AND LEASE, THE ORIGINAL STOCK AND LEASE WILL BE REQUIRED PRIOR TO A NEW STOCK AND LEASE BEING ISSUED. CONSENT FROM THE HOLDER OF THE MORTGAGE, IF ANY.

IF YOU ARE DELETING A NAME DUE TO DEATH. PROVIDE ONE (1) ORIGINAL AND ONE (1) COPY OF DEATH CERTIFICATE, DECEDENT'S WILL, AND PROBATE DOCUMENTS.

IF YOU ARE DELETING A NAME NOT DUE TO DEATH, PROVIDE ONE (1) ORIGINAL AND ONE (1) COPY OF THE FOLLOWING DOCUMENTS:

- YOUR TAX RETURN FOR LAST YEAR **(ALL SOCIAL SECURITY NUMBERS MUST BE BLACKED/WHITED OUT IN THE COPY ONLY)**
- YOUR NET WORTH STATEMENT (ATTACHED) WITH STATEMENTS VERIFYING ASSETS **(ALL ACCOUNT NUMBERS LISTED IN STATEMENTS MUST BE BLACKED/WHITED OUT IN THE COPY ONLY)**
- EMPLOYMENT LETTER STATING SALARY

IF YOU ARE ADDING A NAME, PROVIDE FROM THE PERSON(S) TO BE ADDED ONE (1) ORIGINAL AND ONE (1) COPY OF THE FOLLOWING DOCUMENTS:

- NET WORTH STATEMENT (ATTACHED) WITH STATEMENTS VERIFYING ASSETS **(ALL ACCOUNT NUMBERS LISTED IN STATEMENTS MUST BE BLACKED/WHITED OUT IN THE COPY ONLY)**
- TAX RETURN FOR LAST TWO (2) YEARS WITH SCHEDULES; W-2'S AND K-1'S **(ALL SOCIAL SECURITY NUMBERS MUST BE BLACKED/WHITED OUT IN THE COPY ONLY)**
- EMPLOYMENT LETTER STATING SALARY
- COPY OF THE MARRIAGE CERTIFICATE (IF APPLICABLE)
- CREDIT REPORT - \$ 200.00 PER APPLICANT
- TRANSFER FEE OF \$600 PAYABLE TO Kaled Management Corp.

ON BOARD APPROVAL, THE COOPRATIVE'S ATTORNEY WILL ISSUE A NEW STOCK CERTIFICATE, NEW LEASE AND OR ASSIGNMENT.

Cooperatives attorney's office William A Slutsky P. C. located at 118-21 Queens Blvd Ste 615 Forest Hills NY 11375 The office number is 718-263-9292.

IN ADDITION, IF THE EXISTING TITLE IS IN THE NAME OF PARTIES OTHER THAN YOURSELF ALONE, ONE (1) ORIGINAL AND ONE (1) COPY OF THE FOLLOWING DOCUMENTS LISTED BELOW MUST BE SUBMITTED:

FROM FORMER SPOUSE:

DIVORCE DECREE AND SETTLEMENT DOCUMENT

FROM OTHER RELATIVE:

APPROPRIATE DOCUMENT INDICATING AUTHORITY TO TRANSFER

THE CO-OP'S ATTORNEY WILL BE ASKED TO REVIEW THE DOCUMENTS. THE FEE FOR THE ATTORNEY'S REVIEW WILL BE THE RESPONSIBILITY OF THE OWNER.

IF YOU HAVE LOST YOUR STOCK CERTIFICATE. PLEASE REQUEST LOST STOCK INSTRUCTIONS

PLEASE CONTACT SUSAN RUBIN Susan@kaled.com IF YOU HAVE ANY QUESTIONS.

MODIFACATION APPLICATION

Application is herewith submitted for the modification of _____ shares of common stock of Park Lane North Owners, Inc., and for the right of residency in Apartment # _____.

Shareholder Name(s): _____

Attorney: _____

Name of Firm & Address: _____

Telephone Number: (____) _____ **Email** _____

Modification Name(s): _____ **Phone #** _____

Social Security Number (last 4 Digits) _____

Address: _____

Cell Number(s) (____) _____

Work Telephone Number(s) (____) _____

Email: _____

Employer's Name(s): _____

Employer Address: _____

Occupation(s): _____

Length of Employment: _____

Present Amount of Monthly Rent: \$ _____ **Mortgage:** \$ _____

Name of Landlord and Telephone: _____ (____) _____

Length of Residency: _____

Reason for Leaving: _____

Modification Name(s): _____ Phone # _____

Social Security Number (last 4 Digits) _____

Address: _____

Cell Phone Number(s) () _____

Work Telephone Number(s) () _____ () _____

Email _____

Employer's Name(s): _____

Employer Address: _____

Occupation(s): _____

Length of Employment: _____

Present Amount of Monthly Rent: \$ _____ Mortgage: \$ _____

Name of Landlord and Telephone: _____ () _____

Length of Residency: _____

Name of all persons who will reside in the apartment and, if children, their ages:

Names of Adults _____

Names of Children _____

Ages of

Children

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

I declare that I have examined this application and to the best of my knowledge, it is true, correct, and complete. I acknowledge receipt, have read, and agree to adhere to the House Rules and Alteration Agreement of Park Lane North Owners, Inc.

Modification Applicant: _____ Date: _____

Modification Co-Applicant: _____ Date: _____

PARK LANE NORTH OWNERS INC.
RESALE APPLICATION

BALANCE SHEET

ASSETS

AS OF THE LAST DAY OF THE MONTH IMMEDIATELY PRECEEDING DATE OF APPLICATION

- | | |
|---|----------|
| 1. Cash | \$ _____ |
| 2. Checking Accounts | \$ _____ |
| 3. Savings Accounts, Money Funds | \$ _____ |
| 4. Total Cash, Banks and Money Funds | \$ _____ |
| 5. Marketable Securities | \$ _____ |
| (furnish proof of balance for major accounts) | |
| 6. Life Insurance Net Cash Value (List Below) | \$ _____ |
| 7. Subtotal Liquid Assets | \$ _____ |
| 8. Non-Marketable Securities (List Below) | \$ _____ |
| 9. Real Estate Owners (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) | \$ _____ |

LIABILITIES

- | | |
|--|----------|
| 17. Installment Debt Payable | \$ _____ |
| 18. Other Unsecured Loans | \$ _____ |
| 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'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)	\$	Notes Payable	\$
Down payment on contract (if paid)		Mortgages payable	
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	
Real Estate Owned		Outstanding Credit Card Balances	
Vested Interest in Retirement Fund (include IRAs and 401Ks)		Student Loans	
Automobile (make and year)		Other Liabilities (itemize)	
Loans and Notes Receivable			
Personal Property and Furniture			
Other Assets (itemize)			
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH (excess of assets over liabilities)	\$
Contingent Liabilities (personal guarantees or potential liabilities)	\$		

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

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(Student Loans)	
Pension (IRA, Keogh)		Charitable Contributions	
Social Security		Medical (unreimbursed)	
Investments (describe)		Alimony, Child Support,	
		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

Signature of Applicant

SCHEDULE A - REAL ESTATE OWNED

[illegible]

SCHEDULE B - NOTES PAYABLE

Amount	Due to	In Name of	Maturity Date	Collateral	Monthly Payment

SCHEDULE C - ACCOUNTS PAYABLE (include credit card balances and student loans here)

[illegible]

		\$
		\$
		\$
Total - Amount must match amount stated under Assets		\$

SCHEDULE G - RETIREMENT FUNDS - IRAs AND 401Ks

Name of Institution	Account No.	Balance
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total - Amount must match amount stated under Securities		\$

Park Lane North Owners, Inc
Pet Policy Acknowledgment Form

Date: _____

It is hereby understood and agreed that when accepted as a shareholder at Park Lane North, Owners, Inc I will not harbor any pets in the building including dogs.

So, agreed

Applicant

Signature _____

Applicants

Signature _____

State of

County of

Sworn before me this _____ day of 20_____.

Notary

The applicant is advised that its application is subject to the approval of the Board of Directors without which the propose purchase may not be consummated. In this regard, the Applicant is directed to the By-laws of PARK LANE NORTH OWNERS, INC, and the provision of the Proprietary Lease.

The applicant is directed to the Proprietary Lease and House Rules which govern the occupancy of PARK LANE NORTH OWNERS, INC. by its residents , and which would govern the occupancy of the Applicant.

In no event will PARK LANE NORTH OWNERS, Inc., the Board of Directors, or its agents be responsible for any liabilities or expenses incurred by any Applicant whose application is disapproved. While the Board of Directors will attempt to promptly review all applications PARK LANE NORTH OWNERS, INC, the Board of Directors, or its agents assume no responsibility for expenses or liabilities resulting from any delay in its review.

PARK LANE NORTH OWNERS, INC., the Board of Directors, or its agents assume no responsibility for expenses and liabilities resulting from any delay in closing of title or occupancy of apartment.

Please note that any and all terms agreed upon concerning the purchase of the Shares of Stock pertaining to the apartment, including terms of payment, return of downpayment etc. are strictly between the seller(s) and purchaser(s) . the cooperative Corp. or Management Company is not party to the transaction and assumes nor responsibility .

The applicant is advised that falsification of any of the foregoing information or omission of material may result without limitation, in revocation of the Board of Directors approval and termination of Applicants Proprietary Leases.

The undersigned authorizes the Board of Directors to contact any of the employers, banks, landlords, educational intuitions, references, etc. application including credit reporting agencies. Kaled Management Corp. and the Board of Directors does not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual discrimination, 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 PARK LANE NORTH OWNERS, INC.,

The undersigned certifies that the information furnished herein is true.

Applicant_____

Applicant_____

State of _____

County of _____

Sworn to before me this _____ day of _____ 20_____.

Notary Public

Applicant's Statement

I/We represent(s) that the above statements and accompanying exhibits are true and correct. Verification may be obtained from any source named in the statement

The undersigned applicant(s) understand(s) that the consent of The Board of Directors is required for the proposed transfer of the Proprietary lease, and that the Board of Directors will rely on the information furnished above. It is also understood that the information requested is essential to the application because of the desire of the Cooperative to maintain a compatible group of residents in the building and to maintain the financial stability of the building. It is the policy of the cooperative not to discriminate due to race, creed, color, religion, nation of origin, marital status, sexual orientation, or disability. The Applicant(s) also agree to meet in person with representatives of the Corporation. The Applicant(s) understand(s) that the Cooperative Corporation reserves the right to request further information.

Park Lane North Owners Inc., its officers, agents, and representatives, Board of Directors, and shareholders shall have no liability with respect to any matter or concerning any act of the proposed. Seller in connection with any contract contemplated herein. The Corporation and its agents make no representation with respect to the value of the stock or the proprietary lease of an individual apartment involved, nor any recommendation to the prospective Purchaser with respect to the advisability of the purchase.

I/We understand that Park Lane North Owners, Inc. is a No-pet building. No Pets Allowed.

I/We understand that the policy of a co-op renter insurance is required to be obtained prior to closing and must be maintained for as long as I/We own the unit.

I/We understand that all applications are to be owner-occupancy only.

I/We acknowledge that renovations may not be made without prior approval of the Board of Directors.

I/We hereby acknowledge receipt of the Proprietary Lease, By-Laws, House Rules, and Owner's Manual.

I/We understand that sublets are allowed only with prior approval of the Board of Directors.

I/We understand that sublets will not be permitted until three(3) years after closing.

I/We have been advised that the Purchaser assumes all responsibility for the condition of the apartments after closing. Purchaser shall be responsible, at its sole expense, for correction of any and all conditions in and to the Apartment, including but not limited to correction of any improper or illegal alterations which may have been made by the seller and/or seller's predecessor(s). The purchaser acknowledges that they have been advised to have an inspection of the Apartment completed by a licensed engineer/electrician prior to purchase so as to learn of any possible conditions in and to the Apartment for which they may be responsible.

Applicant Signature

Date

Co-Applicant

Date

CREDIT CHECK AUTHORIZATION

NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

HOME ADDRESS:
(LAST SEVEN YEARS): _____

In connection with my transfer/ purchase/sublet/refinance 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

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: _____

S

COOP ABATEMENT RESIDENT VERIFICATION SURVEY

1. Name of all Unit owners listed on the deed (separate with commas if multiple)
-

2. Do you own more than 3 units within the same property? Yes / No Full address with unit number(s). _____
3. Is your Unit or at least one of your units your primary residence? Yes /No
4. Is your unit sponsor owned? Yes/No
5. Is your unit owed by a trust? Yes/ No

If your unit is owned by a trust, are you the trustee or beneficiary living there with unit being your primary residence? Yes / No

6. Please list the social security number or the tax ID number of all unit owners on the proprietary lease:
-

7. Have there been any circumstances or changes in residency since January 1, 2020 that may require updated information to be submitted to the city?

Yes /No

Please state the reason for this change: _____

****Please send proof of primary residency together with this survey** (example: copy of State ID)**

Signature: _____ **Date** _____

Email: _____