# Refinance/Equity Loan APPLICATION:

# West 27<sup>TH</sup> STREET REALTY, INC. 129-31 West 27<sup>th</sup> Street New York, New York 10001

#### **Contact Information:**

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

Phone: (516) 876-4800x313 Fax: (516)-780-8331

Bldg. #488

2/2020



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

asset management

# 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/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 Two (2) 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.
- 7. Check authorization

#### APPLICATIONS WILL NOT BE ACCPTED UNLESS ALL ACCOUNTS ARE CURRENT

**Note:** Please submit one (1) original and two (2) 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 will 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 APPLICATION

Application is herewith submitted for the refinance ofright of use in unit #	shares of common stock and for the
Owners Name(s):	
Telephone Numbers - Home: ()	
Employer's Name:	
Address:	
Occupation:	
Length of Employment:	
Present Amount Mortgage:	
Length of Ownership:	
I declare that I have examined this application and to the best 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 s to be entered.	d liabilitie	s is to be attached to this statement. Please use the word "none" w	here no amo
ASSETS		LIABILITIES	
Cash in bank (attach bank statements & schedule \$		Notes Payable (attach schedule B)	\$
Down payment on contract (if paid)		Mortgages payable (attach schedule A)	<del> </del>
Securities (Stocks & Bonds - attach statements & chedule F)		Unpaid Real Estate Taxes	
Cash value of life insurance, less any loans		Unpaid Income Taxes	
nvestment in own business		Accounts Payable (attach schedule C)	<del>                                     </del>
Real Estate Owned (attach schedule A)		Outstanding Credit Card Balances (attach schedule C)	
Vested Interest in Retirement Fund (include RAs and 401Ks) (attache schedule G) Automobile (make and year)		Other Liabilities (itemize)	
oans and Notes Receivable			
ersonal Property and Furniture			
Other Assets (itemize)			
OTAL ASSETS \$		TOTAL LIABILITIES	\$
		NET WORTH (excess of assets over liabilities)	\$
ontingent Liabilities (personal guarantees or stential liabilities-attach schedule D)			
properties and certifies that same is a full and	eto, both	printed and written, have been carefully read and the unders. exhibit of my/our financial condition.	igned here
ate		Signature of Applicant	
		Signature of Applicant	

## YEARLY INCOME AND EXPENSE STATEMENT

INCOME		EXPENSES		
Salary (or earned income)	\$	Mortgage Payments	s	
Bonus and Commissions		Real Estate Taxes	Ψ	
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		
Other Income (itemize)		Charitable Contributions		
		Medical (unreimbursed)		
		Alimony, Child Support, maint.		
		Living Expenses (food, clothing,	<del></del>	
		utilities, etc.)		
		Credit Card Payments		
		Investment Expenses		
	···	Pension (IRA, Keogh)		
		Other Expenses (itemize)		
		Other Expenses (itemize)	<u> </u>	
			_	
TOTAL INCOME	\$	TOTAL EVENING		
TOTAL INCOME	19	TOTAL EXPENSES	\$	
List any unsatisfied judgments or lega	l actions pendi	ng against you and the amounts invo	olved	
Have you ever gone through bankrupt	cy or other inso	olvency proceedings?		
, 5	-,	proceedings:		
Date				
Jaic		**	***************************************	
		Signature of Ap	plicant	
			•	
		Signature of Ap	nlicont	
		Digitature Of AD	DHCAHL	

SCHEDULE A - REAL ESTATE OWNED

Name of	Date		; KPC0M1	1 1 1		
	Acquired	Cost	Recent Appraised Value	Mortgage Balance	Maturity Date	Monthly Payment
					1	
					1	· · · · · · · · · · · · · · · · · · ·
					-	
				<del> </del>	+	
					<del> </del>	
					+	
				Yalue Yalue	Value Value	Value

SCHEDULE B - NOTES PAYABLE

Amount	Due to	In Name of	Muturity Date	Collateral	,
			matarity Date	Conateral	Monthly
					Monthly Payment
**************************************					

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

1			The stade of toals liefe	)
Amount	Due to	In Name Of	Maturity Date	Monthly Payment
		~		rayment
Amount				
		;		

#### SCHEDULE D

Amount	Туре	Due to	Obligor	Final Maturity/or repayment	Collateral
including Letters of Codin	<u> </u>				

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 Balance
		Datatice
		\$
		S
		S
		S
		s
		S
		\$
		S
		S
Total - Amount must match amount stated under Assets		S

### SCHEDULE F - SECURITIES (STOCKS AND BONDS)

Name of Institution	Account No.	Balance	<del></del>
		s	***************************************
		s	
		S	
		S	
		S	<del></del>
		S	
		S	

<del>/~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	
	\$
Total - Amount must match amount stated under Assets	S

# SCHEDULE G - RETIREMENT FUNDS - IRAs AND 401Ks

Name of Institution	Account No.		
	Account No.	Balance	
		\$	
		S	
		s	
		s	· · · · · · · · · · · · · · · · · · ·
		S	
		\$	
		S	
otal - Amount must match amount stated under ecurities			
		S	

#### 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:	<del></del>
Social Security #:	_
Address:	<b>N</b> econd
City:	
State: Zip Code:	