

PROCEDURE TO RENT AT LINWOOD PARK COOPERATIVE APARTMENTS

SHAREHOLDER

1. Complete enclosed sublease application form and return it with a check in the amount of **\$500.00 (non-refundable)** made payable to "1170 APARTMENT CORP."
2. Should you have a mortgage, a letter from your mortgagor giving you permission to sublet is required.
3. Submit evidence of insurance, see attached sheet for requirements.
4. Apartment must have carpet and padding in accordance with the House Rule- copy attached.

RENTAL APPLICATION

1. Complete the application in its entirety and return it with a check in the amount of **\$300.00 (non-refundable)** made payable to "1170 APARTMENT CORP.", For the Credit Report and processing fee
2. Complete, sign and return "Request of Investigation" form.
3. Submit copies of payroll check stubs for the last three weeks.
4. Letter signed by Employer certifying employment & salary.
5. Copies of last two years federal income tax returns as filed with the Internal Revenue Service. The returns must be signed, dated and submitted with W-2 and 1099 forms attached.

If self-employed, you must submit a current business financial statement that includes a balance sheet and income statement. Same is to be submitted along with the following items, If applicable:

- a. Sole Proprietorship (include Schedule C from tax return)
- b. Partnership (include 1065-K1 from tax return)
- c. Small Business Corp. (include 1120S-K1 from tax return)

Submission of other tax returns from prior years along with any further financial information may facilitate processing of your application.

6. **Certified Check or Official Bank Checks**, each in the amount of **\$500** payable to 1170 Apartment Corp., from both the seller and applicant/buyer to be held by the corporation as deposits until move in and / or move out of apartment is completed

Return above items along with signed copy of Lease, **WHICH IS TO BE ONE (1) YEAR IN DURATION**; and state that this lease will comply with the terms of the 1170 Proprietary Lease, and also recognize that there are "Pet Regulations / Restrictions" by so stating on the Lease. **Option to purchase is not permitted.**

Sublet is subject to provisions as outlined in Sublet Policy-Resolution No. 1-Attached. Item M(insurance) replaced by requirement sheet attached.

INCOMPLETE APPLICATIONS, I.E. MISSING DOCUMENTS, SIGNATURES, UNANSWERED QUESTIONS WILL RESULT IN THE ENTIRE PACKAGE BEING RETURNED TO THE APPLICANT THUS CAUSING CONSIDERABLE DELAY.

After receipt of the Credit Report and review of your entire file by the Admissions Committee, the Rental applicant will be contacted to appear for a personal interview. Interviews will be conducted as expeditiously as possible. **WE REQUEST THAT YOU DO NOT CALL THIS OFFICE, BUT INSTEAD WAIT UNTIL YOU ARE CONTACTED BY A MEMBER OF OUR STAFF.**

Enclosures

Revised 09/12/11

- INSURANCE FROM OWNER + TENANT MUST BE SUBMITTED WITH THIS APPLICATION.

A Non-refundable fee of \$500.00 is required with this application.
Make checks payable to "1170 Apartment Corp."

APPLICATION TO BOARD OF DIRECTORS TO SUBLEASE

Shareholder : _____

Building Address : _____ Apt. # _____

Telephone : _____ Business # _____

Apartment Owned Since : _____

Reason for Sublease : _____

Proposed Term of Sublease : _____

Proposed Rent : \$ _____ Furnished : _____ Unfurnished : _____

Name and Address of Broker, if any : _____

Will owner occupy apartment upon expiration of sublease? _____

Has this apartment been rented previously? _____

Forwarding Address : _____

Date: _____
Signature of Owner (If Joint Ownership both must sign)

Signature of Owner

The sublease as well as final form and terms of the sublease require approval of the Board of Directors. Option to purchase will not be approved. Sublease is subordinate and subject to the Proprietary Lease and House Rules. **PETS ARE NOT PERMITTED.**

It is also required that Shareholders return ID parking stickers/building access cards and provide evidence of insurance. from Shareholder and Subtenant which must be submitted before final approval can be given for the sublease.

Dated: _____

For : 1170 APARTMENT CORP.

RENTAL APPLICATION FOR CO-OPERATIVE APARTMENT

To: 1170 APARTMENT CORP.
3091 Edwin Avenue, Apt. 1C
Fort Lee, NJ 07024

Date _____

LEASE INFORMATION

Building _____ Apartment _____

At rental of \$ _____ for term of _____

Lease to start from _____ To expire _____

Possession _____ Deposit _____

You are hereby authorized to submit to the cooperative apartment corporation this application together with the following information concerning the undersigned. In applying for consent to this proposed lease, the undersigned understands that such consent is required by the terms of the proprietary lease. The undersigned also understands that the information outlined below is essential to this application because of the special character of this cooperative apartment house, in which the stockholder-lessees reside, and because of the desire of the stockholder-lessees to maintain a compatible group of tenants in the building with mutual interests and friendships. If it is desired to inspect the undersigned's present place of residence, arrangements may be made to do so. The undersigned will meet in person with representatives of the cooperative apartment corporation if requested to do so.

Signature of Applicant

INFORMATION REGARDING APPLICANT (Please fill in all information requested)

Mr.

Mrs.

Name of Applicant: Miss: _____

Date of Birth: _____ Soc. Sec. # _____

Home Address: _____ Telephone # _____

Owner of Premise: _____ Telephone # _____

Place of Employment: _____

Location of Employment: _____

Position: _____ Length of Employment: _____

Personnel Director/Supervisor _____ Salary: _____

Bank Checking Acct. # : _____

Number of persons who would occupy apartment: _____

Names of persons who will reside in apartment (if children list name & date of birth):

Names of residents in the building known by the applicant:

Names of friends whom applicant may have in common with other residents of the building :

Names of all clubs and society memberships, fraternities and honorary societies of applicant and others who propose to occupy the apartment:

Schools and colleges attended by husband, wife and children (Name class in each case):

Address of any additional residence owned or leased:

Special remarks (Please give any additional information which may be pertinent or helpful as an indication of the nature of the applicant's occupancy):

REFERENCES

Present Landlord: _____ Address: _____

Address of present residence and approximate date of occupancy:

Previous Landlord: _____ Address: _____

Address of previous residence and approximate dates of occupancy:

FINANCIAL:

1. (Bank) _____ Address: _____

2. (Business) _____ Address: _____

PERSONAL:

1. _____ Address: _____
2. _____ Address: _____
3. _____ Address: _____
4. _____ Address: _____

Rev. 1/07 **REQUEST OF INVESTIGATION**
APPLICATION FOR APARTMENT AT 1170 APARTMENT CORP.

Building Address _____ Apt. No. _____

Applicant #1 _____ Applicant #2 _____

#1 Date of Birth: _____ #2 Date of Birth: _____

Address _____ Zip _____ How Long? _____

Telephone: Home: _____ Social Security No.(s) _____ / _____

Present Landlord _____ Rent _____

Landlord: Address/Telephone _____

If less than 2 years, previous address _____ Rent _____

Previous landlord: Address/Telephone _____

Employer _____

Employer address _____

Employer telephone _____ Years employed _____ Position _____

Annual salary _____ Supervisor _____

If less than 2 years, previous employer _____

Previous employer: Telephone _____ years employed _____ Position _____

Annual salary _____ Supervisor _____

Applicant # 2

Employer _____

Employer address _____

Employer telephone _____ years employed _____ Position _____

Annual salary _____ Supervisor _____

Bank reference _____

I hereby authorize and consent 1170 Apartment Corp. to having all of the information listed above subject to a full and complete credit check and criminal background check. I understand any misrepresentation by me may be cause for rejection by the corporation.

Date _____

Signature(s) _____

TO: ALL SHAREHOLDERS AND SUB LESSEES

FROM: BOARD of DIRECTORS

MOVE-IN/MOVE-OUT AND DELIVERY PROCEDURES

The Corporation established, in July 2000, moving procedures for Linwood Park.

THE ALLOWABLE TIMES FOR MOVING-IN AND MOVING-OUT AND DELIVERIES ARE:

MONDAY-FRIDAY 9A.M TO 5P.M.

SATURDAY 10A.M TO 3P.M.

NO MOVES OR DELIVERIES PERMITTED ON SUNDAYS AND HOLIDAYS

1. A move is considered to be the movement of a significant amount of personal belongings whether or not in boxes or a few large items into or out of the building by using either the staircase or elevator. These items include household furniture and major kitchen appliances.
2. Submit a Move-in/Move-out or Delivery application to the Business Office at 3091 Edwin Avenue no later than seven days prior to the date upon which you seek to move. Moves will be scheduled on a first come first serve basis. The form can be obtained at the Business Office.
3. The occupant (owner or subtenant) is required to submit the form along with a Certified Check or Official Bank Check deposit of \$500, payable to 1170 Apartment Corp. and delivered by mail or hand to the Business Office during business hours no later than seven days prior to the move date desired. This includes all first floor apartments.
4. A Linwood Park employee, both before and after the move, will inspect the elevator, staircase, and surrounding areas to determine whether damage had occurred.
5. On the day and time of the scheduled move a Linwood Park employee will install elevator padding for the protection of the upgraded elevator and the convenience of the mover, and then remove the padding at the end of the move.
6. Persons moving in or out or have any deliveries who do not comply will be fined \$500. per occurrence (with the amount charged to the shareholder's maintenance bill) irrespective of whether damage had occurred. In the event it is necessary to institute legal action, legal fees and costs will be assessed against the Shareholder and/or Sub lessees.
7. Residents are encouraged to notify the Business Office immediately at 201-944-2038 or 201-944-7135 if unauthorized moving is occurring in their building. This is recognizable by persons moving a significant amount of personal belongings into or out of the building without padding installed in the elevator.

This procedure was approved by the Board of Directors of Linwood Park because it aims to protect the interests of the Shareholders by collecting reimbursement from those persons who cause damage to our property.

REV. 12/00

MOVE-IN / MOVE-OUT APPLICATION
THE ALLOWABLE TIMES FOR MOVING-IN AND MOVING -OUT ARE:
MONDAY-FRIDAY 9 A.M. TO 5 P.M.
SATURDAY 10 A.M. TO 3 P.M.
NO MOVES PERMITTED ON SUNDAYS AND HOLIDAYS

Shareholder	<input type="checkbox"/>	Move-In	<input type="checkbox"/>	Furniture Removal	<input type="checkbox"/>
Sub Tenant	<input type="checkbox"/>	Move-Out	<input type="checkbox"/>	Furniture Delivery	<input type="checkbox"/>

Applicant:
Last Name _____ First Name _____
Last Name _____ First Name _____

Linwood Park Address:
Number / Street _____ APT.# _____

Home Phone () _____ Work Phone () _____

Current or Forwarding Address:
Number / Street _____ APT.# _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

The Move (circle choice)
I / we plan to (move-in / move-out) on _____
between the hours of _____ and _____. I / we the undersigned (will hire a professional
moving company / will not hire a professional moving company) to assist us in the move. It is
understood and agreed that if my moves causes any damages to any public areas of 1170
Apartment Corp. restoration costs will be deducted from my deposit. I / we agree to pay
additional damage costs if they exceed the amount of the security deposit.

Signature _____ Signature _____

Date _____

This form should be completed and submitted with a Certified Check or Official Bank
Check of \$500 payable to 1170 Apartment Corp. no later then seven (7) days prior to
moving. A Linwood Park employee will install elevator padding to protect the elevator. If
no damages occurred to 1170 Apartment Corp. property the deposit will be returned within
two (2) weeks.

*****ALL SALES AND SUBLETS** Please call the Business Office at 201-944-2038 to
confirm move-in and move-out dates.***

*****ALL DELIVERIES AND FURNITURE REMOVAL** Please call the Maintenance
Office at 201-944-7135 to confirm a date.***

NOTE: For residents who have multiple moving days and multiple
delivery days, each day **MUST** be scheduled with the office.

Date Received _____ By _____

MOVE-IN / MOVE-OUT APPLICATION
 THE ALLOWABLE TIMES FOR MOVING-IN AND MOVING -OUT ARE:
 MONDAY-FRIDAY 9 A.M. TO 5 P.M.
 SATURDAY 10 A.M. TO 3 P.M.
 NO MOVES PERMITTED ON SUNDAYS AND HOLIDAYS

Shareholder ☐ Move-In ☐ Furniture Removal ☐

Sub Tenant ☐ Move-Out ☐ Furniture Delivery ☐

Applicant:

Last Name _____ First Name _____

Last Name _____ First Name _____

Linwood Park Address:

Number / Street _____ APT.# _____

Home Phone () _____ Work Phone () _____

Current or Forwarding Address:

Number / Street _____ APT.# _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____

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I / we plan to (move-in / move-out) on _____
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 delivery days, each day MUST be scheduled with the office.**

Date Received _____ By _____



CO-OPERATIVE
APARTMENTS
3091 EDWIN AVENUE,
FORT LEE,
NEW JERSEY 07024
TEL. (201) 944-2038
FAX (201) 944-1141

April 10, 2002

To All Shareholders:

Over the last few years Management has received an increased number of noise complaints from residents as a result of the lack of carpeting or rugs or equally effective noise reducing material or an inadequate percentage of coverage. After consulting with experts, Management was advised to amend our House Rules relative to carpeting and rugs in order to provide our residents with a better quality of life.

Therefore, Paragraph 20 of the House Rules is hereby deleted and replaced with the following new rule which was adopted by the Board of Directors in the last quarter of 2001.

The floors in each apartment shall be covered with rugs or carpeting and padding (or equally effective noise reducing material) to the extent of least ninety percent (90%) of the floor area of each room (including underneath bed(s) and hallway, except the kitchen and bathroom(s) which need not be carpeted.

1. The carpeting and rugs shall be at least 1/4 inch thickness.
2. The padding shall be at least 7/16 inch thickness, have a density of at least 6 lbs. per cubic foot and be placed underneath the entire span of the carpeting and/or rugs.
3. All motorized equipment, stereo speakers, exercise equipment and the like shall be placed on top of the above described carpeting and/or rugs and padding, the dimensions of which shall be at least the size of the base of the motorized equipment, stereo speakers, exercise equipment and the like.

All apartments that are currently covered with carpeting or rugs or equally effective noise reducing material to the extent of at least eighty percent (80%) of the floor area of each room, except the kitchen and bathroom(s), are "grandfathered" until such time as the existing carpeting or rugs is replaced or the apartment is sold or sublet, at which time compliance with the above is required.

All apartments that are not "grandfathered" must comply with the new rule by June 1, 2002.

The Shareholder is ultimately responsible to make certain that his subtenant (the Shareholder is the primary tenant) has secured and does maintain, during the term of the subtenancy adequate casualty and property insurance of the apartment in question. The casualty and property insurance shall cover claims arising from either bodily injury or property damage in a single limit of **THREE HUNDRED THOUSAND DOLLARS (\$300,000)**. In no way is the suggestion of \$300,000 deemed to be adequate limits, but rather only the minimum required under the subtenancy. An insurance certificate or other comparable proof of the existence of such insurance coverage must be filed with the Apartment Corporation's management office before the Apartment Corporation will issue a written acknowledgement that the subtenancy is permitted. Without this confirmation, the subtenancy is not permitted. The insurance certificate or alternative proof must reflect the name of the insurer, the named insured, the types and limits under the coverage, as well as the policy dates. The certificate shall also show that notice will be given to the Apartment Corporation in the event this policy is either reduced in the coverage or canceled. Should said coverage expire prior to the end of the term of the subtenancy, it is the Shareholder's responsibility to secure the appropriate renewal and file same with the Apartment Corporation's management office to maintain the continued subtenancy. Should the continuation certificate not be filed, the failure to do so shall be deemed a breach of the Proprietary Lease.

The Shareholder must also insure his personal belongings, contents, improvements that are physically made and fixtures in this apartment, in an amount equal to whatever the Shareholder estimation is of their property, furniture, additions and fixtures within the apartment. The Shareholder shall also have liability insurance in a single limit of **THREE HUNDRED THOUSAND DOLLARS (\$300,000)** In no way is the suggestion of \$300,000 deemed to be adequate limits, but rather only the minimum required. The type of coverage utilized should also be discussed with the insurance professional, seek an HO-6 policy. Make sure the agent understands that this is not a condo, but a co-op, which is insured differently.

Rev. 10/2008

1170 APARTMENT CORP.

LINWOOD PARK
COOPERATIVE
APARTMENTS
3091 EDWIN AVENUE,
FORT LEE,
NEW JERSEY 07024
TEL. (201) 944-2038
FAX (201) 944-1141

December 2002

NOTICE

THE BOROUGH OF FORT LEE REQUIRES:

A CONTINUING CERTIFICATE OF OCCUPANCY MUST BE OBTAINED ON ALL PROPERTIES BEFORE A TENANT OR BUYER MOVES INTO THE PROPERTY – NO EXCEPTIONS! IT IS OBTAINED FROM THE FIRE DEPT. – (201) 592-3584

- A) PROPER FORM AT THE FIRE INSPECTOR'S OFFICE
- B) THIS INCLUDES ALL RENTALS
- C) THERE IS A CHARGE FOR THE C.C.O.

REGISTRATION OF NEWLY RENTED CONDOMINIUM OR COOPERATIVE APARTMENTS OR 1-FAMILY HOMES
UNDER THE VACANCY DECONTROL PROVISIONS OF THE FORT LEE RENT LEVELING ORDINANCE

This form is to be filed with the Fort Lee Rent Leveling Board, 309 Main St., Ft. Lee, NJ 07024 within sixty (60) days of the date of the commencement of the decontrolled tenancy. Failure to file could result in a forfeiture of rights under the decontrol provisions of the Rent Leveling Ordinance.

1. Name of building or complex: _____ Tax Block and Lot # _____
2. Name of new tenant(s): _____ Address: _____ Apt. # _____
3. Date of Tenancy: From _____ To _____ Rent: \$ _____
4. Check one: ☐ New tenancy ☐ Intra-building tenancy (If intra-building tenancy, list the dates and amount of rent of last prior tenancy: From _____ To _____ \$ _____)
5. Monthly rent includes: heat _____ hot water _____ gas _____ electricity _____ parking _____ garage _____ other (list) _____
6. In addition to the aforelisted monthly rent, the tenant is responsible for the following separate charges (i.e., gas, electric, parking, garage, cable t.v., etc.) List each item and the related charge: _____

LANDLORD CERTIFICATION

I HEREBY CERTIFY that I am familiar with the Rent Leveling Ordinance of the Borough of Fort Lee, including the following provisions:

- a) At the expiration of this initial leased ☐ or month-to-month ☐ tenancy, which is not sooner than 12-months after the tenancy commenced, I am entitled to a rent increase of 5%, except if I have been notified by the Rent Leveling Administrator that my tenant has filed for and qualified as a senior citizen or as a disabled non-senior citizen. In such case, the maximum rent increase is 3.5% or the applicable MAP percentage, whichever is lower.
- b) In order to increase the rent of my tenant I must provide a proper notice of increase form in accordance with New Jersey statutes and I must also utilize form RLB-14 of the Borough of Fort Lee, which form is obtainable from the Rent Leveling Office. I further understand that a copy of the tenant's notice is to be filed with the Rent Leveling Board at the same time it is served upon my tenant.
- c) Because the subject apartment is in a cooperative or condominium building or complex or is a one-family house, I am entitled to vacancy decontrol each time the apartment is vacated and re-rented to a new tenant. However, if the decontrolled tenant remains in occupancy after the initial term, the maximum rent increase provisions described above shall apply.
- d) I am familiar with the anti-harassment provisions of the Rent Leveling Ordinance.

HEREBY FURTHER CERTIFY that if any of the foregoing statements are found to be willfully false, I am subject to punishment under all relevant laws, statutes and ordinances.

Signature of Landlord

Date

(Print) Name of Landlord

Street Address, City, State and Zip Code

Telephone Number: