

East River Housing Corporation
Application to Remove Tenant-Shareholder

**(This Application requires information about the Tenant-Shareholder(s)
who are to remain on the Stock and Proprietary Lease)**

Basic Information Sheet

Date of Application: _____, 20_____

Remaining Shareholder One

Name: _____

Address: _____
(Address)

(City and State)

(Apt. No.)

Home Telephone No.: () _____

Cell Phone No.: () _____

Business Telephone No.: () _____

Fax No.: () _____

E-Mail: _____@_____

Remaining Shareholder Two (if any)

Name: _____

Address: _____
(Address)

(City and State)

(Apt. No.)

Home Telephone No.: () _____

Cell Phone No.: () _____

Business Telephone No.: () _____

Fax No.: () _____

E-Mail: _____@_____

In this Application, the phrase "Remaining Shareholder(s)" means the Tenant-Shareholder(s) listed above as "Remaining Shareholder One" and (if any) "Remaining Shareholder Two", who are intended to remain on the Stock and Proprietary Lease.

East River Housing Corporation
Application to Remove Tenant-Shareholder

Requirements for the Removal of a Shareholder from Stock of Corporation and Proprietary Lease

The following is a list of the documentation required by the Board of Directors of East River Housing Corporation (the "Cooperative") for removing a tenant-stockholder from the shares of stock allocated to, and from the Proprietary Lease for, an apartment. You (Remaining Shareholder(s)) must submit three complete sets, of all papers required by the Cooperative for submission to the Board of Directors, consisting of the original plus two (2) copies of the documents listed below. All copies must be collated and presented in the exact order set forth below. You must have all copies made and sets collated. The Application will not be reviewed until all the requested documents are received. There are no exceptions.

Please use additional sheets where needed.

1. Completed Application (in order, with all components, including the Request and Consent of Shareholder(s) to Remove Tenant-Shareholder(s) from Shares of Stock of Corporation and Proprietary Lease, p. 16 of this Application, signed by all Remaining Shareholder(s) and the Tenant-Shareholder(s) to be removed.
2. Complete copies of Remaining Shareholder(s)' federal and state income tax returns for the most recent three years, attached to this Application, following page 21, and (if employed) W-2 forms as well as, if applicable, Forms 1099, K-1 and S Corporation and partnership tax returns for the most recent three years, along with IRS Form 4506-T (attached to the end of this Application) completed and signed by each of the Remaining Shareholder(s), allowing the Cooperative to verify tax information with the IRS.
3. Prior to the Cooperative's issuing this Application form, a non-refundable check or money order in the amount of \$450 payable to the Cooperative was received by the Cooperative, for the processing of this Application, for a consumer credit report, a report of Remaining Shareholder(s)' civil litigation history and, if required by the Board of Directors in its discretion, a report concerning the Remaining Shareholder(s)' criminal litigation history and a physical inspection of the Remaining Shareholder(s)' apartment, to all of which you consent to as part of this Application.

When all the above papers are completed, call Elliot Caplan at Cooperative Village Administrative Office, 530 Grand street, New York, NY 10002 to make an appointment to deliver them to the Office. The telephone number is (212) 677-5858, Extension 310. Do not mail the Application.

After your Application has been processed, the Application will be submitted to the Board of Directors for approval. You will then be notified of the Board's decision.

East River Housing Corporation
Application to Remove Tenant-Shareholder

Acknowledgements

To the Board of Directors:

The undersigned hereby submit(s) this Application to remove one or more tenant-shareholders as owner(s) of shares of stock in East River Housing Corporation (the "Cooperative") relating to, and as tenant(s) on the Proprietary Lease for, Apartment _____ at _____, New York, New York 10002 (the "Apartment").

Each undersigned Remaining Shareholder(s) confirms the following:

I hereby acknowledge my understanding of the following:

1. Pursuant to the authority granted in the Proprietary Lease for the Apartment and the By-Laws of the Cooperative, the Board of Directors will use this Application to obtain background information about me.
2. The Board of Directors may require additional information.
3. The Proposed transaction cannot be consummated without the prior written consent of the Board of Directors.
4. I have read the Proprietary Lease, House Rules and By-Laws which govern the occupancy of the Apartment and the operation of the Cooperative and agree to abide by the terms, provisions, rules and limitations set forth in these documents.
5. In no event will the Cooperative, the Board of Directors, or their agents or employees be responsible for any liabilities to or expenses incurred by me, regardless of whether this Application is approved or disapproved.
6. While the Board of Directors will attempt to review and act on this Application promptly, the Cooperative, the Board of Directors, and their agents and employees will not be responsible for expenses or liabilities resulting from any delay in this review.
7. **All statements and representations made by me in this Application are made under penalty of perjury. Falsification of any of the information contained in this Application, or omission of material information from the Application, or violation of any representation or agreement made by the undersigned in this Application, may result, without limitation, in rejection of the Application by the Board of Directors, revocation of any approval given and, after closing, termination of the undersigned Remaining Shareholder(s)' Proprietary Lease, it being agreed that such falsification or omission or violation constitutes a material breach of the Proprietary Lease entitling the Cooperative to invoke all the remedies prescribed in the Proprietary Lease for such breach.**

I authorize the Cooperative and its designated representatives and agents and the Board of Directors to contact any of the banks and other institutions described in this Application for information regarding me (a Remaining Shareholder) and this Application.

East River Housing Corporation
Application to Remove Tenant-Shareholder

I hereby acknowledge and agree that, if this Application is approved, I will NOT, without the prior written consent of the Board of Directors:

- pledge the shares of the Cooperative's Stock;
- make structural alterations to the Apartment;
- sublease the Apartment;
- permit persons other than those permitted by the Proprietary Lease to live in the Apartment;
- use the Apartment for other than residential purposes; or
- permit dogs (as defined in this Application) or other animals (as defined in this Application) in the Apartment.

I further acknowledge and agree that, if this Application is approved, I WILL:

- comply strictly with all the terms, conditions and limitations set forth in the Cooperative's Proprietary Lease, House Rules, By-Laws and other governing documents
- promote the principles of cooperative living applicable to the Cooperative and its residents

I hereby affirm, under the penalties of perjury, the accuracy of all of the information contained in this Application and all documentation submitted to the Cooperative by me, on my behalf, or by or on behalf of any other Remaining Shareholder(s), in connection with this Application.

Remaining Shareholder One: _____
(Print or type Name)

(Signature)

Date: _____, 20

Remaining Shareholder Two: _____
(Print or type Name)

(Signature)

Date: _____, 20

East River Housing Corporation
Application to Remove Tenant-Shareholder

PERSONAL INFORMATION:

Name of Remaining Shareholder One

Social Security Number
Are you 18 years of age or older? _____

Current Address: Number and Street

City, State, Zip Code

Apartment No.

Area Code & Telephone Number:
Home: (____) _____
Business: (____) _____
Cell: (____) _____
Fax: (____) _____
Email: _____@_____

Name of Remaining Shareholder Two

Social Security Number
Are you 18 years of age or older: _____

Current Address: Number and Street

City, State, Zip Code

Apartment No.

Area Code & Telephone Number:
Home: (____) _____
Business: (____) _____
Cell: (____) _____
Fax: (____) _____
Email: _____@_____

CIVIL LITIGATION:

Has any of the Remaining Shareholder(s) ever filed for bankruptcy? Yes (___) No (___).
If so, when? _____
Where? _____

Is any of the Remaining Shareholder(s) now, or has any of the Remaining Shareholder(s) ever been, a Party (defendant, respondent, plaintiff or petitioner) in any legal action including, but not limited to, landlord-tenant proceedings?
Yes (___) No (___)

If so, provide the facts and circumstances and disposition of the case(s), including the court, jurisdiction, case or docket number and the date of each such disposition.
Use additional sheets, attached to this page if required: _____

TAX LIENS:

Has a tax lien (federal, state or local) ever been filed against any of the Remaining Shareholders? Yes (___) No (___).
If so, when? _____
Where? _____

Has /have the lien(s) been fully discharged? Yes (___) No (___).
If so, provide the facts and circumstances and disposition of the case(s), including the court, clerk's office, jurisdiction, case or docket number and the date of each such disposition.

East River Housing Corporation
Application to Remove Tenant-Shareholder

Use additional sheets, attached to this page if required: _____

GENERAL INFORMATION:

Name(s) in which cooperative stock will now be held (print neatly or type):

(1) _____ (Remaining Shareholder One)

(2) _____ (Remaining Shareholder Two, if any)

Remaining Shareholder One: _____
(Print or type Name)

(Signature)

Date: _____, 20

Remaining Shareholder Two: _____
(Print or type Name)

(Signature)

Date: _____, 20

East River Housing Corporation
Application to Remove Tenant-Shareholder

FINANCIAL INFORMATION/NET WORTH STATEMENT FOR REMAINING SHAREHOLDER ONE:

Please provide supporting documentation for each entry, e.g., three most recent monthly brokerage statements or most recent quarterly brokerage statement and three most recent monthly bank statements.

Re: Remaining Shareholder One. (Name: _____)

Use additional sheets if necessary, attached to this page.

Assets:

Checking Account(s)	(1) _____	_____	\$ _____
	Name & Address of Bank	Account Number	Present Value
	(2) _____	_____	\$ _____
	Name & Address of Bank	Account Number	Present Value
	(3) _____	_____	\$ _____
	Name & Address of Bank	Account Number	Present Value

Use additional sheets if necessary, attached to this page.

Savings Account(s) Money Market Account(s) and Certificates of Deposit	(1) _____	_____	\$ _____
	Name & Address of Bank	Acct. No/Type of Account	Present Value
	(2) _____	_____	\$ _____
	Name & Address of Bank	Acct. No/Type of Account	Present Value
	(3) _____	_____	\$ _____
	Name & Address of Bank	Acct. No/Type of Account	Present Value

Use additional sheets if necessary, attached to this page.

Brokerage Securities Account(s) (Marketable Securities, Including Stocks, Mutual Funds)	(1) _____	_____	\$ _____
	Name and Address of Brokerage	Account Number	Market Value of Account (as of _____, 20__)
	(2) _____	_____	\$ _____
	Name and Address of Brokerage	Account Number	Market Value of Account (as of _____, 20__)
	(3) _____	_____	\$ _____
	Name and Address of Brokerage	Account Number	Market Value of Account (as of _____, 20__)

Use additional sheets if necessary, attached to this page.

(For securities not held in a brokerage account, list separately, on attached sheet, including issuer's name, type and class of security, number of shares of stock or mutual fund, face value of bonds, and present value of securities)

(cont'd on next page)

East River Housing Corporation
Application to Remove Tenant-Shareholder

Retirement Fund(s) - Net Cash Value
 (IRA, 401(k), 403(B), SEP, etc.)

(1)	_____	_____	\$ _____
	Bank/Brokerage	Type	Market Value (as of _____, 20____)
(2)	_____	_____	\$ _____
	Bank/Brokerage	Type	Market Value (as of _____, 20____)
(3)	_____	_____	\$ _____
	Bank/Brokerage	Type	Market Value (as of _____, 20____)

Use additional sheets if necessary, attached to this page.

Real Estate Owned: (1)	_____	\$ _____		
(Including all residences and other real estate)	Address of Property	Present Market Value		
	_____	\$ _____	\$ _____	\$ _____
	Type of Property	Cost of Property	Annual Real Estate, Mortgage Tax and Insurance Escrow Payments	Annual Gross Income
(2)	_____	\$ _____		
	Address of Property	Present Market Value		
	_____	\$ _____	\$ _____	\$ _____
	Type of Property	Cost of Property	Annual Real Estate, Mortgage Tax and Insurance Escrow Payments	Annual Gross Income
(3)	_____	\$ _____		
	Address of Property	Present Market Value		
	_____	\$ _____	\$ _____	\$ _____
	Type of Property	Cost of Property	Annual Real Estate, Mortgage Tax and Insurance Escrow Payments	Annual Gross Income

Use additional sheets if necessary, attached to this page.

Life Insurance:	_____	_____	\$ _____
	Name of Company	Face Value	Cash Surrender Value

Use additional sheets if necessary, attached to this page.

(cont'd on next page)

East River Housing Corporation
Application to Remove Tenant-Shareholder

Automobile(s) Owned (1) _____ \$ _____
 Make and Year of Vehicle Present Market Value

 License Plate Number - State

(2) _____ \$ _____
 Make and Year of Vehicle Present Market Value

 License Plate Number - State

Use additional sheets if necessary, attached to this page.

Business Owned _____
 Name & Address of Business Owned

\$ _____ Less (\$ _____) = \$ _____
 Assets Liabilities Net Worth

Use additional sheets if necessary, attached to this page.

Other Assets (List and describe, with current value, on attached additional sheet)
 (Including personal assets and collections) \$ _____
 Net Cash Value

Total Assets \$ _____

Liabilities:

(Provide the following for all loans and debts not paid in full at the end of the current billing cycle, including, but not limited to, the following types of debt: credit cards, mortgages, auto loans, student college loans and co-op loans):

(1) _____ \$ _____
 Creditor's Name and Address Unpaid Balance

 Account Number Months Left Minimum Monthly Payment

(2) _____ \$ _____
 Creditor's Name and Address Unpaid Balance

 Account Number Months Left Minimum Monthly Payment

(3) _____ \$ _____
 Creditor's Name and Address Unpaid Balance

 Account Number Months Left Minimum Monthly Payment

Use additional sheets if necessary, attached to this page.

(cont'd on next page)

East River Housing Corporation
Application to Remove Tenant-Shareholder

Other Liabilities (Describe on attached additional sheet): Net Cash Value \$ _____

Use additional sheets if necessary, attached to this page.

Total Liabilities (\$ _____)

Net Worth (Total Assets minus Total Liabilities =) \$ _____

See attached additional sheets (Number of attached additional sheets: _____)

Remaining Shareholder One: _____
(Print or type name)

Date: _____, 20__

(Signature)

East River Housing Corporation
Application to Remove Tenant-Shareholder

FINANCIAL INFORMATION/NET WORTH STATEMENT FOR REMAINING SHAREHOLDER TWO:

Please provide supporting documentation for each entry, e.g., three most recent monthly brokerage statements or most recent quarterly brokerage statement and three most recent monthly bank statements.

Re: Remaining Shareholder Two. (Name: _____)

Use additional sheets if necessary, attached to this page.

Assets:

Checking Account(s)	(1) _____	_____	\$ _____
	Name & Address of Bank	Account Number	Present Value
	(2) _____	_____	\$ _____
	Name & Address of Bank	Account Number	Present Value
	(3) _____	_____	\$ _____
	Name & Address of Bank	Account Number	Present Value

Use additional sheets if necessary, attached to this page.

Savings Account(s) Money Market Account(s) and Certificates of Deposit	(1) _____	_____	\$ _____
	Name & Address of Bank	Acct. No/Type of Account	Present Value
	(2) _____	_____	\$ _____
	Name & Address of Bank	Acct. No/Type of Account	Present Value
	(3) _____	_____	\$ _____
	Name & Address of Bank	Acct. No/Type of Account	Present Value

Use additional sheets if necessary, attached to this page.

Brokerage Securities Account(s) (Marketable Securities, Including Stocks, Mutual Funds)	(1) _____	_____	\$ _____
	Name and Address of Brokerage	Account Number	Market Value of Account (as of _____, 20__)
	(2) _____	_____	\$ _____
	Name and Address of Brokerage	Account Number	Market Value of Account (as of _____, 20__)
	(3) _____	_____	\$ _____
	Name and Address of Brokerage	Account Number	Market Value of Account (as of _____, 20__)

Use additional sheets if necessary, attached to this page.

(For securities not held in a brokerage account, list separately, on attached sheet, including issuer's name, type and class of security, number of shares of stock or mutual fund, face value of bonds, and present value of securities)

(cont'd on next page)

East River Housing Corporation
Application to Remove Tenant-Shareholder

Retirement Fund(s) - Net Cash Value
 (IRA, 401(k), 403(B), SEP, etc.)

(1)	_____	_____	\$ _____
	Bank/Brokerage	Type	Market Value (as of _____, 20____)
(2)	_____	_____	\$ _____
	Bank/Brokerage	Type	Market Value (as of _____, 20____)
(3)	_____	_____	\$ _____
	Bank/Brokerage	Type	Market Value (as of _____, 20____)

Use additional sheets if necessary, attached to this page.

Real Estate Owned: (1) _____ \$ _____
 (Including all Address of Property Present Market Value
 residences and other
 real estate)

_____	\$ _____	\$ _____	\$ _____
Type of Property	Cost of Property	Annual Real Estate, Mortgage Tax and Insurance Escrow Payments	Annual Gross Income

(2) _____ \$ _____
 Address of Property Present Market Value

_____	\$ _____	\$ _____	\$ _____
Type of Property	Cost of Property	Annual Real Estate, Mortgage Tax and Insurance Escrow Payments	Annual Gross Income

(3) _____ \$ _____
 Address of Property Present Market Value

_____	\$ _____	\$ _____	\$ _____
Type of Property	Cost of Property	Annual Real Estate, Mortgage Tax and Insurance Escrow Payments	Annual Gross Income

Use additional sheets if necessary, attached to this page.

Life Insurance: _____ \$ _____
 Name of Company Face Value Cash Surrender Value

Use additional sheets if necessary, attached to this page.

(cont'd on next page)

East River Housing Corporation
Application to Remove Tenant-Shareholder

Automobile(s) Owned (1) _____ \$ _____
 Make and Year of Vehicle Present Market Value

 License Plate Number - State

(2) _____ \$ _____
 Make and Year of Vehicle Present Market Value

 License Plate Number - State

Use additional sheets if necessary, attached to this page.

Business Owned _____
 Name & Address of Business Owned

\$ _____ Assets Less (\$ _____ Liabilities) = \$ _____ Net Worth

Use additional sheets if necessary, attached to this page.

Other Assets (List and describe, with current value, on attached additional sheet)
 (Including personal assets and collections) \$ _____
 Net Cash Value

Total Assets \$ _____

Liabilities:

(Provide the following for all loans and debts not paid in full at the end of the current billing cycle, including, but not limited to, the following types of debt: credit cards, mortgages, auto loans, student college loans and co-op loans):

(1) _____ \$ _____
 Creditor's Name and Address Unpaid Balance

 Account Number Months Left Minimum Monthly Payment

(2) _____ \$ _____
 Creditor's Name and Address Unpaid Balance

 Account Number Months Left Minimum Monthly Payment

(3) _____ \$ _____
 Creditor's Name and Address Unpaid Balance

 Account Number Months Left Minimum Monthly Payment

Use additional sheets if necessary, attached to this page.

(cont'd on next page)

East River Housing Corporation
Application to Remove Tenant-Shareholder

Other Liabilities (Describe on attached additional sheet): Net Cash Value \$ _____

Use additional sheets if necessary, attached to this page.

Total Liabilities (\$ _____)

Net Worth (Total Assets minus Total Liabilities =) \$ _____

See attached additional sheets (Number of attached additional sheets: _____)

Remaining Shareholder Two: _____
(Print or type name)

Date: _____, 20__

(Signature)

East River Housing Corporation
Application to Remove Tenant-Shareholder

NOTICE OF NON-DISCRIMINATION

Approval of this transaction by the Board of Directors of East River Housing Corporation will be granted without any limitation, specification or discrimination as to race, creed, color, national origin, gender, age, disability, sexual orientation, marital status, alienage, citizenship or occupation or whether children are, may or would be residing with the purchaser of the Apartment.

East River Housing Corporation
Application to Remove Tenant-Shareholder

**Request and Consent of Shareholder(s) to
Remove Tenant-Shareholder(s) from
Shares of Stock of Corporation
and Proprietary Lease**

NOTICE: ALL CURRENT SHAREHOLDER(S) SHOULD CONSULT A LAWYER BEFORE SIGNING THIS FORM

To East River Housing Corporation:

The undersigned (the "Current Shareholder(s)") are all of the shareholders of the ____ [number] shares of stock of East River Housing Corporation (the "Corporation"), represented by Stock Certificate (the "Stock Certificate") Number _____ and allocated to Apartment No. ____ (the "Apartment") located at _____, New York, New York 10002.

Each of the Current Shareholder(s) requests and consents that the Corporation remove from the Stock Certificate the name(s) of the following individual(s) as shareholder(s) of the Corporation to remove such individual(s) as tenant(s) under the Proprietary Lease for the Apartment, and to permit the undersigned Remaining Shareholder(s) to continue as Tenant-Shareholder(s) on such stock and Proprietary Lease.

Name(s) of Tenant-Shareholder(s) to be Removed: _____

The Current Shareholder(s) understand and agree that this request is subject to the consent of the Board of Directors of the Corporation and that the Corporation will not in any event approve this request until all of the Corporation's requirements, as set forth in this "**East River Housing Application to Remove Tenant-Shareholder**," have been fully satisfied.

Dated: _____, 20____

Remaining Shareholder One: _____
(Signature)

Print Name: _____

Remaining Shareholder Two: _____
(Signature)

Print Name: _____

Tenant-Shareholder to be Removed: _____
(Signature)

Print Name: _____

Tenant-Shareholder to be Removed: _____
(Signature)

Print Name: _____

Acknowledgements for Current Shareholders (Request special form of Acknowledgment if signed outside New York State):

STATE OF NEW YORK)
)ss:
COUNTY OF _____)

East River Housing Corporation
Application to Remove Tenant-Shareholder

On the _____ day of _____, in the year _____, before me the undersigned, a Notary Public in and for said State, personally appeared **[Insert Name of Remaining Shareholder One]** _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person(s) upon behalf of which the individual(s) acted, executed the instrument.

(Signature) _____
Notary Public
[Official Stamp/Seal]

STATE OF NEW YORK)
)ss:
COUNTY OF _____)

On the _____ day of _____, in the year _____, before me the undersigned, a Notary Public in and for said State, personally appeared **[Insert Name of Remaining Shareholder Two]** _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person(s) upon behalf of which the individual(s) acted, executed the instrument.

(Signature) _____
Notary Public
[Official Stamp/Seal]

STATE OF NEW YORK)
)ss:
COUNTY OF _____)

On the _____ day of _____, in the year _____, before me the undersigned, a Notary Public in and for said State, personally appeared **[Insert Name of Tenant-Shareholder to be Removed]** _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person(s) upon behalf of which the individual(s) acted, executed the instrument.

(Signature) _____
Notary Public
[Official Stamp/Seal]

STATE OF NEW YORK)
)ss:
COUNTY OF _____)

On the _____ day of _____, in the year _____, before me the undersigned, a Notary Public in and for said State, personally appeared **[Insert Name of Tenant-Shareholder to be Removed]** _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual(s) whose name(s) is (are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person(s) upon behalf of which the individual(s) acted, executed the instrument.

(Signature) _____
Notary Public
[Official Stamp/Seal]

East River Housing Corporation
Application to Remove Tenant-Shareholder

Consumer Credit Report Authorization

The undersigned Remaining Shareholder One understands and agrees that East River Housing Corporation (the "Cooperative") intends to request Consumer Credit Reports in connection with the undersigned's Application to Remove Tenant-Shareholder with respect to Apartment _____ located at _____, New York, NY 10002.

The undersigned Remaining Shareholder One hereby authorizes the procurement of Consumer Credit Reports by the Cooperative and authorizes all credit agencies, banks, lending institutions, current and former employers and other persons and entities to release any information that they may have about the undersigned and hereby releases them from any liability and responsibility for doing so. For the sole purpose of obtaining the Report, the undersigned provides below his/her Social Security Number, Birth Date and any other name or names by which he/she has been known during the past ten years.

Remaining Shareholder One:

(Print or Type Name)

(Social Security Number)

(Birth Date)

(Other Names in Past Ten Years)

Signature

_____, 20_____
Date

Consumer Credit Report Authorization

The undersigned Remaining Shareholder Two understands and agrees that East River Housing Corporation (the "Cooperative") intends to request Consumer Credit Reports in connection with the undersigned's Application to Remove Tenant-Shareholder with respect to Apartment _____ located at _____, New York, NY 10002.

The undersigned Remaining Shareholder Two hereby authorizes the procurement of Consumer Credit Reports by the Cooperative and authorizes all credit agencies, banks, lending institutions, current and former employers and other persons and entities to release any information that they may have about the undersigned and hereby releases them from any liability and responsibility for doing so. For the sole purpose of obtaining the Report, the undersigned provides below his/her Social Security Number, Birth Date and any other name or names by which he/she has been known during the past ten years.

Remaining Shareholder Two:

(Print or Type Name)

(Social Security Number)

(Birth Date)

(Other Names in Past Ten Years)

Signature

_____, 20_____
Date

East River Housing Corporation
Application to Remove Tenant-Shareholder

Acknowledgment and Agreement that the
Harboring of Dogs or other Animals is Prohibited

In conjunction with my Application to Remove Tenant-Shareholder of an apartment at East River Housing Corporation (the "Cooperative"), specifically Apartment no. _____ located at _____, New York, NY 10002 (the "Apartment"), I understand, acknowledge, warrant, represent and agree that:

(a) Under no circumstance (to the fullest extent permitted by law) shall the undersigned or any member of the Apartment household harbor, possess or keep a dog (as defined below) in the Apartment and that to do so will constitute a material breach of the Proprietary Lease for the Apartment and a violation of a substantial obligation of tenancy, which will subject the undersigned to termination of the undersigned's Proprietary Lease and to legal action for eviction from the Apartment. As used in this Application, the term "dog" means a dog of any kind or type and whether domesticated or not, but excludes any dog, such as a "service animal" or "seeing eye" dog, that is (i) medically or otherwise required as a reasonable accommodation for a legally qualifying disability or handicap under the Fair Housing Act, the Americans with Disabilities Act or other applicable fair housing, civil rights or human rights law, and (ii) approved in writing in advance by the Cooperative following receipt of appropriate documentation.

(b) In addition to the warranties and representations set forth in paragraph (a) above that no dogs (as defined above) will be harbored, kept or possessed in the Apartment, under no circumstance shall the undersigned or any member of the Apartment household harbor, possess or keep in the Apartment any other animal (as that term is defined below), and that to do so will constitute a material breach of the Proprietary Lease for the Apartment and violation of a substantial obligation of tenancy, which will subject the undersigned to termination of the Proprietary Lease and to legal action for eviction from the Apartment. As used in this paragraph (b) and in paragraph (c) below, the term "other animal" means any animal prohibited from being harbored, possessed or kept in the Apartment by any local, state or federal law including, but not limited to, the New York City Health Code.

(c) **(Confirmation That No Dogs or Other Animals Currently Owned)**

(1) None of the Remaining Tenant-Shareholder(s) and no person who will be an occupant of the Apartment at the Cooperative owns a dog (as defined above) or other animal (as defined above) or harbors, possesses or keeps a dog (as defined above) or other animal (as defined above) in his/her present residence, and

(2) no dog (as defined above) or other animal (as defined above) will be harbored, possessed or kept in the Apartment at the Cooperative at any time.

Continued on next page

East River Housing Corporation
Application to Remove Tenant-Shareholder

Acknowledgement and Agreement that the Harboring of Dogs or other Animals is Prohibited (Continued).

ACKNOWLEDGED AND AGREED:

Remaining Shareholder One: _____
(Print or type Name)

(Signature)

Date: _____, 20_____

STATE OF NEW YORK)
) ss:
COUNTY OF _____)

Sworn to before me this _____
day of _____ 20_____.

Notary Public
[NOTARY'S STAMP OR SEAL]

Remaining Shareholder Two: _____
(Print or type Name)

(Signature)

Date: _____, 20_____

STATE OF NEW YORK)
) ss:
COUNTY OF _____)

Sworn to before me this _____
day of _____ 20_____.

Notary Public
[NOTARY'S STAMP OR SEAL]

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5a If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	
5b Customer file number (if applicable) (see instructions)	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶ _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

| / / | / / | / / | / / |

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

Phone number of taxpayer on line 1a or 2a

Sign Here

▶ _____
Signature (see instructions) Date

▶ _____
Title (if line 1a above is a corporation, partnership, estate, or trust)

▶ _____
Spouse's signature Date

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

What's New. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, is shown on the transcript.

A new optional Customer File Number field is available to use when requesting a transcript. You have the option of inputting a number, such as a loan number, in this field. You can input up to 10 numeric characters. The customer file number should not contain an SSN. This number will print on the transcript. The customer file number is an optional field and not required.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 855-587-9604
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 855-800-8105
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 855-821-0094

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 855-800-8015

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will be blank on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
and Publications Division
1111
Constitution Ave. NW, IR-6526 Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.