

NAGLE APARTMENT CORP. 31-37 Nagle Ave & 14 Bogardus Pl NY, NY 10040

RESALE APPLICATION FOR 2011

Dear Selling Shareholder, Purchase Applicant and Respective Representatives,

Thank you for requesting application. All parties involved in the processing of this application should read to ensure full understanding of documents, information and fees required. Both seller and potential buyer must understand the cooperative requirements and steps to complete this process. An application can't be released to the Board of Directors unless complete.

Further, the Board of Directors reserves the right to request additional information and the prospective purchase will be obligated to furnish within a reasonable period of time.

Once a complete application is received, allow a minimum **7 weeks** for entire process: review, possible interview, purchase approval and set the closing date. If applicant is approved, a closing may be scheduled no less than 10 business days after approval.

Selling shareholder is responsible for providing potential purchaser with Offering Plan, Amendments and Financials. If these documents cannot be obtained from the seller, they may be purchased from Blue Woods Management Group, Inc. contact amarin@bluewoodsmgmt.com stating the items you need. The cost of same will be provided. Upon receipt of a check payable to Blue Woods Management, documents will be prepared. General timing is 2 - 4 business days after receiving check. You may also schedule an appointment to read these documents in our office.

The next several pages outline specific information needed, fees and basic closing information. If you have any questions, please call Arlene Marin at **BLUE WOODS MANAGEMENT GROUP @ 212-645-7333, X 4061.**

Financing Requirements: Minimum Cash-down: 10 % Maximum Financing: 90 %

Copies: Submit 2 sets - one original with social security #s; a 2nd set with all social security #s removed. Insert title pages between sections. Submit everything in order as listed on **PURCHASE APPLICATION CHECKLIST.**

ONLY THE ORIGINAL SET MAY HAVE SOCIAL SECURITY NUMBERS. ALL SOCIAL SECURITY OR EIN # INFORMATION MUST BE REMOVED FROM THE COPIED SET PRIOR TO SUBMISSION.

Send to: **BLUE WOODS MANAGEMENT GROUP, INC.**
Arlene Marin (212-645-7333 X 4061)
307 Seventh Ave. Suite 604 (between 28th & 27th) New York, NY 10001

Guidelines: House Rules, Move-In/Out Guidelines and Sublet Guidelines are enclosed for the potential purchaser. These documents should be retained for future use.

Closing Preparation: If buyer is approved, attorneys contact transfer agent, Arlene Marin to plan closing

Thank you.

NAGLE APARTMENT CORP. 31-37 Nagle Ave & 14 Bogardus Pl NY, NY 10040

RESALE CHECK LIST:

Return checklist application with documents in order as listed with title sheets between sections
ONLY THE ORIGINAL SET MAY HAVE SOCIAL SECURITY NUMBERS. ALL SOCIAL SECURITY OR EIN # INFORMATION MUST BE REMOVED FROM THE COPIED SETS PRIOR TO SUBMISSION.

Include:

- Transaction Contact Sheet Form
- Credit Report Release Authorization Form
- Purchase Application Form
- Contract of Sale with all riders
- If Financing:
 - Original Recognition Agreements (3) received from bank: "1973 © AZTECH Recognition Agreements" signed by bank and borrower(s) as lessee
 - Loan Application
 - Loan Commitment
- Financial Statement or Net Worth Statement – ***signed*** with attachments:
 - Most current bank & investment statements, notes payable, proof of income etc. (Include all documents, except credit card statements, to substantiate what you list on financial statement)
 - ALL statements must be complete and list full name and account number. **Daily pages downloaded from the Internet are NOT acceptable**
 - Proof of Current Income
 - Last two most current pay stubs
 - If self-employed, a letter from your accountant stating last 2 years of earnings and anticipated earnings for current year.
- Federal Tax Returns -last calendar year including W2s
- Reference Letters (personally written and include name, address and contact number of writer)
 - Personal Reference Letters 3/application*
 - Business Reference Letters 3/application*
 - Employer Reference Letter including position title, salary and length of employment for each applicant. *If self-employed, a letter to that effect from accountant.*
 - Landlord Reference Letter
 - Bank Letters stating account numbers and balance
 - *if spouse, partner, significant other is not purchasing, letter are still to be provided
- FORMS for:** Window Guard; Purchaser Acknowledgment Smoke Detector Form; Lead Paint Forms; Purchaser's Acknowledgement of House Rules Form, Emergency Contact Information Form
- Gym and membership information (if you are approved and wish to join, please bring these documents to your closing for submission to the building for processing)
- Photo ID
- Fees:
 - o Seller to Nagle:
 - Move out FEE: \$250.00 (non refundable)
 - Move out Deposit \$250.00 (refundable with no damage)
 - Move out Utility Deposit \$250.00 (net balance refundable)
 - o Buyer to Nagle
 - Move in FEE: \$250.00 (non refundable)
 - Move out Deposit \$250.00 (refundable with no damage)
 - o Buyer to Blue Woods
 - Application fee: \$500.00 (includes one credit report)
 - 2nd Credit Report: \$75.00

NAGLE APARTMENT CORP. 31-37 Nagle Ave & 14 Bogardus Pl NY, NY 10040

Individual Cooperative Homeowners Insurance:

While each building has a master policy providing protection for general property damage and liability Each shareholder is REQUIRED to carry individual cooperative insurance for personal property and personal liability. The overarching policy does not cover all individual situations.

Alterations:

All alterations must be approved. Prior to purchase no major alterations will be approved.

If you are planning alterations, please contact Blue Woods Management amarin@bluewoodsmgmt.com to request a copy. Then contact the Property Manager to discuss and obtain answers to all questions before committing to any contracts.

Scheduling Your Move Out or Move-In

- After approval you'll receive instructions for setting up a move into the building and providing the appropriate insurance information for your movers.

Costs for Purchasing Documents

Should a decision be made to purchase replacement cooperative documents, please make your check payable to **BLUE WOODS MANAGEMENT GROUP, INC.** @ 307 Seventh Ave, Suite 604, NY, NY 10001; 212-645-7333 X 4061

- | | |
|---|---|
| <input type="checkbox"/> Offering Plan & Amendment | \$200.00 (48 hr notice) |
| <input type="checkbox"/> Offering Plan OR Amendment | \$150.00 (48 hr notice) |
| <input type="checkbox"/> By Laws | \$ 75.00 |
| <input type="checkbox"/> Individual Amendments | \$ 10.00 each |
| <input type="checkbox"/> Cooperative Financials | scanned copies are free |
| <input type="checkbox"/> Generic Coop Questionnaire | No Cost for generic |
| <input type="checkbox"/> Bank, Attorney, Real Estate Broker Questionnaire | One request included with cost of application. Additional @ \$75.00 |

NAGLE APARTMENT CORP. 31-37 Nagle Ave & 14 Bogardus Pl NY, NY 10040

TRANSACTION CONTACT SHEET FOR ALL PARTIES

Date: _____ Street Address: _____ Apt #: _____

Seller(s): Information	
Name/Contact Phone # Forwarding Address	
Seller(s) Real Estate Broker: Name/Co./Phone/Cell: Email:	
Seller(s) Attorney Name/Co/ Address Phone/Fax Email:	
Purchaser(s) Information	
Name/Contact Phone # Current Address	
Purchaser(s) Real Estate Broker: Name/Co./Phone/Cell: Email:	
Purchaser(s) Attorney Name/Co/Address Phone/Fax Email:	

NAGLE APARTMENT CORP. 31-37 Nagle Ave & 14 Bogardus Pl NY, NY 10040

“Purchase Application”

Date: _____

PART I – To be completed by Existing Shareholder

The undersigned hereby requests the Board of Directors of Nagle Apartments Corp. to approve an assignment of the property lease for Apartment No. _____ and the sale of _____ shares to the applicant described in Part II of this application.

I/we hereby certify that we have complied with the disclosure requirements of the Code of Federal Regulations concerning lead based paint and/or lead based paint hazards, and have supplied all required documents and information to the Purchaser. I/we further certify that we notified the Apartment Corporation of the sale of our Apartment prior to the execution of the contract of sale in order to provide the Apartment Corporation, as lessor, with an opportunity to make its required disclosure to the Purchaser.

I/we hereby agree to indemnify the Apartment Corporation, its and representatives, against any liability arising out of failure to make such required disclosures.

I/we hereby understand and consent that the Apartment Corporation will not complete the processing of this application until purchaser has submitted a certification that he or she has received all required disclosure materials from the seller and the Apartment Corporation and does not require any further inspection of testing.

Date: _____

Signature of Present Stockholder/Seller

Print Full Name

Social Security Number or EIN

Seller Forwarding Address: _____

Seller plans to move out on: _____

Buyer plans to move in on: _____

NAGLE APARTMENT CORP. 31-37 Nagle Ave & 14 Bogardus Pl NY, NY 10040

“Purchase Application”

PART II – To be completed by the Applicant

Date: _____

The undersigned Applicant understands that the consent of Nagle Apartments Corp. is required under the proprietary lease to the proposed transfer thereof and that the Board of Directors will rely on the information above. It is also understood that the information requested hereunder is essential to the application because of the desire of the Cooperative to maintain a compatible group of residents in the building. The undersigned and spouse also agree to meet in person with representatives of the corporation. Applicant understands that the cooperative reserves the right to request further information from Applicant.

Nagle Apartments Corp., its officers, agents and Board of Directors shall have no liability with respect to any matter or concerning any act of the proposed Seller in connection with any respect to the value of the stock or the proprietary lease of the individual apartment involved, nor any representations regarding the financial condition of the Corporation or any recommendation to the prospective Purchaser with respect to the advisability of the purchase.

Falsification of any information supplied or omission of material information, including but not limited to, the lead based paint disclosure required by law, may result in denial of consent or in revocation of prior consent by the Board and in termination of the applicant’s proprietary lease.

The undersigned acknowledges that, if this application is accepted, the undersigned **WILL NOT** without prior consent of the Board of Directors:

- Pledge the shares of the Corporation’s Stock
- Make structural alterations to the apartment
- Sublease the apartment
- Permit non-family members to reside in the apartment for more than permitted time per building policy.
- Use the apartment for other than residential purposes
- Violate any provisions of the Proprietary Lease, the House Rules, or the By-Laws

I/we hereby certify that prior to executing the contract of sale, the Apartment Corporation provided us with information with respect to lead based paint and/or lead paint hazards which the federal regulations require for “lessors.” We are satisfied with the condition of the Building and the Apartment and waive any further right or opportunity to conduct any further inspection of the Apartment and the Building for the presence of lead based paint.

Applicant’s Signature

Co-Applicant’s Signature

Printed Name

Printed Name

NAGLE APARTMENT CORP. 31-37 Nagle Ave & 14 Bogardus Pl NY, NY 10040

“Purchase Application”

PART II – To be completed by the Applicant (continued)

Date: _____

According to the New York City Health Code, Section 131.15, all apartments inhabited by children under the age of ten years old must have window guards on all windows. Please fill out the form below for our records.

Building: NAGLE APARTMENTS CORP (10040)

Street Address: _____

Apartment #: _____

We have children under 10 years (Yes or No) _____

Applicant's Signature

Co-Applicant's Signature

Printed Name

Printed Name

NAGLE APARTMENT CORP. 31-37 Nagle Ave & 14 Bogardus Pl NY, NY 10040

RESALE APPLICATION

“Purchase Application”

PART II – To be completed by the Applicant (continued)

Date: _____

1. Applicant Name: _____
Co-Applicant Name: _____

2. Applicant Home Address _____

3. Best Phone# to reach applicant: _____

4. Are you 18 years of age or older? _____ if not, state your age: _____

5. Name and Address of your Employer: _____
_____ Business Phone: _____

6A. Do you intend to use apartment for professional or business purposes? Yes: ____ No: ____
If yes, state full details: _____

6B. Do you intend to use the apartment as your primary residence? Yes: ____ No: ____

7. Please list name and relationship and of each person who will reside with you in apartment:

NAME	RELATIONSHIP	AGE*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* Age is required only for children under 18 years who will reside in the apartment.

8. Estimated Annual Occupation _____ +
Estimated “other” Sources of Income _____ =
Total Estimated Income: _____

9. Financial References: Name/Address of Bank: _____

NAGLE APARTMENT CORP. 31-37 Nagle Ave & 14 Bogardus Pl NY, NY 10040

“Purchase Application”

PART II – To be completed by the Applicant (continued)

9. Business references:

Name/Address/Phone # _____

Name/Address/Phone # _____

Name/Address/Phone # _____

10. Present Landlord / Managing Agent: _____

Contact Name/Address/Phone # _____

Occupancy Date: Fr: _____ To: _____ Current Rent/Maintenance: \$ _____

11. Personal References:

Name/Address/Phone # _____

Name/Address/Phone # _____

Name/Address/Phone # _____

12. Names of anyone in the building known to the Applicant:

13. Address of any additional residence(s) owned or leased:

14. Are any pets to be maintained in the apartment? Yes _____ No _____ if yes, indicate breed and approximate height and weight: _____

15. List **exact name or names** in which Stock and Proprietary Lease for apartment is to be issued. _____

16. List schools and colleges attended by applicant(s) children:

NAGLE APARTMENT CORP. 31-37 Nagle Ave & 14 Bogardus Pl NY, NY 10040

“Purchase Application”

PART II – To be completed by the Applicant (continued)

17. List names of all, charities, clubs, organizations, society memberships, fraternities, honorary societies, etc. of Applicants and others to occupy apartment:

18. Have you ever been convicted of a misdemeanor or a felony: Yes: _____ No: _____

19. Are you a U.S. citizen? Yes: _____ No: _____

20. Apartment Purchase – Details of Payment (Source of Funds)

Cost of Apartment	\$
Mortgage Amount	\$
Down Payment (in Escrow)	\$
Balance to be paid with:	\$
o Cash from Savings	
o Sale of Another Property	
o Sale of Stock	
o Gift Money	
o Other	
Total (should equal cost of apartment entry above)	\$

Comments or Notes of Explanation: _____

FINANCIAL INFORMATION/NEW WORTH STATEMENT

Cooperative Name	Apt #:	Date:
Name of Applicant:	Address:	
Name Co-Applicant:	Address:	

The following is submitted as being a true and accurate statement of the financial condition of the undersigned on the _____ day of _____, 20_____.

ASSETS	Applicant	Co-applicant	LIABILITIES	Applicant	Co-applicant
Cash in Bank(s)			Notes payable		
Money Market Funds			To Banks		
Contract Deposit			To Relative		
Investment Bonds & Stocks			To Others		
See Schedule			Installment Accts Payable		
Business			Automobile		
Accts & Notes Receivable			Automobile		
Real Estate owned			Other		
Automobiles Yr/Make			Other Accounts payable		
Automobiles Yr/Make			Mortgage payable - Real Estate		
Personal Property & Furniture			Unpaid Real Estate Taxes		
Life Insurance			Unpaid Income Taxes		
Cash Surrender Value			Chattel Mortgages		
Retirement Funds/IRA			Loans on Life Insurance Policies		
401K or other retirement			(Include Premium Advances)		
KEOGH			Outstand.Credit Card Loans		
Profit Sharing/Pension Plan			Other Debts-Itemize		
Other Assets			TOTAL LIABILITIES		
TOTAL ASSETS			NET WORTH		
COMBINED ASSETS			TOTAL LIABILITIES		
			NET WORTH		

SOURCE OF INCOME	Applicant	Co-Applicant	COMBINED
------------------	-----------	--------------	----------

Base Salary			CONTINGENT LIABILITIES
Overtime Wages			As Endorsed or Co-maker on Notes
Bonus & Commissions			Alimony Payments (annual)
Dividends/Interest Income			Child Support
Real Estate Income (Net)			Are you defendant in any legal action:
Other Income itemize			Are there any unsatisfied judgments
TOTAL ANNUAL GROSS INCOME			Have you ever taken bankruptcy: Explain

GENERAL	Applicant	Co-Applicant	PROJECTED EXPENSES/MONTHLY
At			Maintenance \$
Savings/Loan Accounts @			Apartment Financing \$
Purpose of Loan			Bank Loans \$
			Auto Loan \$
			TOTAL \$

Intentionally Blank

NAGLE APARTMENT CORP. 31-37 Nagle Ave & 14 Bogardus Pl NY, NY 10040

WINDOW GUARDS REQUIRED

Lease Notice to Tenant

You are required by law to have window guards installed in all windows if a child 10 years of age or younger lives in your apartment.

Your landlord is required by law to install window guards in your apartment if a child 10 years of age or younger lives in your apartment, OR if you ask the landlord to install window guards at any time (you need not give a reason)

It is a violation of law to refuse, interfere with installation, or remove window guards where required.

CHECK ONE:

- CHILDREN 10 YEARS OF AGE OR YOUNGER LIVE IN MY APARTMENT
- NO CHILDREN 10 YEARS OF AGE OR YOUNGER LIVE IN MY APARTMENT
- I WANT WINDOW GUARDS EVEN THOUGH I HAVE NO CHILDREN 10 YEARS OF AGE OR YOUNGER

Tenant (Print)

Tenant Signature Date:

Tenant Address Apt #

RETURN THIS FORM TO:

Owner/Manager

Owner/Manager Address

The city of New York Department of Health and Mental Hygiene
For further information call: Window Falls Prevention 212-676-2162

SMOKE DETECTOR ACKNOWLEDGEMENT

Date: _____

Apartment: _____

I/we, _____, acknowledge that an operational smoke detector is installed in the apartment, and that I am responsible for maintaining it in the proper working order.

Applicant Signature

Print Name

Co-applicant Signature

Print Name

EXHIBIT A

LEAD WARNING STATEMENT – CONTRACTS OF SALE

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place your children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

**EXHIBIT B
DISCLOSURE OF INFORMATION
LEAD BASED PAINT AND / OR LEAD BASED PAINT HAZARDS**

Seller's Disclosure

- (a) Present of lead based paint and or lead based paint hazards (initial (i) or (ii) below):
- (i) _____ Known lead based paint and or lead based hazards are present in the apartment (explain)
 - (ii) _____ Seller has no knowledge of lead based paint and or lead based paint hazards in the apartment.
- (a) Records and reports available to the Seller (initial (i) or (ii) below):
- (i) _____ Seller has provided the Purchaser with all available records and reports pertaining to lead based paint and/or lead based paint hazards in the apartment (list documents below).
 - (ii) _____ Seller has no records or records pertaining to lead based paint and/or lead based paint hazards in the apartment.

Purchaser's Acknowledgment (Initial)

- (c) _____ Purchaser has received copies of all information listed above
- (d) _____ Purchaser has received the pamphlet Protect Your Family from Lead in Your Home
- (e) _____ Purchaser has (initial (i) or (ii) below):
- (i) _____ Received a 10-day opportunity (or other mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead based paint
 - (ii) _____ Waived the opportunity to conduct a risk assessment or inspection for the presence of lead based paint and/or lead based paint hazards.

Agent's Acknowledgement (Initial)

- (f) _____ Agent has informed the Seller of the Seller's obligation under 42 U.S.C. 4852d and is aware of Agent's independent responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____	_____	_____	_____
Seller	Date	Purchaser	Date
_____	_____	_____	_____
Seller	Date	Purchaser	Date
_____	_____	_____	_____
Agent	Date	Agent	Date

EXHIBIT C

LEAD WARNING STATEMENT – SUBLEASES

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

EXHIBIT 3-2

Essential Maintenance Practices for Property Owners

1. Use safe work practices during work that disturbs paint that may contain lead to avoid creating LBP hazards.

- Do not use unsafe paint removal practices including:
 - * Open flame burning;
 - * Power sanding or sandblasting (unless a special vacuum attachment is used to contain dust).
- Use good work practices and take precautions to prevent the spread of lead dust (for example, limit access to the work area with six mil polyurethane plastic or equivalent; protect workers; protect occupants' belongings by covering or removing from the work area; wet painted surface before disturbing; and wet debris before sweeping).
- Perform specialized cleaning of the work area upon completion of work using methods designed to remove lead contaminated dust.

2. Perform visual examination for deteriorating paint (unless the paint is found not to be LBP):

- At unit turnover, and
- Every 12 months (unless the tenant refuses entry)

3. Promptly and safely repair deteriorated paint and the cause for the deterioration. If more than a *de minimis* amount of paint (for example, more than one square foot per room) has deteriorated (unless the paint is found not to be LBP):

- Make the surface clean by paint stabilization, enclosure, encapsulation, or removal.
- Follow Essential Maintenance Practice #1 (above) when repairing the surface
- Diagnose and correct any physical conditions causing the paint deterioration (for example, structural and moisture problems causing substrate failure or conditions causing painted surfaces to be crushed)
- When there is extensive paint deterioration (for example, more than five square feet per room), the procedures for dust testing after Standard Treatments apply.

4. Provide generic LBP hazard information to tenants per Title X including the EPA-developed educational pamphlet and any information available about LBP or LBP hazards to the unit.

5. Post written notice to tenants asking tenants to report deteriorating paint and informing them whom to contact. Promptly respond to tenants' reports and correct deteriorating paint, with accelerated response in units occupied by a child under age six or a pregnant woman- and in no case longer than thirty days. Do not retaliate against tenants who report deteriorating paint.

6. Train maintenance staff. At a minimum, maintenance supervisors need to complete a one-day training course based on the HUD/EPA operations and maintenance/Interim control activities curriculum. The maintenance supervisor must ensure that workers either take the one-day training course or have a clear understanding of LBP hazards, unsafe practices, occupant protection, and dust cleaning methods by such means as aesthetics training and video instruction. The maintenance supervisor needs to provide adequate oversight of workers who have not taken the training course.

**EXHIBIT D
DISCLOSURE OF INFORMATION
LEAD BASED PAINT AND / OR LEAD BASED PAINT HAZARDS**

Lessor's Disclosure

- (b) Presence of lead based paint and or lead based paint hazards (initial (i) or (ii) below):
 - (i) _____ Known lead based paint and or lead based hazards are present in the apartment (explain)
 - (ii) x Lessor has no knowledge of lead based paint and or lead based paint hazards in the apartment.
- (b) Records and reports available to the Lessor (initial (i) or (ii) below):
 - (i) _____ Lessor has provided the Lessee with all available records and reports pertaining to lead based paint and/or lead based paint hazards in the apartment (list documents below).
 - (ii) x Lessor has no records or records pertaining to lead based paint and/or lead based paint hazards in the apartment.

Lessee's Acknowledgment (Initial)

- (c) _____ Lessee has received copies of all information listed above
- (d) x Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*

Agent's Acknowledgement (Initial)

- (f) _____ Agent has informed the lessor or the lessor's obligation under 42 U.S.C. 4852d and is aware of Agent's independent responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Lessor	Date	Lessee Purchaser	Date
Lessor	Date	Lessee	Date
Agent (Broker)	Date	Agent (Co-Broker)	Date

HOUSE RULES ACKNOWLEDGEMENT

Date: _____

Apartment: _____

I/we, _____, acknowledge that we have received, read and agree to abide by the House Rules of the cooperative, NAGLE APARTMENTS CORP.

Applicant Signature

Print Name

Co-applicant Signature

Print Name

NAGLE APARTMENT CORP. 31-37 Nagle Ave & 14 Bogardus Pl NY, NY 10040

TO: NEW RESIDENT
FROM: BLUE WOODS MANAGEMENT GROUP, INC.
RE: **EMERGENCY CONTACT INFORMATION**

.....
 In order to update our records, we are asking that you fill out the Emergency Contact Form on the back of this page and return with your package.

The information on this form will only be used for contact by management, the Board, or the staff and only for Coop-related matters.

If you have any questions, please contact me us at (212) 645-7333. Thank you.

APT #	SHAREHOLDER #1	SHAREHOLDER #2
<i>Please print</i>		
Name		
Home #		
Mobile #		
Work #		
Fax #		
Email		

Names of dependents living in apartment:

IN CASE OF AN EMERGENCY, PLEASE CONTACT:

Name: _____

Relationship: _____

Home #: _____

Mobile #: _____

E-Mail: _____

 Signature

 Date

NAGLE APARTMENT CORP. 31-37 Nagle Ave & 14 Bogardus Pl NY, NY 10040

CREDIT REPORT RELEASE

I hereby authorize BLUE WOODS MANAGEMENT GROUP, INC. on behalf NAGLE APARTMENTS CORP, 31-37 Nagle Ave., & 14 Bogardus Pl., 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 behalf NAGLE APARTMENTS CORP, 31-37 Nagle Ave., & 14 Bogardus Pl., 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: _____ Date of Birth(MM/DD/YYYY): _____

Employers Name (Company Name): _____

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

Agreed to by: _____ Date: _____
Signature/Name

Please **PRINT** the following:

Full name and/or aliases: _____

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

Social Security Number: _____ Date of Birth(MM/DD/YYYY): _____

Employers Name (Company Name): _____

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

Agreed to by: _____ Date: _____
Signature/Name

Fitness Room membership Application

By signing this Membership Application, the undersigned agree to the following terms and conditions regarding use of the Fitness Room:

1. Membership is strictly limited to tenant-shareholders of Nagle Apartments and their qualified resident family members; qualified resident family members are family members who have been permitted to occupy the tenant-shareholder's apartment pursuant to Paragraph 14 of the Proprietary Lease. Each qualifying individual applying for membership must sign a separate Membership Application. If the individual is a qualified resident family member, the tenant-shareholder must also sign the Membership Application.
2. The membership of the undersigned may be revoked if, in the sole discretion of Nagle Apartments Corp., as represented by its Board of Directors, (a) it is determined that the membership of the undersigned was wrongly obtained, (b) because of a change in membership standards by Nagle Apartments Corp., (c) because the undersigned has violated the Rules and Regulations, or (d) maintenance accounts are in default.
3. No person shall participate in a physical conditioning program using the Fitness Room if she or he has a disability, impairment or ailment what would be adversely affected by such program. No person who is over the age of 35 or has a history of high blood pressure or cardiac problems shall undertake a program or physical conditioning or exercise using the Fitness Room unless such program is approved by their physician.
4. Use of the Fitness Room is subject to Rules and Regulations promulgated by Nagle Apartments Corp. The Rules and Regulations may be revised from time to time in the sole discretion of Nagle Apartments Corp. The Rules and Regulations are promulgated, in part, to ensure the safety of persons using the Fitness Room. The undersigned shall at all time comply with the Rules and Regulations that are in effect and shall cause their Guests to whom they may give access to the Fitness Room to comply with the Rules and Regulations.
5. The undersigned assume all risks involved in their violation of the Rules and Regulations, and agree not to make any claim against Nagle Apartments Corp., its directors for damage to person or property sustained by reason of the undersigned's violation of the Rules and Regulations. The undersigned acknowledge having received a copy of the Rules and Regulations currently in effect.
6. To the fullest extent permitted by law, the undersigned waive all claims against the Indemnities for damage to person or property related to the undersigned's use of the Fitness Room, if, and to the extend, such damage is covered by the undersigned's own insurance .

NAGLE APARTMENT CORP. 31-37 Nagle Ave & 14 Bogardus Pl NY, NY 10040

7. To the fullest extent permitted by law, the undersigned shall hold the Indemnities harmless from and against any and all liability, cost and expense (including, but not limited to, attorney's fees and disbursement) incurred due to violation of this agreement by the undersigned or by their Guests, and the undersigned shall reimburse the Indemnities for the same, on demand. In addition to all other remedies available by law, any and all amounts owed pursuant to this agreement shall be deemed to be additional maintenance (rent), which is immediately due and payable under any proprietary lease between the undersigned and Nagle Apartments Corp., and the undersigned's failure to pay such amounts when due shall constitute a material default under such proprietary lease.

8. Membership is on an annual basis. The membership year commences on the date this Membership Application is signed. Membership renewal shall occur automatically on the anniversary of the date this Membership Application was signed, unless the undersigned request in writing, prior to the date of the anniversary of the application, that the membership be canceled for subsequent years.

9. The membership fee is \$240 per membership year per member (\$20/month) and shall be payable as additional maintenance (rent) on the first day of the month following the date of this Membership Application. The membership renewal fee of \$240 shall be payable as additional maintenance (rent) on the first day of the month following the anniversary date of this Membership Application, unless the undersigned have requested in writing, prior to the date of the anniversary of the application, that the membership be cancelled for subsequent years.

10. The undersigned understand that the membership is neither refundable nor transferable. Misuse will result in revocation of membership without refund.

Date of Agreement: _____

The above conditions meet with my/our understanding and approval.

Member

Date

Tenant-Shareholder (if not the same as Member")

Date

For Nagle Apartments Corp.

Date

For Office Use Only

Membership No.: _____ Membership Start Date: _____

**Fitness Room
Rules and Regulations**

All members must have a valid Fitness Room membership card. All members must sign in and out.

All guests must be accompanied by their sponsoring member while using the facilities and must have a valid guest pass and registration form.

New members should familiarize themselves with gym equipment and follow posted instruction carefully.

Fitness equipment is used at the member's and guest's own risk.

Time restrictions may apply to some equipment when the Fitness Room is crowded and must be adhered to.

Free weights must be returned to racks when finished.

To be considerate of other members, please wipe down equipment after use. We recommend that you bring your own personal towel to do this.

T-shirts, sweatshirts, shorts and sneakers must be worn on the training floor at all times. Bathing suits, sandals, thongs, robes, etc. are not appropriate attire for working out on any of the equipment.

Children under 13 years of age are not permitted to use the equipment in the Fitness Room. Young people between 13 and 18 years of age must apply for membership to use the Fitness Room, and must be accompanied by a parent or guardian while using the equipment.

Infraction of the rules and regulations may be considered cause for cancellation of Fitness Room privileges.

The Department of Health regulations and those of all other government agencies having jurisdiction are considered a part of these rules and regulations.

PLEASE NOTE: These rules are subject to change