

APPLICATIONS WILL NOT BE ACCPTED UNLESS ALL ACCOUNTS ARE CURRENT

Refinance/Equity Loan
APPLICATION:

West 27TH STREET REALTY, INC.
129-31 West 27th 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

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

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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 of _____ shares of common stock and for the right of use in unit # _____.

Owners Name(s): _____

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

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 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)			
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

YEARLY INCOME AND EXPENSE STATEMENT

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	
Other Income (itemize)		Charitable Contributions	
		Medical (unreimbursed)	
		Alimony, Child Support, maint.	
		Living Expenses (food, clothing, utilities, etc.)	
		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

		\$
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		\$

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: _____