

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

**Sherwood Village
Cooperative D., Inc.**

***99-05 59th Avenue Corona NY 11368
99-06 58th Avenue Corona NY 11368
99-35 59th Avenue Corona NY 11368***

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**

3/16/2018

REFINANCE REQUIREMENTS – Sherwood Cooperative D
APPLICATION PACKAGE CHECKLIST:

1. Application _____
 2. Statement of financial condition _____
 3. Copy of most recent W-2 form, along with IRS 1040 Tax filing _____
 4. Letter from Employer indicating length of employment/salary & current pay stub. _____
 5. Bank balance confirmation letter – must have bank stamp/seal or copies of your latest Bank statements _____
 6. Copy of refinance or equity application and approval _____
- * All applications will be reviewed by the Board. If the Board feels that you need to be interviewed you will be contacted.

Required Fees – (All fees to be paid my Certified Check or Money Order)

- * Enclosed a check in the amount of **\$250.00 payable to Kaled Management Corp.**, for administration fee and credit check.
- * Submit completed packages to: **Ms. Susan Rubin c/o Kaled Management Corp., 7001 Brush Hollow Road, Westbury, NY 11590.**
- * Any packages not submitted in their entirety will be returned. **Four (4) COLLATED COPIES AND ONE (1) ORIGINAL are to be submitted (Totaling Five (5) complete packages).**

FINAL NOTE: APPLICATIONS WILL ONLY BE ACCEPTED THE FIRST WEEK OF EVERY MONTH. THE SCREENING COMMITTEE MEETS EVERY FOURTH TUESDAY OF THE MONTH. ANY APPLICATION THAT IS NOT COMPLETE WILL NOT BE SUBMITTED. THERE ARE NO EXEPTIONS.

REFINANCE/HOME EQUITY APPLICATION

Application is herewith submitted for the refinance of _____ shares of common stock of Sherwood Village Cooperative D. Inc. and for the right of residency in apartment # _____.

Owners Name(s): _____

Owners SSN(s): _____

Telephone Numbers - Home: () _____ **Work:** () _____

Owners Attorney: _____

Name of Firm/Address: _____

Telephone/Fax Number: () _____ / () _____

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) (attach schedule G)		Other Liabilities (itemize)	
Automobile (make and year)			
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-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

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 - CONTINGENT LIABILITIES

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

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

SCHEDULE F - SECURITIES (STOCKS AND BONDS)

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

SCHEDULE G - RETIREMENT FUNDS - IRA'S AND 401K'S

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

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 calendar year.

Applicant's Name _____

INCOME		EXPENSES	
Salary (or earned income)	\$	Mortgage Payments (principal & interest)	
Bonus and Commissions		Real Estate Taxes	
Rent 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

CREDIT CHECK AUTHORIZATION

NAME: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

HOME ADDRESS:
(LAST SEVEN YEARS): _____

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In connection with my 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 _____

