

NORMA APARTMENTS TENANTS CORP.

c/o Morris Rokowsky Management LLC
3215 Avenue H, #1L
Brooklyn, NY 11210
718-851-1100

Requirements for the Sublease of Apartments

Dear Applicant(s),

Please submit all of the following documentation to the above address only via Regular Mail, Express mail or other overnight courier. All documents must be submitted at the same time in one package. One complete set of documents must be submitted to be considered for approval by the Board. Complete documents must be submitted for each person over the age of 18 eighteen years old who will be living in the apartment or who is an applicant.

Interviews are held once a month unless otherwise indicated. If all completed documentation is not submitted at least ten (10) days prior to the next scheduled meeting date, the interview will be rescheduled for the next available date. There are no exceptions. You will be notified of your appointment date by telephone. All individuals regardless of age who will be living in the apartment must be present at the interview. Interviews will be scheduled on a first come first served basis, with all requirements complete and satisfied. If you are unable to keep your scheduled interview you will be given the next available date, after those who are already waiting, if you so request only. If you do not request rescheduling within three days of missing or canceling your appointment, your file will be destroyed.

Required Documents

1. Sublet application completed and signed. (Do not leave any blanks without written explanation.)
2. Executed proposed sublease agreement.
3. Copy of last 2 years duly filed Federal Tax Return for each prospective subtenant, including most recent W-2 form.
4. Letter from employer, stating job function, salary and length of employment. If self-employed, a letter from accountant stating income.
5. Three (3) most recent pay stubs from employer.
6. Letter from present landlord or managing agent.
7. Three (3) most recent rent receipts or canceled checks.
8. Two (2) personal reference letters, which shall include address and telephone number.
9. A copy of a Birth Certificate for each applicant.
10. Signed receipt of House Rules. (form enclosed).
11. Completed Window Guard form. (form enclosed).
12. Completed Lead Paint form. (form enclosed)

FEES TO BE PAID: ALL FEES MUST BE PAID BY BANK CHECK OR MONEY ORDER ONLY.

1. Check for \$200.00 (non-refundable), made payable to Norma Apartments Tenants Corp.
2. Check for \$250.00 (non-refundable) made payable to Morris Rokowsky Management LLC. (In the event that an incomplete application is submitted – i.e. portions of the application are left blank or missing, or any required documents listed above are not submitted with the application – then there will be an additional fee of \$50.00 for each additional request for a complete application and/or documents that is necessary).

No one may move into the apartment without the express written consent of the Board of Directors.

*** Please mail (do not hand deliver or fax) all required documents to the following address:

NORMA APARTMENTS TENANTS CORP.

c/o Morris Rokowsky Management LLC

3215 Avenue H, #1L

Brooklyn, NY 11210

“An Equal Housing Opportunity Cooperative”

CREDIT SEARCH APPLICATION

BUILDING:

Building Name: _____ Date: _____

Address: _____ Apt. #: _____

APPLICANT:

Applicant: _____ DOB: _____ SS#: _____
(First) (MI) (Last)

Home Phone: _____ Cell Phone: _____ Email: _____

Present Address: _____ Apt #: _____ Length of time: _____
(#) (street)

_____ Monthly Rent: _____
(city) (state) (zip)

Present Landlord (name, address, phone): _____

Previous Address: _____ Apt# _____

Previous Landlord (name, address, phone): _____

EMPLOYMENT:

Employer's name: _____ Supervisor: _____

Address: _____ Phone: _____

Position: _____ Date of Hire: _____

BANK:

Bank (1): _____ Address: _____ Phone: _____

Checking Acct #: _____ Savings Acct #: _____

Bank (2): _____ Address: _____ Phone: _____

Checking Acct #: _____ Savings Acct #: _____

BUSINESS REFERENCE:

CPA: _____ Address: _____ Phone: _____

Attorney: _____ Address: _____ Phone: _____

CHARACTER REFERENCE:

Name: _____ Address: _____ Phone: _____

OCCUPANTS:

Adults: _____ Children: _____ Pets: _____

I hereby authorize you to conduct inquiries concerning my income, credit history, residence, family composition, character and reputation for the purpose of verifying information provided by me on any application. I understand any misrepresentation by me may be cause for rejection by the corporation.

APPLICANT'S SIGNATURE: _____ Date: _____

“An Equal Housing Opportunity Cooperative”

CREDIT SEARCH APPLICATION

BUILDING:

Building Name: _____ Date: _____

Address: _____ Apt. #: _____

CO-APPLICANT:

Co-Applicant: _____ DOB: _____ SS#: _____
(First) (MI) (Last)

Home Phone: _____ Cell Phone: _____ Email: _____

Present Address: _____ Apt #: _____ Length of time: _____
(#) (street)

_____ Monthly Rent: _____
(city) (state) (zip)

Present Landlord (name, address, phone): _____

Previous Address: _____ Apt# _____

Previous Landlord (name, address, phone): _____

EMPLOYMENT:

Employer's name: _____ Supervisor: _____

Address: _____ Phone: _____

Position: _____ Date of Hire: _____

BANK:

Bank (1): _____ Address: _____ Phone: _____

Checking Acct #: _____ Savings Acct #: _____

Bank (2): _____ Address: _____ Phone: _____

Checking Acct #: _____ Savings Acct #: _____

BUSINESS REFERENCE:

CPA: _____ Address: _____ Phone: _____

Attorney: _____ Address: _____ Phone: _____

CHARACTER REFERENCE:

Name: _____ Address: _____ Phone: _____

OCCUPANTS:

Adults: _____ Children: _____ Pets: _____

I hereby authorize you to conduct inquiries concerning my income, credit history, residence, family composition, character and reputation for the purpose of verifying information provided by me on any application. I understand any misrepresentation by me may be cause for rejection by the corporation.

CO-APPLICANT'S SIGNATURE: _____ Date: _____

INFORMATION TO BE SUPPLIED BY SHAREHOLDER

Name(s) of Shareholder(s): _____

Names of all other occupants presently residing at premises: _____

Proprietary Lease for the premises commenced as of: _____

Number of rooms in present apartment and identify present use of each room: _____

Present business name, address & phone number of shareholder(s):

name

address

city

state

zip

phone number

name

address

city

state

zip

phone number

Residential address and phone number of shareholder(s) during sublease period:

address

city

state

zip

phone number

address

city

state

zip

phone number

For what period of time is sublease requested: From: _____ To: _____

Name of proposed subtenant(s): _____

Name of any other person(s) who will occupy apartment with subtenant: _____

Rent to be paid: _____ Has the subtenant already moved into the apartment? _____ If yes, date: _____

State the dates of the first sublease of this apartment: _____

Provide tentative date that shareholder
will be moving from apartment if determined
or the date that shareholder moved: _____

Provide tentative date that subtenant
will be moving into apartment if determined
or date subtenant moved in: _____

Provide tentative date that shareholder will be moving back into apartment: _____

Provide tentative date that subtenant will be moving out of apartment: _____

Is the subtenant a relative of the shareholder by blood or marriage? _____

Was the proposed sublet negotiated in any way by any real estate broker? If so, set forth the name and address and phone number of broker: _____

Has the sublet been offered to the general public? If it has been, state details as to how: _____

Was the proposed sublet advertised in a newspaper or website? If so, set date the ad appeared and the name of newspaper or web address: _____

During the occupancy of the proposed subtenant(s), who will be paying the following utility bills?

Gas: _____

Electricity: _____

*Phone: _____

Cable TV: _____

*Whose name will the phone be listed under? _____

Since the date of the first sublease for this premise, has the shareholder resided in any other premises other than the subject premises? If so, state dates and addresses:

address

city state zip

phone number

dates

address

city state zip

phone number

dates

During the entire one year period immediately preceding the date of this application to sublet, has the shareholder been the shareholder of the shares and lease appurtenant to this apartment? _____

Has the shareholder within the past 3 years requested permission to sublet or assign the lease for this apartment? ____

If so, was such consent granted? _____

If so, what dates were such sublet? _____

If not, why was such consent denied? _____

Name of Employer, Business Address and phone number where Shareholder will be employed during period of sublease:

name

address

city state zip

phone number

name

address

city state zip

phone number

State in detail why the sublease is being requested (employment, vacation, etc.): _____

***If this subletting is being requested by shareholder on the basis of a temporary employment relocation and there has been correspondence between yourself and your employer in connection with relocation, attach copies of any such documents to this questionnaire.

***Has any agreement been made or contemplated, whether oral or written, other than the agreement to sublet between the shareholder(s) and subtenant(s) as to the length of the sublet? _____ If so, attach details or copies of such agreement to this questionnaire.

INFORMATION TO BE SUPPLIED BY SUBTENANT(S)

Former address of subtenant(s):

street apt #

city state zip

street apt #

city state zip

Years at former address: _____

Years at former address: _____

Marital status: _____

Date of Marriage: _____

Number of dependants: _____ Ages _____

If subtenant's children are of school age, set forth the location and name of the school(s) they attended during the past school year, and if known, what school will they attend during period of subletting.

name

address

city state zip

phone number

name

address

city state zip

phone number

Name, address and telephone of subtenant's current employer:

name

address

city state zip

phone number

name

address

city state zip

phone number

Years employed in this line of work: _____

Years employed in this line of work: _____

Years on this job / self employed: _____

Years on this job / self employed: _____

GROSS YEARLY INCOME FOR PAST CALANDAR YEAR:

| ITEMS | Subtenant | Co-Subtenant | Total |
|----------------------|-----------|--------------|----------|
| Base Employee Income | \$ _____ | \$ _____ | \$ _____ |
| Overtime | \$ _____ | \$ _____ | \$ _____ |
| Bonuses | \$ _____ | \$ _____ | \$ _____ |
| Commissions | \$ _____ | \$ _____ | \$ _____ |
| Dividends / Interest | \$ _____ | \$ _____ | \$ _____ |
| Net Rental Income | \$ _____ | \$ _____ | \$ _____ |
| Other Income | \$ _____ | \$ _____ | \$ _____ |
| Total | \$ _____ | \$ _____ | \$ _____ |

Please describe all other income: _____

Total Liabilities: _____

Total Assets: _____

If Subtenant employed in current position for less than two years, please complete the following:

Previous Employer / School

Previous Employer / School

Address

Address

City

State

Zip

City

State

Zip

Type of Business

Type of Business

Position / Title

Position / Title

Dates of employment (From / To)

Dates of employment (From / To)

Monthly Income

Monthly Income

Does the Subtenant have any outstanding judgements against them? _____

In the last 7 years, has the subtenant declared bankruptcy? _____

Has the subtenant had property foreclosed upon or given title or deed in lieu thereof? _____

Is the subtenant a co-maker or endorser on a note? _____

Is the subtenant presently a party in a lawsuit? _____

If yes, provide name of case(s) and court: _____

Is the subtenant obligated to pay alimony, child support, or separate maintenance? _____

If yes, set forth amount and frequency: _____

Is the subtenant a citizen of the United States? _____

If the subtenant is not a citizen, what is the country of citizenship? _____

What is their resident status? _____

Does the subtenant make any claim to any form of diplomatic immunity? _____

House Rules

- (1) No Lessee shall make or permit any disturbing noises in the Building, or do or permit anything to be done therein which will interfere with the rights, comfort, or convenience of other Lessees. No Lessee shall play upon or suffer to be played upon any musical instrument or permit to be operated a phonograph or a radio or television loudspeaker in such Lessee's apartment between the hours of 10:00 o'clock p.m., and the following 9:00 o'clock a.m. if the same shall disturb or annoy other occupants of the Building. No construction or repair work or other installation involving noise shall be conducted in any apartment except on weekdays (not including legal holidays) and only between the hours of 9:00 o'clock a.m. and 5:00 o'clock p.m.
- (2) No article shall be placed in the halls or on the staircase landings or fire towers, nor shall anything be hung or shaken from the doors, windows, terraces, or balconies or placed upon the window sills of the Building.
- (3) No Awnings, window air-conditioning units or ventilators shall be used in or about the Building except such as have been expressly approved by the Lessor or the Managing agent, nor shall anything be projected out of any window of the Building without similar approval. No washing machines may be installed in the apartment.
- (4) No animal shall be kept or harbored in the Building. In no event shall dogs be permitted on elevators or in any of the public portions of the Building. No pigeons or other birds or animal shall be fed from the window sills, terraces, balconies, or in the yard, court spaces or other public portions of the Building.
- (5) Unless expressly authorized by the Board of Directors in each case, the floors of each apartment must be covered with rugs or carpeting or equally effective noise reducing material, excepting kitchens and bathrooms.
- (6) No group tour or exhibition of any apartment or its contents shall be conducted, nor shall any auction sale be held in any apartment without the consent of the Lessor or its Managing Agent.

USE OF COMPACTOR ROOM

- (7) Cartons, boxes, crates, sticks of wood, or other solid matter shall not be stuffed into hopper opening. Small items of this nature may be left neatly on the bench in the compactor room. Large items should be left outside the compactor room in the basement. All cans and bottles should be rinsed clean before leaving them in the compactor room.
- (8) No alterations in the structure of the apartment shall be made without the written approval of the Board of Directors.
- (9) For reasons of security, no deliveries to the Building except by the Post Office, or United Parcel Service or Federal Express shall be made or will be accepted except during the hours of 9:00 o'clock a.m. until 5:00 o'clock p.m., Monday through Friday only. There may be no deliveries on Saturday, Sunday, or legal holidays. It is the responsibility of the tenant/purchaser to inform the merchant/delivery company of this regulation.

(10) No Tenant/Purchaser shall move in or out of the building except during the hours of 9:00 o'clock a.m. and 5:00 o'clock p.m. Monday through Friday only. There may be no moving in or out on Saturday, Sunday, or Legal holidays. Notice of Intent to move in or out must be submitted to the management office so that we may prepare the elevator.

(11) The purchaser assumes the responsibility for the painting of the apartment and for the maintenance and replacement of all appliances including but not limited to refrigerator and any other appliances.

(12) No subletting will be approved unless owner or shareholders has been a bona-fide resident in the apartment at least one year.

(13) No sublease will be permitted to move in before until they have been approved by the Interview Committee.

Received by: _____

Apartment #: _____

Date: _____

Norma Apartments Tenants Corp.
3215 Avenue H – 1-B
Brooklyn, New York 11210
718-434-5666

March 14, 2017

To: All Shareholders and Residents

From: Stan Cohen, Building Manager

Re: Move In/ Move Out Rules

Due to recent events, it has become apparent that an explanation of building rules and procedures regarding moving in or out of the building needs to be clarified so that there is no confusion regarding the proper procedure to schedule a move.

Any shareholder or resident planning a move in or move out must contact our management office at least seven (7) days prior to the date they are anticipating their move, in order to get approval for that date. It is possible that other events may preclude you from moving on your desired date, such as elevator or other repairs, or someone already approved for that date. Without prior approval from our office moving will not be permitted.

Please call or visit Shirlin Ramsingh at the lobby office at 718-434-5666. The superintendent is not authorized to approve moving in or out of the building. If you are unable to reach Shirlin please call Stan Cohen @516-662-0930.

Please note there is no moving permitted on weekends and national holidays. Moving may only be done on Monday through Friday between the hours of 9A.M. to 5P.M. with NO exceptions. No move may begin after 3P.M. There is a deposit required, which is refundable if there is no apparent damage caused by the move. The deposit should be in the form of a check made payable to Norma Apartments Tenants Corp. in the amount of \$500.00. Either the super or manager will inspect the hallway on the floor you are moving from, the elevator and basement and doorways immediately prior to and after the completion of the move. Moving companies must provide proof of liability and Workers Compensation insurance with certificates from their insurer.

These rules are for the protection of those moving as well as the co-op, and it's residents.

Thank you for your cooperation.

Norma Apartments Tenants Corp.
3215 Avenue H
Brooklyn, NY 11210
Tel: 718-434-5666

October 24, 2006

To All Shareholders
3215 Avenue H
Brooklyn, NY 11210

Re: Work in your apartment
Building Procedures

Dear Shareholder,

Your Board of Directors has reviewed the building's policies and procedures with regard to shareholder apartment alterations, renovations, and repairs.

Recently, contractors have arrived at the building to do work in apartments unannounced and without prior approval. Heavy materials have been delivered and carried through the elevators and hallways without regard. Loud construction noises were heard at unreasonable hours. Such conduct disturbs the tranquility of the residents and can potentially cause substantial damage to the building. It is therefore the responsibility of the Board of Directors to implement policies and procedures for such work to be done in order to preserve and enhance the quality of life at the Norma. The manager and/or superintendent must therefore be made aware, in advance, of any workman coming to your apartment to do any type of work, including painting and plastering.

As cited on page 11, Article 21, Item A, of the Proprietary Lease, *no alterations may be made without first obtaining the written consent of the Co-op board.*

The requirements for receiving board approval are outlined below. All documentation must be received prior to performing any work in your apartment. Before beginning any renovations and/or improvements, a plan must be submitted to the management office for approval. No work is permitted to commence until the following points are appropriately addressed and you have received written approval to proceed. Failure to comply with these regulations is a breach of the Proprietary Lease, and may result in a fine being imposed and possible legal action. Depending on the nature of the work to be done, the following are the provisions necessary for you to follow before allowing workers to enter the building.

Requirements

1. Description, in writing of the scope of the work prepared by your contractor and proposed time frame for the work.
2. The name(s) and phone number(s) of your contractors and sub-contractors.

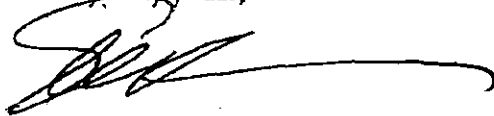
Norma Apartments Tenants Corp.
3215 Avenue H
Brooklyn, NY 11210
Tel: 718-434-5666

3. Copy of Shareholder's individual unit insurance.
4. Workmen's Compensation Certificate.
5. Certificates of Liability Insurance from each contractor and sub-contractor. The certificate must name the shareholder, the cooperative cooperation and the Managing Agent as an additional insured.
6. All plumbing and electrical work must be performed by licensed professionals as required by law. A copy of the license must be presented to the building manager.
7. If the integrity of the walls are to be compromised during the renovation, an architect will have to be hired.
8. Shareholders and contractors receiving materials, fixtures and appliances must inform either the superintendent or the Managing Agent 48 hours prior to delivery. Please be sure to receive a receipt of notification from the Superintendent or Manager.
9. All construction, repair work or other installations must be conducted between the hours of 9:00 AM and 5:00 PM, Monday through Friday ONLY. No work may be performed on Saturday, Sunday or legal holidays.
10. Depending on the scope of the work involved, you may be required to enter into an Alteration Agreement with the Co-op.

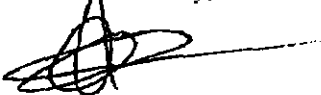
We trust that you will understand that the above requirements are intended solely for the safety and comfort of you and your fellow shareholders and residents, and were promulgated from the terms of the Proprietary Lease and rules and regulations governing the occupancy of your apartment.

We thank you in advance for your understanding the importance of these rules and your cooperation and courtesy in abiding by them.

Very truly yours,



Stanley Cohen, Building Manager
Isaac Rokowsky, President



NORMA APARTMENTS TENANTS CORP.

SMOKING POLICY

AUGUST 1, 2018

THE BOARD OF DIRECTORS OF NORMA APARTMENTS TENANTS CORP. HAS ADOPTED THE FOLLOWING SMOKING POLICY EFFECTIVE IMMEDIATELY, AS PER NYC LOCAL LAW #147/2017, "ADOPTION OF A SMOKING POLICY."

- Smoking tobacco cigarettes, e-cigarettes, and vapes are **PROHIBITED** in all interior common areas of the building as required by all applicable laws. This includes **NO SMOKING** in the hallways, stairwells, lobby, lobby vestibule, elevators, basement, garage, laundry rooms, storage room, package room, and, commercial space.
- Smoking tobacco cigarettes, e-cigarettes, or vapes is **PROHIBITED** on private terraces, building yards/gardens, front entryway, walkways, rampways, or driveways, or anywhere within 30 feet of the building.
- Smoking marijuana cigarettes, illegal substances, or other smoking products is **PROHIBITED EVERYWHERE** within the building, including private dwelling units, private terraces, and **ALL** interior/exterior common areas, and spaces on the property.
- Smoking tobacco cigarettes and e-cigarettes is **PERMITTED** in private dwelling units.
- Residents who choose to smoke within their private dwelling units, **MUST** provide proper ventilation, and air flow/circulation to ensure that smoking tobacco cigarettes and or e-cigarettes does not pollute the air quality of neighboring residents, or disturb neighbors or others passing by in the common hallway or residing in neighboring apartments.
- Under no circumstances can cigarettes of any kind be discarded from windows, private terraces, into building yards/gardens areas, front entryway, walkways, rampways, or driveways.

MORRIS ROKOWSKY MANAGEMENT LLC
3215 Avenue H, #1B
BROOKLYN, N.Y. 11210

ACKNOWLEDGEMENT

In connection with my/our application relating to:

Apt.# _____, located at:

Address _____, _____, New York

The undersigned parties, individually and collectively acknowledge that I/we have been advised and are fully aware that any and all application fees paid in connection with my/our application are NON-REFUNDABLE regardless of whether the application is approved or denied.

Dated _____

Applicant

Applicant

Date: _____

Re: Apartment: _____

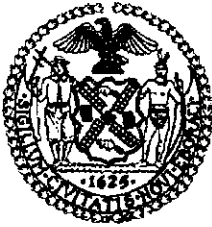
Address: _____

To Whom it May Concern:

This is to acknowledge receipt of the Co-op House Rules.

Signature

Signature



THE CITY OF NEW YORK
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
Michael R. Bloomberg Thomas R. Frieden, M.D., M.P.H.
Mayor Commissioner

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 you ask him to install window guards at any time (you need not give a reason).

OR

if a child 10 years of age or younger lives in your apartment,

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's Signature

Date

Tenant's Address

Apt No.

RETURN THIS FORM TO:

Owner/Manager

Owner/Manager's Address

**For Further Information Call:
Window Falls Prevention (212) 676-2162**

Tenant Screening Report Disclosure Statement

By signing below, I confirm that I have been made aware of, and understand all of the following information related to my application, and the consumer reports, tenant screening reports, investigative reports, criminal background search, OFAC watch list search, sex offender registry searches, employment, banking and tenancy verifications and any other searches that may be conducted in connection with my application.

- 1) The information provided by me on my application will be used to obtain a tenant screening report, also known as a consumer report, and other such searches as listed above.
- 2) The tenant screening report will be obtained from one or more of the following sources.

- 1) Experian, P.O. Box 9554, Allen, Texas 75013
www.experian.com
888-397-3742
- 2) Equifax P.O. Box 740256, Atlanta, GA 30374
www.equifax.com
877-576-5734
- 3) Trans Union P.O. Box 6790, Fullerton, CA 92834
www.transunion.com
800-680-7289
- 4) First Advantage Saferent/Core Logic Safe Rent
7300 Westmore Rd., Suite 3, Rockville, MD 20850-5223
888-333-2413
- 5) Fidelity Information Corporation, P.O. Box 49938,
Los Angeles, CA 90049-0978
800-501-8085

I also understand that I have the right to inspect and receive one free copy of the report by contacting the Consumer Reporting Agency that was used to furnish the report. I further understand that I may obtain a free report from each of the 3 national consumer reporting agencies (Experian, Equifax and Trans Union) once annually either directly from them, or through www.annualcreditreport.com, and that I have the right to dispute any inaccurate information with them.

Applicant Signature:

Co-Applicant Signature

Printed Name:

Printed Name:

Dated _____

DISCLOSURE OF INFORMATION ON
LEAD-BASED PAINT AND/OR LEAD-BASED PAINT HAZARDS

LEAD WARNING STATEMENT

Every purchaser/tenant/subtenant of any interest/rental 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 young 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/shareholder/overtenant of any interest/rental in residential real property is required to provide purchaser/tenant/subtenant with information on lead-based paint hazards from risk assessments or inspections in the seller/shareholder's/overtenant's possession and notify the purchaser/tenant/subtenant of any known lead-based hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase/rental.

SELLER/SHAREHOLDER/OVERTENANT'S DISCLOSURE

- (a) Presence of lead-based paint and/or lead-based paint hazards.
(check (i) or (ii) below):
- (i) ___ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain on attached sheet).
- (ii) ___ Seller/shareholder/overtenant has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.
- (b) Records and reports available to Seller/shareholder/overtenant
(check (i) or (ii) below):
- (i) ___ Seller/shareholder/overtenant has provided Purchaser with all available;
records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below on attached sheet).
- (ii) ___ Seller/shareholder/overtenant has no records or reports pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Purchaser/tenant/subtenant Acknowledgement(initial)

- (c) _____ purchaser/tenant/subtenant has received copies of all information listed above.
- (d) X purchaser/tenant/subtenant has received the pamphlet Protect Your Family from Lead in Your Home.

(e) _____ Purchaser has (check (i) or (ii) below):

- (i) _____ Received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or
- (ii) X Waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

SELLING/RENTAL AGENT'S ACKNOWLEDGMENT (initial)

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

CERTIFICATE 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/shareholder/overtenant:

By: _____ Date _____

Purchaser/Tenant/Subtenant:

By: _____ Date _____

Selling Agent:

By: _____ Date _____