

NAGLE APARTMENTS CORP
31-37 NAGLE AVE., & 14 BOGARDUS PL., NY, NY 10040

REFINANCE APPLICATION To process your request for refinance (or home equity), Nagle Apartments Corp. requires the following information and signed documents. Submit 2 copies. Once original set plus a copy with all SS#s and account #s removed:

Blue Woods Management Group
Arlene Marin
307 Seventh Ave. Suite 604 New York, NY 10001
212-645-7333 (for questions: amarin@bluewoodsmgmt.com)

Processing Fees

- \$250 (non-refundable) payable to Blue Woods Management Group
- \$150 payable to Nagle Apartments Corp.

Allow up to 30 business days for processing from the time your complete application is received by Blue Woods Management Group (less time if you are NOT increasing debt). Upon notice of decision you will be advised and appropriate documentation will be sent to you for your bank. All individuals named on Stock Certificate must be named on Loan and Recognition Agreements.

Submit forms and documents in order as follows:

- This cover page with contact information as requested below
- Processing fees outlined above
- Lending Bank Documents:
 - 3 original, signed © 1973 AZTECH Recognition Agreements (CLIP ORIGINAL TO ORIGINAL SET & one photocopy of Recognition Agreement with each copied set)
 - Loan Application, Commitment Letter (signed by you) and Truth in Lending Disclosure
- Credit Report Release Authorization for each individual applying for loan (form enclosed)
- Proof of Income – last two pay stubs showing YTD earnings or if self employed submit last 2 years of federal tax returns with W2s & accountant letter stating last 2 years of earnings and anticipated earnings for current year
Financial Statement – fully executed and notarized with supporting documentation if you're INCREASING OVERALL DEBT. (If you are NOT increasing overall debt, you do NOT need to do a financial statement)
For all Assets: bank and investment statements, appraisal for coop apartment, any all retirement funds
For all liabilities: Proof of debt service (most current mortgage statement), any loans (education, private), credit card statements (*do not include credit card statements*)
- IF THIS IS SUBORDINATE FINANCING (secondary financing to your primary mortgage) include) Letter of Written Authorization from the holder of your first/primary mortgage consenting to execution of these Recognition Agreements

Note: In order to consider your refinance/home equity loan: All obligations to the cooperative corporation must be current; Maximum financing allowed is 80% of fair market value of apartment; Only the 1973© AZTECH Recognition Agreement form may be used; All debt service increases MUST be approved by Board of Directors

If you have questions, contact Arlene Marin at Blue Woods Management Group

Shareholder Name: _____ Apt #: _____

Daytime Phone #: _____ Email Address: _____

*Managing Agent: Blue Woods Management Group, Inc.
307 7th Ave Suite 604 NY, NY 10001 212 645 7333 FAX: 212 366 4126
42 River St. 2nd Fl. Sleepy Hollow, NY 10591 914 524 8600 FAX: 914 524 9100*

CREDIT REPORT RELEASE

(Please submit only one signed original of this form for each applicant)

I hereby authorize BLUE WOODS MANAGEMENT GROUP, INC. on behalf of NAGLE APARTMENTS CORP, 31-37 NAGLE AVE., NY, NY 10040 to request and receive any and all information from any credit bureaus, previous employers (with respect to matters other than occupation), references, and, with respect to any criminal convictions from any law enforcement agencies.

I will hold harmless and/release BLUE WOODS MANAGEMENT GROUP, INC, and NAGLE APARTMENTS CORP, 31-37 NAGLE AVE., NY, NY 10040 from any and all claims and liability which may arise now or in the future with regard to the obtaining or the releasing of the above stated information for the purpose of doing credit checks, reference checks, and criminal activity checks.

Please **PRINT** the following:

Full name and/or aliases: _____

Full address (address, city, state, zip): _____

Social Security Number: _____

Employers Name (Company Name) _____

Are you 18 years of age or older? Yes: _____ No: _____

If not, state your age: _____ Date of Birth (MM/DD/YYYY) _____

Agreed to by: _____

Signature

Name

Date