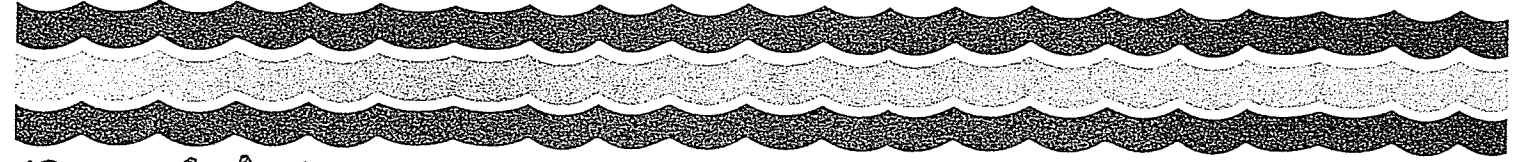


# LE HAVRE



*On the Water*

## LE HAVRE OWNER'S CORP. RESALE PACKAGE

(TO BE COMPLETED BY PROSPECTIVE PURCHASERS)

Resale Procedures — Bldg. #    Apt. #

**PLEASE READ ALL INSTRUCTIONS CAREFULLY:**

**IT IS THE BUYER'S RESPONSIBILITY TO SEE THAT THE PACKAGE IS FILLED OUT COMPLETELY AND LEGIBLY. INCOMPLETE PACKAGES WILL BE RETURNED TO THE BUYER.**

**\*PLEASE NOTE ALL PROSPECTIVE PURCHASERS MUST INTEND TO RESIDE IN THE APARTMENT. \***

**\*FURTHERMORE, PROSPECTIVE PURCHASERS MUST PRODUCE A SIGNED CONTRACT OF SALE FOR THEIR PRESENT HOME (IF THEY OWN ONE). \***

**ALL APARTMENTS MUST BE INSPECTED BY MAINTENANCE PRIOR TO CLOSING.**  
**FAILURE TO DO SO WILL DELAY THE CLOSING.**

**A: The Board of Directors of Le Havre Owners Corp. has established policies and procedures for the consideration and processing of the resale of apartments in this Cooperative. The Board of Directors has also established minimum financial and other criteria for prospective purchasers:**

- 1:** Prospective purchaser cannot finance more than eighty percent (80%) of the cooperative apartment price.
- 2:** All applicants will be subject to a debt-to-income ratio check to ensure their ability to upkeep their apartment. The debt-to-income ratio is defined but not limited to total debt service, (including maintenance, loan payments, credit card debt, alimony, child support etc) over total income. A maximum debt service ratio of 36% of income is permissible. The Board of Directors reserves the right to make exceptions to this requirement at its sole discretion.
- 3:** Prospective purchaser must submit an application package to the Management Office. The application will be reviewed in a timely manner at the Management Office during the hours of 9:00 A.M. to 4:00 P.M., Monday through Friday. If the package is incomplete, it will be returned. **NO EXCEPTIONS.**
- 4:** Prospective purchaser(s) and all proposed occupants over the age of twelve (12) of an apartment must be interviewed by members of the Interview Committee. An interview will not be granted unless all of the aforementioned criteria are met.
- 5:** *PLEASE NOTE INTERVIEWS WILL NOT BE APPROVED UNTIL THE NEXT BOARD OF DIRECTORS MEETING (MEETINGS ARE GENERALLY HELD DURING- THE LAST WEEK OF EACH MONTH).*
- 6:** All renovations are subject to the approval of Management. Before you begin alterations to the apartment (including floating floors, painting etc.) you must submit an Alteration Agreement to the Management Office. Under no circumstances can renovations be started until Management has given the purchaser a letter of approval on behalf of the corporation and the apartment shares have been transferred. A renovation package can be obtained in the Management Office. The shareholder must supply all documents requested in the renovation package before the renovation can be approved. No package is required for painting, floor scraping or cleaning, however, a certificate of insurance is - required for all contractors. Be advised, that if any alterations were done to this apartment, all responsibility for such work that is imposed upon the Seller shall be assumed by the Purchaser.

**B:** In order to process the resale of an apartment, the purchaser must submit one original and one collated copy of the entire package (outlined below) totaling two (2) sets of fully completed and executed documents. The two sets are to be submitted to the LeHavre Management Office located at 168-68 9<sup>th</sup> Avenue, Whitestone, NY 11357.

The following documents are to be included in each package. All information must be properly collated and in proper form, otherwise it will be returned.

- 1: Cooperative Purchase Application (attached p. 8)** must be completed and signed by the purchaser(s). If a question does not apply, please answer "N/A" in the space provided. Do not leave blanks.
- 2: The Contract of Sale (copy)** fully executed by seller(s) and purchaser(s). Washers & dryers are not allowed and must be crossed out and initialed on the contract. **Please note: 1.23.2 of the contract must state "NO DOGS."**
- 3: Bank Loan Commitment (copy) and bank loan application if financing.**
- 4: Federal Tax Returns (copies)** PLUS all supporting documentation (W2 Forms, 1099 Forms, 1099R's for pension & IRA's etc.) FOR THE LAST AND CURRENT YEAR (2 YEARS) for the purchaser(s). Each return must be signed and dated by the person(s) whose social security number is listed on the return. If self employed, business and individual returns must be submitted as outlined above.
- 5: Employment Verification Letter** from purchaser's employer stating the length of employment, the purchaser's position and the annual salary, including commissions and bonus earned. Also include the latest four (4) pay stubs for purchaser(s). If self employed the employment letter should come from the purchasers' accountant and include the purchasers' salary. This letter must also be notarized. All listed earnings must be reflected in the tax return
- 6: Purchaser must provide at least three (3) months of documented history for the source of all funds used for their down payment** (bankbook, money market, sale of stocks or home, etc.) If the money was a gift, the giver must provide the documentation for the three (3) months history of the gift plus a signed, notarized, letter stating that those funds were gifts. The givers name and address must be provided and be on all documentation.
- 7: Statement of Financial Condition (Net Worth) (attached p. 12)** with the most recent supporting bank, brokerage, and portfolio statements, which must be completed and signed by the purchaser(s).
- 8: Window Guard Questionnaire (attached p. 14)** to be completed and signed by the prospective purchaser(s).
- 9: Lead Paint Pamphlet (Renovate Right)** must be read before signing lead-paint disclosures and affidavit.
- 10: Completed Lead-Paint Disclosure Forms (two) (attached pgs. 34-35)** completed and signed and the appropriate line initialed by the seller, purchaser and agent.

- 11:***Notarized Lead-Based Paint Affidavit (attached p. 36)* completed and signed by purchaser. Form must be notarized.
- 12:***Acknowledgement for Parking (attached p. 37)* to be completed by the seller and signed by the Seller and the purchaser. If there is no parking space with the apartment, please submit a letter to this effect signed by seller and purchaser(s).
- 13:***Move-in/Move-out Security Deposit Agreements (two) (attached pgs. 38-39)* to be signed by both the seller(s) and prospective purchaser(s).
- 14:***Nameplate Request (attached p. 40).*
- 15:***Le Havre Owners Corp. House Rules and Regulations. (attached p. 42).*
- 16:***Basic Star Program Application* if eligible should be mailed to the address indicated after the closing has taken place. **(attached p. 52).**
- 17:**Le Havre Owner's Corp. **NO Dog Policy (attached p. 63ALE FIRST SIX PAGES).**
- 18:**Prospective purchaser and all proposed occupants of the apartment are required to have a picture(driver's license or passport) available at the time of the interview. If this is not produced at time of interview, **the interviewer will not interview the prospective shareholder nor proposed occupants.** If address on license differs from current address, a written explanation is required with the application package.

**Purchasers are required to submit the following fee with the resale package:**

**Processing Fee - \$1,100 payable to Le Havre Owners Corp.**

**50% of this fee is refundable, should the package be rejected**

**Criminal History Request Fee: \$50.00( per purchaser) payable to "Tenant Data Verification"**

Completed packages must be submitted to the Management Office a minimum often (10) working days before an interview can be scheduled. Interviews are scheduled subject to availability. Purchasers should be aware that it could take up to 30 days from the time the package is dropped off to the time of interview.

Upon receipt of ALL of the above documents, letters and fees, the Board will preview the documents. After resolution of any outstanding issues, an interview meeting will be conducted by a board member and two volunteer shareholders of the corporation. All adults and prospective occupants must be present for the interview with photo identification. The purchaser(s) will be advised of the Board's decision through the Management Office after the next meeting of the Board of Directors has taken place (generally the last week of each month).

**A CLOSING WILL NOT BE SCHEDULED UNTIL AFTER FINAL APPROVAL IS GIVEN  
BY THE BOARD OF DIRECTORS.**

After receiving notification of approval by the Board of Directors, the purchaser(s) should submit to the Management Office three (3) original Recognition Agreements (Standard Aztech Form) from the purchaser's bank, if the apartment is to be financed. The Recognition Agreement should be executed by purchaser(s) and lending bank prior to being submitted to the attorney.

The purchaser's attorney should be instructed to contact Geoffrey Mazel of Hankin & Mazel, PLLC., at (212) 349-1668 to schedule the closing.

If the seller(s) has a mortgage on this apartment, a representative of that mortgagee must attend the closing, bringing the Proprietary Lease and Stock Certificate. The mortgage payoff should be ordered by the seller from their bank when the purchaser(s) is approved, to allow enough time prior to closing.

**Each prospective shareholder must present at closing, a valid co-op / homeowner's insurance policy naming Le Havre Owner's Corp. as additional insured. The policy must show general liability of not less than \$100,000 and personal property of not less-than \$20,000. Failure to produce a policy as indicated above will cause the closing to be suspended.**

The following represent the closing costs and procedures (ALL CLOSING COST PAYMENTS MUST BE PAID BY SEPARATE CHECKS).

- 1: Upon transfer of title to the shares and the related proprietary lease for the apartment to the purchaser, the Corporation will collect from the seller a Transfer Fee in an amount equal to \$1.00 per share for the number of shares allocated to the apartment; payable to LeHavre Owners Corp. This fee is non refundable.
- 2: A Move-out fee of \$1,500.00 is due from the Seller(s), paid by certified check, bank check or money order made payable to LeHavre Owners Corporation (This fee is non-refundable) A Move-out Security Deposit of \$500 is due from Seller(s), paid by certified check, bank check or money order made payable to Le Havre Owners Corporation. This check is deposited and is refunded one month after the move if no damage to the elevator, building, common areas or grounds outside the building has been caused.
- 3: A Move-in fee of \$1,500 is due from the Purchaser(s), paid by certified check, bank check or money order made payable to Le Havre Owners Corporation (This fee is non-refundable). A Security Deposit of \$500 is due from Purchaser(s) paid by certified check, bank check or money order made payable to Le Havre Owners Corporation. This check is deposited and refunded one month after the move pending a damage inspection report from the super stating no damage to the building, common areas or grounds outside the building.
- 4: Payment of maintenance charges and/or any additional charges or assessments through the end of the month in which the closing takes place (if not yet paid) is due from the seller. The seller(s) shall provide at closing a certification of maintenance charges, which indicates the status of the seller/shareholder's account. Such certification can be obtained from the Managing Agent.  
  
If the closing takes place after the 15<sup>th</sup> of the month, the purchaser must pay at closing the following month's maintenance charges or assessment.
- 5: The following legal fees are due to the co-op attorney: All checks should be made payable to Hankin &Mazel, PLLC:
  - \$750.00 Legal closing fee (Seller)
  - \$350.00 Review of Recognition Fee (Purchaser)
  - \$175.00 Power of Attorney fee (Seller or Purchaser) where applicable
  - \$250.00 Affidavit of Lost Stock & Lease fee (Seller) where applicable
  - \$250.00 Closing cancellation fee (Seller or Purchaser) if cancelled within 48 hours.

The following documents and item must be surrendered by seller(s) or the mortgagee at closing:

- Proprietary Lease (to be surrendered to purchaser(s)).
- Stock Certificate in the name of seller(s).
- Keys to the lobby, apartment door and Mailbox lock.

Any questions with respect to the items on this list or any requirements for the resale of the apartment should be addressed to the Office Manager at (718) 767-7400 Monday through Friday, 9:00 A.M. to 5:00 P.M.

Very truly yours,

*Board of Directors*

*Le Havre Owners Corp*

# LeHavre

*On the Water*

## RESALE INSPECTION FORM

Building #: \_\_\_\_\_

Apartment #: \_\_\_\_\_

Purchaser: \_\_\_\_\_

Seller: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Inspector: \_\_\_\_\_

1. Is there a deadbolt installed? \_\_\_\_\_
2. Is a 1.6 gallon toilet installed? \_\_\_\_\_
3. Is there any apparent structural damage? \_\_\_\_\_
4. Are there any apparent illegal alterations in apartment? \_\_\_\_\_
5. Is there a light fixture in the dining room? \_\_\_\_\_
6. Are there any unauthorized alterations done to the windows or terrace doors? \_\_\_\_\_
7. Is there wood trim around the windows? \_\_\_\_\_
8. Are there any unauthorized changes or unsightly conditions with regards to the terrace? \_\_\_\_\_
9. Are terrace water drains free from obstruction? \_\_\_\_\_
10. Is terrace physically damaged/stained? \_\_\_\_\_
11. Is there any unauthorized baths? \_\_\_\_\_
12. Does apartment contain a washer / dryer? \_\_\_\_\_
13. Functioning smoke detector? \_\_\_\_\_
14. Functioning carbon monoxide detector? \_\_\_\_\_
15. Brass plugs or caps & 1 ½ steel cap for 2<sup>nd</sup> sink in bathroom? \_\_\_\_\_

I, \_\_\_\_\_, have inspected the above apartment in accordance with the LeHavre Owners Corporation requirements and certify that there are no apparent violations with respect to structural damage or unauthorized alterations, and that all the above information is correct.

Inspected by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PURCHASE APPLICATION FOR COOPERATIVE**  
**(IMPORTANT: ANSWER EVERY QUESTION)**

*PLEASE ENCLOSE A COVER LETTER GIVING DETAILS OF INCOME,  
FINANCIAL WORTH, DOWN PAYMENT SOURCE & EMPLOYMENT  
HISTORY*

PURCHASER ..... S.S.#

PURCHASER ..... S.S.#

Purchaser's Attorney, Name of Firm & Address.....

Tel.# .....

Bldg.#..... Apt.#..... No of shares..... Parking Spot #..... Pkg. Spot Fee \$

Monthly Maintenance \$..... Purchase Price \$.....

Name which will appear on new Stock Certificate & other documents:

.....

FINANCING: YES..... NO..... AMOUNT \$.....

Bank.....

Individual Broker & Firm.....

Address ..... Tel.#.....

SELLER'S Name ..... Tel.#.....

Seller's Attorney, Firm, Address,

Phone.....

.....

Commitment Expiration Date.....

Anticipated Closing Date and Time.....

Anticipated Date of Possession.....



**INFORMATION REGARDING PURCHASER(S)**  
**SUBMIT RIDER FOR ADDITIONAL PURCHASER(S)**

Purchaser .....

Home Address .....

Length of Occupancy ..... Tel. No ..... Own ..... Rent.....

Employer's Name, Company, Address.....

Telephone No ..... Supervisor .....

Type of Business..... Purchaser's position.....

Salary per annum \$ ..... Date of Hire .....

Any other income: Include source and attach proof.

Spouse or Co-Applicant: Employer's Name, Company, Address .....

.....  
.....

Telephone No ..... Supervisor .....

Type of Business..... Co-Applicant's position.....

Salary per annum \$ ..... Commission & Bonus \$.....

Date of Hire.....

Any other income: Include source and attach proof.

A credit-check is required for all adults living in the apartment whether employed or not. For additional adults, please attach an additional page giving name, address, social security number, place of employment, salary, etc. Please also sign the Authorization to Obtain a Credit Report.

Name of ALL persons and relationships, including the purchaser(s), who will reside in apartment and, if children, please state age. **(Every name should be listed).**

.....  
.....  
.....

Name of all residents in the building known by applicant:

.....

Does applicant wish to maintain any pets? If so, please specify.....

Does applicant plan alterations to apartment? If so, please specify.....

**LANDLORD:**

Present Landlord or Agent

Address ..... Tel. No .....

Previous Landlord or Agent ..... Length/Occupancy.....

Address ..... Tel. No.....

**FINANCIAL:** Please list the bank, type of account (savings, checking, money market, etc.) and account numbers. (No charge cards please) ATTACH THREE (3) MOST RECENT BANK STATEMENTS.

A. Bank..... Type of Account.....

Address ..... Acct. # .....

B. Bank ..... Type of Account .....

Address ..... Acct. # .....

C. Bank.....Type of Account .....

Address ..... Acct. # .....

D. Certified Public Accountant (a MUST if self-employed) Name, address, phone #

.....

.....

E. For additional sources of information regarding income,  
contact.....  
.....

**SPECIAL REMARKS:**

Please give additional information that may be pertinent or  
helpful.....  
.....  
.....

The undersigned hereby affirms that the information contained in this application is  
true and accurate to the best of his/her knowledge and belief.

.....  
(Signature of Purchase Applicant)

.....  
(Signature of Spouse or Co-Applicant)

Lehavre Owners Corp.

**AFFIDAVIT OF OCCUPANCY**

STATE OF NEW YORK

SS

COUNTY OF QUEENS

\_\_\_\_\_, being duly sworn deposes and says:

- 1) I (we) am(are) purchasing the Cooperative apartment located at \_\_\_\_\_, Whitestone, NY, ("the apartment") and I (we) will personally reside in the unit and use it as our primary residence at all times;
- 2) I (we) understand that the stated use of the apartment in the proprietary lease is for use as a private dwelling only and any other use constitutes a violation of the proprietary lease and will lead to immediate legal action by Lehavre Owners Corp.
- 3) I (we) further understand that we may not sublease the apartment without first obtaining written consent of the Board of Directors and that to do otherwise also constitutes a material breach of the terms and conditions of the proprietary lease which will lead to the imposition of substantial fines against us by Lehavre and/or legal action to terminate the proprietary lease.

Dated:

Whitestone N.Y.

\_\_\_\_\_  
Purchaser's Signature

\_\_\_\_\_  
Purchaser's Signature

Sworn to before me the \_\_\_\_

Day of \_\_\_\_\_, 201\_\_

\_\_\_\_\_  
Notary Public

---

# STATEMENT OF FINANCIAL CONDITION

For each adult or both together, if joint funds.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

For the purpose of procuring credit from the above named company, or its assigns, the following is submitted as being a true and accurate statement of the financial condition of the undersigned on the \_\_\_\_\_ day of \_\_\_\_\_.

FILL ALL BLANKS, WRITING "NO" OR "NONE" WHERE NECCESARY TO COMPLETE INFORMATION.

ASSETS	
Cash in Banks	
Savings & Loan Shares	
Earnest Money Deposited	
Investments: Stocks & Bonds	
--See Schedule	
Investment in own Business	
Automobiles:	
Year              Make	
Personal Property/Furniture	
Life Insurance	
Cash Surrender Value	
Cash Surrender Value	
Other Assets--itemize	
<b>TOTAL ASSETS</b>	

LIABILITIES	
Notes to payable	
To banks	
To Relatives	
To Others	
Installment Accounts payable	
Automobile	
Other	
Other Accounts payable	
Mortgages payable on Real Estate—	
See Schedule	
Unpaid Real Estate Taxes	
Unpaid Income Taxes	
Chattel Mortgage	
Loans on life Insurance Policies	
(Include Premium Advance)	
Other debts--Itemize	
<b>TOTAL LIABILITIES</b>	
<b>NET WORTH</b>	
<b>TOTAL LIABILITIES &amp; NET WORTH</b>	

APPLICANT & Co.-APPLICANT SOURCE OF INCOME	
Base Salary	\$
S/E Income	\$
Bonus & Commissions	\$
Dividends and interest income	\$
Real Estate income (Net)	\$
Co-Applicant income (specify)	\$
Other Income--itemize	\$
<b>TOTAL</b>	\$

## SOCIAL SECURITY NUMBERS:

\_\_\_\_\_ (     ) INIT.

\_\_\_\_\_ (     ) INIT.

CONTINGENT LIABILITIES		GENERAL INFORMATION
As Endorser or Co-maker on Notes	\$	Personal Banks Accounts carried at
Alimony Payments (Annual)	\$	Savings & Loan Acct at
Are you defendant in any legal action?		Purpose of loan:
Are there any unsatisfactory judgments?		
Bankruptcy? Explain.		

### SCHEDULE OF BONDS AND STOCKS

AMOUNT OR # OF SHARES	DESCRIPTION (ENTER VALUATION IN PROPER COLUMN)	MARKETABLE ACTUAL MARKETABLE VALUE	NON-MARKETABLE UNLISTED SECURITIES ESTIMATED WORTH

### SCHEDULE OF REAL ESTATE

DESCRIPTION & LOCATION	COST	ACTUAL MARKET VALUE	MORTGAGE	
			AMOUNT	MATURITY DATE

### SCHEDULE OF NOTES PAYABLE

SPECIFY ANY ASSETS PLEDGED AS COLLATERAL, INDICATING THE LIABILITIES THEY SECURE:

TO WHOM PAYABLE	DATE	AMOUNT	DUE	INTEREST	ASSETS PLEDGED AS SECURITY

The foregoing statements and details pertaining thereto, both printed and written, and have been carefully read and the undersigned hereby solemnly declares and certifies that same is a full and correct exhibit of my/our financial condition.

Date: \_\_\_\_\_

Signature of Purchase Applicant: \_\_\_\_\_

Signature of Spouse/Co-Applicant: \_\_\_\_\_

Dear Shareholder:

You are hereby notified that under that under Section 131.15 of the New York City Health Code, window guards are required to be installed in an apartment if a child or children ten (10) years old or younger resides therein. Each resident is required by the code to advise the Managing Agent whether or not there are children ten (10) years of age or younger in the apartment. In order that you can fulfill your obligation regarding this matter, we are requesting that you complete the form below by filling in the information requested. Place a checkmark in either Part "A", Part "B" or Part "C". After dating and signing the form, return it to the Managing Agent.

If at some future time a child ten (10) years of age or younger becomes a resident of your apartment, the code further requires that you than inform us in writing in order to have window guards installed.

PLEASE PRINT ALL INFORMATION

Name(s): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

PART A {} There are no children (10) years of age or younger who are residents in my apartment at the present time

PART B {} I have children ten (10) years of age or younger in my apartment. Their names and birth dates are as follows:

Name	D/Birth	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART C {} I want to have window guards even though I have no children ten (10) years of age or younger.

\_\_\_\_\_  
Prospective Purchaser

\_\_\_\_\_  
Date

**AUTHORIZATION TO OBTAIN A CREDIT REPORT**

IN ORDER TO COMPLY WITH THE PROVISIONS OF SECTION 6.06  
(A) OF THE FEDERAL FAIR CREDIT REPORTING ACT, I  
AUTHORIZE YOU TO RETAIN A CREDIT REPORTING AGENCY TO  
FURNISH A CREDIT REPORT,

I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR  
INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH  
FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER  
INCURRED IN FURNISHING SUCH INFORMATION

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_



**AUTHORIZATION TO OBTAIN A CRIMINAL REPORT**

I HEREBY AUTHORIZE ANY INDIVIDUAL, COMPANY, OR  
INSTITUTION TO RELEASE TO LE HAVRE OWNER'S CORP.  
AND/OR ITS REPRESENTATIVES ANY AND ALL INFORMATION  
THAT THEY HAVE CONCERNING ANY CRIMINAL ACTIVITY AND  
SEX OFFENDER HISTORY.

I HEREBY RELEASE THE INDIVIDUAL, COMPANY, OR  
INSTITUTION AND ALL INDIVIDUALS CONNECTED THEREWITH  
FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER  
INCURRED IN FURNISHING SUCH INFORMATION.

Print Name: \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Signature: \_\_\_\_\_

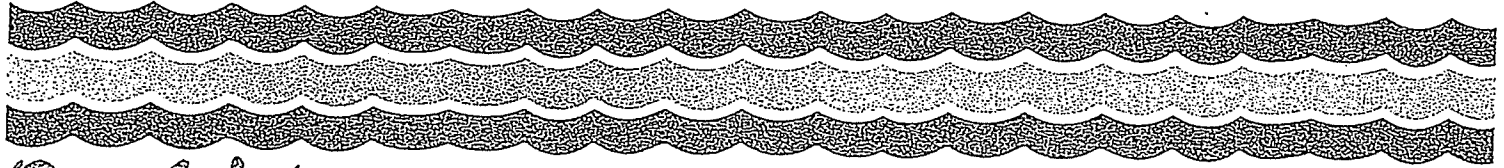
Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security #: \_\_\_\_\_

# LEHAVRE



## *On the Water*

**Renovations:** Prior to doing any apartment alterations, the following steps must be taken:

- Pick up an Alteration Agreement from the Management Office.
- Return the completed Alteration Agreement to the Management Office with all requested documents and checks.
- Wait for approval from the superintendent.

**Please note renovations commenced prior to  
receiving approval will incur a \$150 fine.**

**Please see the “Renovate Right” packet on the next page for more details.**

# THE LEAD-SAFE CERTIFIED GUIDE TO RENOVATE RIGHT

WARNING  
DO NOT WORK-AR  
POISON  
DO NOT SMOKING  
OR EATING

CAUTION

CAUTION

CAUTION

CAUTION

Important lead hazard information for  
families, child care providers and schools



## IT'S THE LAW!

Federal law requires contractors that disturb painted surfaces in homes, child care facilities and schools built before 1978 to be certified and follow specific work practices to prevent lead contamination. Always ask to see your contractor's certification.

Federal law requires that individuals receive certain information before renovating more than six square feet of painted surfaces in a room for interior projects or more than twenty square feet of painted surfaces for exterior projects or window replacement or demolition in housing, child care facilities and schools built before 1978.

- Homeowners and tenants: renovators must give you this pamphlet before starting work.
- Child care facilities, including preschools and kindergarten classrooms, and the families of children under six years of age that attend those facilities: renovators must provide a copy of this pamphlet to child care facilities and general renovation information to families whose children attend those facilities.

## WHO SHOULD READ THIS PAMPHLET?

---

This pamphlet is for you if you:

- Reside in a home built before 1978.
- Own or operate a child care facility, including preschools and kindergarten classrooms, built before 1978, or
- Have a child under six years of age who attends a child care facility built before 1978.

You will learn:

- Basic facts about lead and your health.
- How to choose a contractor, if you are a property owner.
- What tenants, and parents/guardians of a child in a child care facility or school should consider.
- How to prepare for the renovation or repair job.
- What to look for during the job and after the job is done.
- Where to get more information about lead.

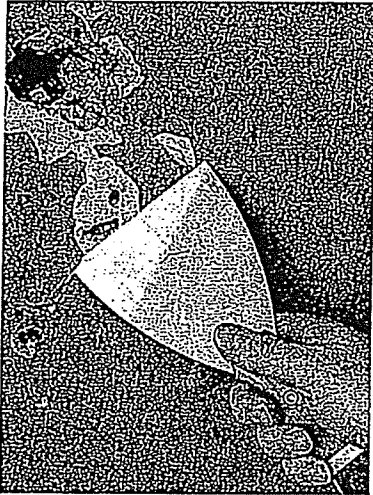
This pamphlet is not for:

- **Abatement projects.** Abatement is a set of activities aimed specifically at eliminating lead or lead hazards. EPA has regulations for certification and training of abatement professionals. If your goal is to eliminate lead or lead hazards, contact the National Lead Information Center at 1-800-424-LEAD (5323) for more information.
- **"Do-it-yourself" projects.** If you plan to do renovation work yourself, this document is a good start, but you will need more information to complete the work safely. Call the National Lead Information Center at 1-800-424-LEAD (5323) and ask for more information on how to work safely in a home with lead-based paint.
- **Contractor education.** Contractors who want information about working safely with lead should contact the National Lead Information Center at 1-800-424-LEAD (5323) for information about courses and resources on lead-safe work practices.



## RENOVATING, REPAIRING, OR PAINTING?

---



- Is your home, your building, or the child care facility or school your children attend being renovated, repaired, or painted?
- Was your home, your building, or the child care facility or school where your children under six years of age attend built before 1978?

If the answer to these questions is YES, there are a few important things you need to know about lead-based paint.

This pamphlet provides basic facts about lead and information about lead safety when work is being done in your home, your building or the child care facility or school your children attend.

---

### The Facts About Lead

- Lead can affect children's brains and developing nervous systems, causing reduced IQ, learning disabilities, and behavioral problems. Lead is also harmful to adults.
  - Lead in dust is the most common way people are exposed to lead. People can also get lead in their bodies from lead in soil or paint chips. Lead dust is often invisible.
  - Lead-based paint was used in more than 38 million homes until it was banned for residential use in 1978.
  - Projects that disturb painted surfaces can create dust and endanger you and your family. Don't let this happen to you. Follow the practices described in this pamphlet to protect you and your family.
-

## LEAD AND YOUR HEALTH

---

Lead is especially dangerous to children under six years of age.

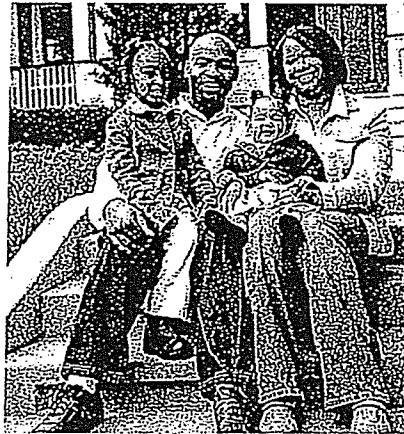
Lead can affect children's brains and developing nervous systems, causing:

- Reduced IQ and learning disabilities.
- Behavior problems.

Even children who appear healthy can have dangerous levels of lead in their bodies.

Lead is also harmful to adults. In adults, low levels of lead can pose many dangers, including:

- High blood pressure and hypertension.
- Pregnant women exposed to lead can transfer lead to their fetuses. Lead gets into the body when it is swallowed or inhaled.
- People, especially children, can swallow lead dust as they eat, play, and do other normal hand-to-mouth activities.
- People may also breathe in lead dust or fumes if they disturb lead-based paint. People who sand, scrape, burn, brush, blast or otherwise disturb lead-based paint risk unsafe exposure to lead.



What should I do if I am concerned about my family's exposure to lead?

- A blood test is the only way to find out if you or a family member already has lead poisoning. Call your doctor or local health department to arrange for a blood test.
- Call your local health department for advice on reducing and eliminating exposures to lead inside and outside your home, child care facility or school.
- Always use lead-safe work practices when renovation or repair will disturb painted surfaces.

For more information about the health effects of exposure to lead, visit the EPA lead website at [epa.gov/lead/pubs/leadinfo](http://epa.gov/lead/pubs/leadinfo) or call 1-800-424-LEAD (5323).

---

There are other things you can do to protect your family every day.

- Regularly clean floors, window sills, and other surfaces.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat a healthy, nutritious diet consistent with the USDA's dietary guidelines, that helps protect children from the effects of lead.
- Wipe off shoes before entering the house.

## WHERE DOES THE LEAD COME FROM?

---

### Dust is the main problem.

The most common way to get lead in the body is from dust. Lead dust comes from deteriorating lead-based paint and lead-contaminated soil that gets tracked into your home. This dust may accumulate to unsafe levels. Then, normal hand to-mouth activities, like playing and eating (especially in young children), move that dust from surfaces like floors and window sills into the body.

### Home renovation creates dust.

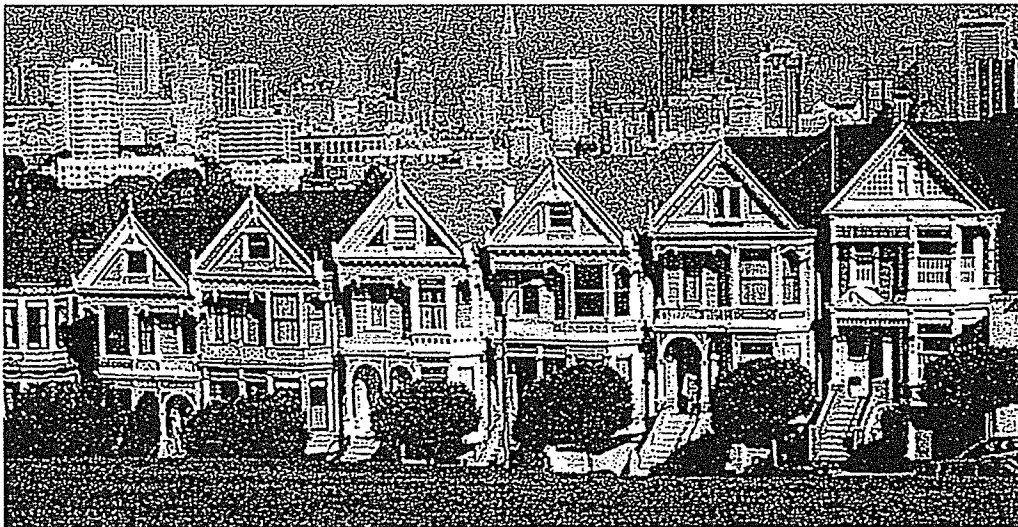
Common renovation activities like sanding, cutting, and demolition can create hazardous lead dust and chips.

### Proper work practices protect you from the dust.

The key to protecting yourself and your family during a renovation, repair or painting job is to use lead-safe work practices such as containing dust inside the work area, using dust-minimizing work methods, and conducting a careful cleanup, as described in this pamphlet.

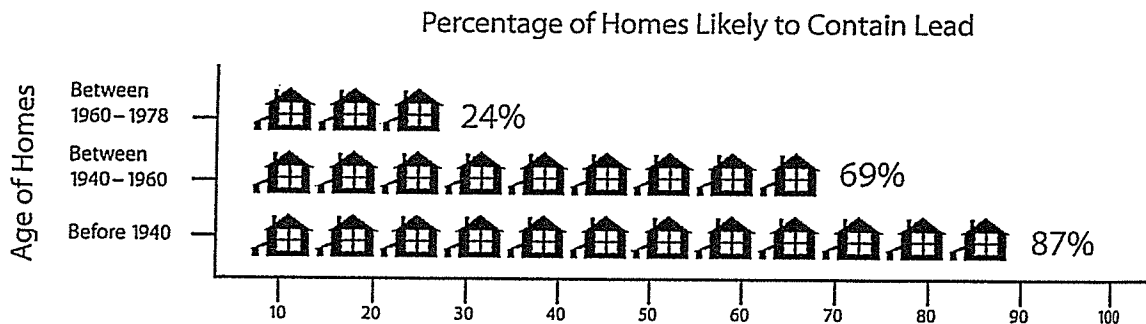
### Other sources of lead.

Remember, lead can also come from outside soil, your water, or household items (such as lead-glazed pottery and lead crystal). Contact the National Lead Information Center at 1-800-424-LEAD (5323) for more information on these sources.





## CHECKING YOUR HOME FOR LEAD-BASED PAINT



Older homes, child care facilities, and schools are more likely to contain lead-based paint.

Homes may be single-family homes or apartments. They may be private, government-assisted, or public housing. Schools are preschools and kindergarten classrooms. They may be urban, suburban, or rural.

You have the following options:

You may decide to assume your home, child care facility, or school contains lead. Especially in older homes and buildings, you may simply want to assume lead-based paint is present and follow the lead-safe work practices described in this brochure during the renovation, repair, or painting job.

You can hire a certified professional to check for lead-based paint.

These professionals are certified risk assessors or inspectors, and can determine if your home has lead or lead hazards.

- A certified inspector or risk assessor can conduct an inspection telling you whether your home, or a portion of your home, has lead-based paint and where it is located. This will tell you the areas in your home where lead-safe work practices are needed.
- A certified risk assessor can conduct a risk assessment telling you if your home currently has any lead hazards from lead in paint, dust, or soil. The risk assessor can also tell you what actions to take to address any hazards.
- For help finding a certified risk assessor or inspector, call the National Lead Information Center at 1-800-424-LEAD (5323).

You may also have a certified renovator test the surfaces or components being disturbed for lead by using a lead test kit or by taking paint chip samples and sending them to an EPA-recognized testing laboratory. Test kits must be EPA-recognized and are available at hardware stores. They include detailed instructions for their use.

## FOR PROPERTY OWNERS

---

**You have the ultimate responsibility for the safety of your family, tenants, or children in your care.**

This means properly preparing for the renovation and keeping persons out of the work area (see p. 8). It also means ensuring the contractor uses lead-safe work practices.

Federal law requires that contractors performing renovation, repair and painting projects that disturb painted surfaces in homes, child care facilities, and schools built before 1978 be certified and follow specific work practices to prevent lead contamination.

**Make sure your contractor is certified, and can explain clearly the details of the job and how the contractor will minimize lead hazards during the work.**

- You can verify that a contractor is certified by checking EPA's website at [epa.gov/getleadsafe](http://epa.gov/getleadsafe) or by calling the National Lead Information Center at 1-800-424-LEAD (5323). You can also ask to see a copy of the contractor's firm certification.
- Ask if the contractor is trained to perform lead-safe work practices and to see a copy of their training certificate.
- Ask them what lead-safe methods they will use to set up and perform the job in your home, child care facility or school.
- Ask for references from at least three recent jobs involving homes built before 1978, and speak to each personally.

**Always make sure the contract is clear about how the work will be set up, performed, and cleaned.**

- Share the results of any previous lead tests with the contractor.
- You should specify in the contract that they follow the work practices described on pages 9 and 10 of this brochure.
- The contract should specify which parts of your home are part of the work area and specify which lead-safe work practices will be used in those areas. Remember, your contractor should confine dust and debris to the work area and should minimize spreading that dust to other areas of the home.
- The contract should also specify that the contractor will clean the work area, verify that it was cleaned adequately, and re-clean it if necessary.

**If you think a worker is not doing what he is supposed to do or is doing something that is unsafe, you should:**

- Direct the contractor to comply with regulatory and contract requirements.
- Call your local health or building department, or
- Call EPA's hotline 1-800-424-LEAD (5323).

If your property receives housing assistance from HUD (or a state or local agency that uses HUD funds), you must follow the requirements of HUD's Lead-Safe Housing Rule and the ones described in this pamphlet.

## FOR TENANTS AND FAMILIES OF CHILDREN UNDER SIX YEARS OF AGE IN CHILD CARE FACILITIES AND SCHOOLS

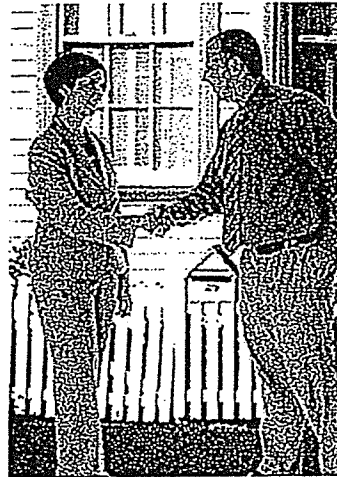
---

You play an important role ensuring the ultimate safety of your family.

This means properly preparing for the renovation and staying out of the work area (see p. 8).

Federal law requires that contractors performing renovation, repair and painting projects that disturb painted surfaces in homes built before 1978 and in child care facilities and schools built before 1978, that a child under six years of age visits regularly, to be certified and follow specific work practices to prevent lead contamination.

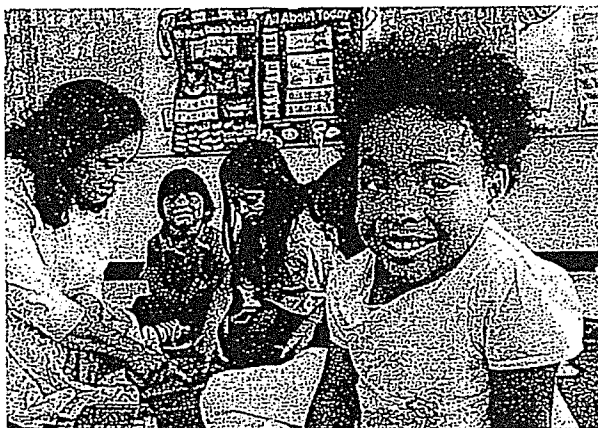
The law requires anyone hired to renovate, repair, or do painting preparation work on a property built before 1978 to follow the steps described on pages 9 and 10 unless the area where the work will be done contains no lead-based paint.



If you think a worker is not doing what he is supposed to do or is doing something that is unsafe, you should:

- Contact your landlord.
- Call your local health or building department, or
- Call EPA's hotline 1-800-424-LEAD (5323).

If you are concerned about lead hazards left behind after the job is over, you can check the work yourself (see page 10).



## PREPARING FOR A RENOVATION

---

The work areas should not be accessible to occupants while the work occurs.

The rooms or areas where work is being done may need to be blocked off or sealed with plastic sheeting to contain any dust that is generated. Therefore, the contained area may not be available to you until the work in that room or area is complete, cleaned thoroughly, and the containment has been removed. Because you may not have access to some areas during the renovation, you should plan accordingly.

You may need:

- Alternative bedroom, bathroom, and kitchen arrangements if work is occurring in those areas of your home.
- A safe place for pets because they too can be poisoned by lead and can track lead dust into other areas of the home.
- A separate pathway for the contractor from the work area to the outside in order to bring materials in and out of the home. Ideally, it should not be through the same entrance that your family uses.
- A place to store your furniture. All furniture and belongings may have to be moved from the work area while the work is being done. Items that can't be moved, such as cabinets, should be wrapped in plastic.
- To turn off forced-air heating and air conditioning systems while the work is being done. This prevents dust from spreading through vents from the work area to the rest of your home. Consider how this may affect your living arrangements.

You may even want to move out of your home temporarily while all or part of the work is being done.

Child care facilities and schools may want to consider alternative accommodations for children and access to necessary facilities.



## DURING THE WORK

---

Federal law requires contractors that are hired to perform renovation, repair and painting projects in homes, child care facilities, and schools built before 1978 that disturb painted surfaces to be certified and follow specific work practices to prevent lead contamination.

The work practices the contractor must follow include these three simple procedures, described below:

**1. Contain the work area.** The area must be contained so that dust and debris do not escape from that area. Warning signs must be put up and plastic or other impermeable material and tape must be used as appropriate to:

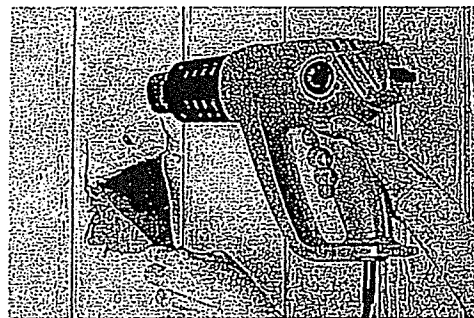
- Cover the floors and any furniture that cannot be moved.
- Seal off doors and heating and cooling system vents.
- For exterior renovations, cover the ground and, in some instances, erect vertical containment or equivalent extra precautions in containing the work area.

These work practices will help prevent dust or debris from getting outside the work area.

**2. Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited.

They are:

- Open flame burning or torching.
- Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment.
- Using a heat gun at temperatures greater than 1100°F.



These work practices will eliminate dust, but some renovation methods make less dust than others. Contractors may choose to use various methods to minimize dust generation, including using water to mist areas before sanding or scraping; scoring paint before separating components; and prying and pulling apart components instead of breaking them.

**3. Clean up thoroughly.** The work area should be cleaned up daily to keep it as clean as possible. When all the work is done, the area must be cleaned up using special cleaning methods before taking down any plastic that isolates the work area from the rest of the home. The special cleaning methods should include:

- Using a HEPA vacuum to clean up dust and debris on all surfaces, followed by
- Wet wiping and wet mopping with plenty of rinse water.

When the final cleaning is done, look around. There should be no dust, paint chips, or debris in the work area. If you see any dust, paint chips, or debris, the area must be re-cleaned.

## FOR PROPERTY OWNERS: AFTER THE WORK IS DONE

---

When all the work is finished, you will want to know if your home, child care facility, or school where children under six attend has been cleaned up properly.

### EPA Requires Cleaning Verification.

In addition to using allowable work practices and working in a lead-safe manner, EPA's RRP rule requires contractors to follow a specific cleaning protocol. The protocol requires the contractor to use disposable cleaning cloths to wipe the floor and other surfaces of the work area and compare these cloths to an EPA-provided cleaning verification card to determine if the work area was adequately cleaned. EPA research has shown that following the use of lead-safe work practices with the cleaning verification protocol will effectively reduce lead-dust hazards.

### Lead-Dust Testing.

EPA believes that if you use a certified and trained renovation contractor who follows the LRRP rule by using lead-safe work practices and the cleaning protocol after the job is finished, lead-dust hazards will be effectively reduced. If, however, you are interested in having lead-dust testing done at the completion of your job, outlined below is some helpful information.

#### What is a lead-dust test?

- Lead-dust tests are wipe samples sent to a laboratory for analysis. You will get a report specifying the levels of lead found after your specific job.

#### How and when should I ask my contractor about lead-dust testing?

- Contractors are not required by EPA to conduct lead-dust testing. However, if you want testing, EPA recommends testing be conducted by a lead professional. To locate a lead professional who will perform an evaluation near you, visit EPA's website at [epa.gov/lead/pubs/locate](http://epa.gov/lead/pubs/locate) or contact the National Lead Information Center at 1-800-424-LEAD (5323).
- If you decide that you want lead-dust testing, it is a good idea to specify in your contract, before the start of the job, that a lead-dust test is to be done for your job and who will do the testing, as well as whether re-cleaning will be required based on the results of the test.
- You may do the testing yourself. If you choose to do the testing, some EPA-recognized lead laboratories will send you a kit that allows you to collect samples and send them back to the laboratory for analysis. Contact the National Lead Information Center for lists of EPA-recognized testing laboratories.



## FOR ADDITIONAL INFORMATION

---

You may need additional information on how to protect yourself and your children while a job is going on in your home, your building, or child care facility.

The National Lead Information Center at 1-800-424-LEAD (5323) or [epa.gov/lead/nlic](http://epa.gov/lead/nlic) can tell you how to contact your state, local, and/or tribal programs or get general information about lead poisoning prevention.

- State and tribal lead poisoning prevention or environmental protection programs can provide information about lead regulations and potential sources of financial aid for reducing lead hazards. If your state or local government has requirements more stringent than those described in this pamphlet, you must follow those requirements.
- Local building code officials can tell you the regulations that apply to the renovation work that you are planning.
- State, county, and local health departments can provide information about local programs, including assistance for lead-poisoned children and advice on ways to get your home checked for lead.

The National Lead Information Center can also provide a variety of resource materials, including the following guides to lead-safe work practices. Many of these materials are also available at [epa.gov/lead/pubs/brochure](http://epa.gov/lead/pubs/brochure).

- Steps to Lead Safe Renovation, Repair and Painting.
- Protect Your Family from Lead in Your Home
- Lead in Your Home: A Parent's Reference Guide



---

For the hearing impaired, call the Federal Information Relay Service at 1-800-877-8339 to access any of the phone numbers in this brochure.

## EPA CONTACTS

---

### EPA Regional Offices

EPA addresses residential lead hazards through several different regulations. EPA requires training and certification for conducting abatement and renovations, education about hazards associated with renovations, disclosure about known lead paint and lead hazards in housing, and sets lead-paint hazard standards.

Your Regional EPA Office can provide further information regarding lead safety and lead protection programs at [epa.gov/lead](http://epa.gov/lead).

#### Region 1

(Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)  
Regional Lead Contact  
U.S. EPA Region 1  
Suite 1100  
One Congress Street  
Boston, MA 02114-2023  
(888) 372-7341

#### Region 2

(New Jersey, New York, Puerto Rico, Virgin Islands)  
Regional Lead Contact  
U.S. EPA Region 2  
2890 Woodbridge Avenue  
Building 205, Mail Stop 225  
Edison, NJ 08837-3679  
(732) 321-6671

#### Region 3

(Delaware, Maryland, Pennsylvania, Virginia, Washington, DC, West Virginia)  
Regional Lead Contact  
U.S. EPA Region 3  
1650 Arch Street  
Philadelphia, PA  
19103-2029  
(215) 814-5000

#### Region 4

(Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)  
Regional Lead Contact  
U.S. EPA Region 4  
61 Forsyth Street, SW  
Atlanta, GA 30303-8960  
(404) 562-9900

#### Region 5

(Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)  
Regional Lead Contact  
U.S. EPA Region 5  
77 West Jackson Boulevard  
Chicago, IL 60604-3507  
(312) 886-6003

#### Region 6

(Arkansas, Louisiana, New Mexico, Oklahoma, Texas)  
Regional Lead Contact  
U.S. EPA Region 6  
1445 Ross Avenue,  
12th Floor  
Dallas, TX 75202-2733  
214) 665-7577

#### Region 7

(Iowa, Kansas, Missouri, Nebraska)  
Regional Lead Contact  
U.S. EPA Region 7  
901 N. 5th Street  
Kansas City, KS 66101  
(913) 551-7003

#### Region 8

(Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)  
Regional Lead Contact  
U.S. EPA Region 8  
1595 Wynkoop Street  
Denver, CO 80202  
(303) 312-6312

#### Region 9

(Arizona, California, Hawaii, Nevada)  
Regional Lead Contact  
U.S. Region 9  
75 Hawthorne Street  
San Francisco, CA 94105  
(415) 947-8021

#### Region 10

(Alaska, Idaho, Oregon, Washington)  
Regional Lead Contact  
U.S. EPA Region 10  
1200 Sixth Avenue  
Seattle, WA 98101-1128  
(206) 553-1200



## OTHER FEDERAL AGENCIES

---

### CPSC

The Consumer Product Safety Commission (CPSC) protects the public from the unreasonable risk of injury or death from 15,000 types of consumer products under the agency's jurisdiction. CPSC warns the public and private sectors to reduce exposure to lead and increase consumer awareness. Contact CPSC for further information regarding regulations and consumer product safety.

### CPSC

4330 East West Highway  
Bethesda, MD 20814  
Hotline 1-(800) 638-2772  
[cpsc.gov](http://cpsc.gov)

### CDC Childhood Lead Poisoning Prevention Branch

The Centers for Disease Control and Prevention (CDC) assists state and local childhood lead poisoning prevention programs to provide a scientific basis for policy decisions, and to ensure that health issues are addressed in decisions about housing and the environment. Contact CDC Childhood Lead Poisoning Prevention Program for additional materials and links on the topic of lead.

### CDC Childhood Lead Poisoning Prevention Branch

4770 Buford Highway, MS F-40  
Atlanta, GA 30341  
(770) 488-3300  
[cdc.gov/nceh/lead](http://cdc.gov/nceh/lead)

### HUD Office of Healthy Homes and Lead Hazard Control

The Department of Housing and Urban Development (HUD) provides funds to state and local governments to develop cost-effective ways to reduce lead-based paint hazards in America's privately-owned low-income housing. In addition, the office enforces the rule on disclosure of known lead paint and lead hazards in housing, and HUD's lead safety regulations in HUD-assisted housing, provides public outreach and technical assistance, and conducts technical studies to help protect children and their families from health and safety hazards in the home. Contact the HUD Office of Healthy Homes and Lead Hazard Control for information on lead regulations, outreach efforts, and lead hazard control research and outreach grant programs.

### U.S. Department of Housing and Urban Development

Office of Healthy Homes and Lead Hazard Control  
451 Seventh Street, SW, Room 8236  
Washington, DC 20410-3000  
HUD's Lead Regulations Hotline  
(202) 402-7698  
[hud.gov/offices/lead/](http://hud.gov/offices/lead/)

## SAMPLE PRE-RENOVATION FORM

This sample form may be used by renovation firms to document compliance with the Federal pre-renovation education and renovation, repair, and painting regulations.

### Occupant Confirmation

#### Pamphlet Receipt

- ☐ I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

\_\_\_\_\_  
Printed Name of Owner-occupant

\_\_\_\_\_  
Signature of Owner-occupant

\_\_\_\_\_  
Signature Date

### Renovator's Self Certification Option (for tenant-occupied dwellings only)

Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

- ☐ **Declined** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.
- ☐ **Unavailable for signature** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left).

\_\_\_\_\_  
Printed Name of Person Certifying Delivery

\_\_\_\_\_  
Attempted Delivery Date

\_\_\_\_\_  
Signature of Person Certifying Lead Pamphlet Delivery

\_\_\_\_\_  
Unit Address

**Note Regarding Mailing Option** — As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least seven days before renovation. Mailing must be documented by a certificate of mailing from the post office.

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

Seller's Disclosure

- (a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):
- (i)\_\_\_\_ Knows lead-based paint and/or lead-based paint hazards are present in the Unit and/or common areas (explain).
- (ii)\_\_\_\_ Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the Unit and/or common areas. Seller hereby indemnifies the Corporation from liability arising from the Seller's failure to make proper lead-based paint disclosure.
- (b) Records and reports available to the Seller (check (i) or (ii) below):
- (i)\_\_\_\_ Seller has provided the Purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the Unit and/or common areas (list documents below).
- (ii)\_\_\_\_ Seller has no reports or records pertaining to lead-based paint and/or lead-based paint heard in the Unit and/or common areas.

Purchaser Acknowledgment (Initial)

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

Agent's Acknowledgement (Initial)

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

Certification of Accuracy

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

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

LEASE/COMMENCEMENT OF OCCUPANCY NOTICE FOR PREVENTION OF LEAD BASED  
PAINT HAZARDS-INQUIRY REGARDING CHILD

You are required by law to inform the owner if a child under six years of age resides or will reside in the dwelling unit (apartment) for which you are signing this lease/commencing occupancy. If such a child resides or will reside in the unit, the owner of the building is required to perform an annual visual inspection of the unit to determine the presence of lead-based paint hazards. IT IS IMPORTANT THAT YOU RETURN THIS FORM TO THE OWNER OR MANAGING AGENT OF YOUR BUILDING TO PROTECT THE HEALTH OF YOUR CHILD.

If a child under six years of age does not reside in the unit now, but does come to live in it at any time during the year, you must inform the owner in writing immediately. If a child under six years of age resides in the unit, you should also inform the owner immediately at the address below if you notice any peeling paint or deteriorated subsurfaces in the unit during the year.

Please complete this form and return one copy to the owner of this or her agent or representative when you sign the lease/commence occupancy of the unit. Keep one copy of this form for your records. You should also receive a copy of a pamphlet developed by the New York City Department of Health explaining about lead-based paint hazards when you sign your lease/commence occupancy.

CHECK ONE:

☐ ( ) A child under six years of age resides in the unit.

☐ ( ) A child under six years of age does not reside in the unit.

\_\_\_\_\_ (Prospective Purchaser)

Print Occupant's name, address and apartment number: \_\_\_\_\_

Certification by owner: I certify that I have complied with the provisions of 27-2056.6 of Article 14 of the Housing Maintenance Code and the rules promulgated thereunder relating to duties to be performed in vacant units and that I have provided a copy of the New York City Department of Health pamphlet concerning lead-based paint hazards to the occupant.

\_\_\_\_\_ (Prospective Purchaser)

RETURN THIS FORM TO: \_\_\_\_\_

OCCUPANT: KEEP ONE COPY FOR YOUR RECORDS  
OWNER COPY / OCCUPANT COPY

LEAD-BASED PAINT AFFIDAVIT

Property Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

I/We, the purchaser(s) / tenant(s) of the above referenced apartment, have received a copy of the "Renovate Right" pamphlet which contains important lead hazard information in compliance with the HUD and EPA's requirements which take effect on April 22, 2010.

\_\_\_\_\_  
Prospective Purchaser Signature

\_\_\_\_\_  
Prospective Purchaser Signature

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

## PARKING ACKNOWLEDGEMENT

BLDG. & APT. \_\_\_ / \_\_\_

Assigned Parking Space # \_\_\_\_\_

If there is a parking space rendered to the Seller of the apartment, please be advised of the following:

### RIGHT TO TRANSFER ASSIGNMENT OF PARKING SPACE

A Shareholder shall have the right to pay a one-time fee of \$8,500 to transfer the assignment of one (1) pre-existing assigned parking space to a purchaser or subleasee approved by the Board of Directors.

If the Shareholder prefers not to take advantage of the above "Right to Transfer Assignment of - Parking Space" option, then the parking space will be turned over to Le Havre Owners Corporation.

### ACKNOWLEDGEMENT AND INTENTION OF SHAREHOLDER AND PROSPECTIVE BUYER/SUBLEASSEE: (One of the following MUST be checked).

\_\_\_\_\_ I, the Shareholder, do not wish to retain the right to transfer assignment of my parking space and hereby relinquish it to the Corporation as of \_\_\_\_\_.

\_\_\_\_\_ I, the Shareholder, will retain my right to transfer assignment of my parking space at a fee of \$8,500, attached herewith if subleasing or to be paid at closing if selling. (Please make check payable to Le Havre Owners Corp.)

\_\_\_\_\_  
(PRINT name of Shareholder/Seller)

\_\_\_\_\_  
(PRINT name of Prospective Purchaser)

\_\_\_\_\_  
(Signature of Shareholder/Seller)

\_\_\_\_\_  
(Signature of Prospective Purchaser)

The Prospective Buyer/Sublease understands that the Shareholder does not have OR has elected not to transfer his/her assignment of the parking space.

\_\_\_\_\_  
(Signature of Prospective Purchaser)

## MOVE -IN/MOVE-OUT SECURITY DEPOSIT AGREEMENT

The undersigned hereby agree (s) to comply with the provisions of the rules and regulations Le Havre Owners Corporation regarding Move-in or Move-out as noted below:

1. The payment, at the time of scheduling and in advance of the Move-in or Move-out, will be by certified check, bank check or money order, in the amount of Five Hundred Dollars (\$500.00) made payable to Le Havre Owners Corporation as a Security Deposit, which shall be refunded to the undersigned, subject to the conditions as hereafter provided.
2. The date of the Move-in or Move-out from the apartment shall be scheduled with the Maintenance Department (718-767-6200). It is understood that the total amount of the Security Deposit shall be forfeited if the resident fails to schedule Move-in or Move-out of property with the Maintenance Department, or arranges for the delivery or removal of property from the apartment at other than the time scheduled. (Move-ins and/or Move-outs are to be scheduled between 8am to 4pm Monday through Saturday only).
3. Any carrier engaged for the delivery or removal of property shall be advised to comply with the instructions of the Building staff assigned for the monitoring and supervision of the Move-in or Move-out.
5. The undersigned shall be responsible for any damages caused in the common elements of LeHavre during the process of the Move-in or Move-out.
6. The cost for repairs and replacement for damages to the common elements caused by and during the Move-in or Move-out shall be deducted from the amount of the Security Deposit. The amount of the cost for any repairs and replacement resulting from the damages attributed to the Move-in or Move-out from the apartment shall be the sole determination of the Managing Agent which shall be based upon prevailing costs for similar repairs and replacement.
7. It is understood that Le Havre shall return to the undersigned the full amount of the Security Deposit within thirty (30) days of the date of the Move-in or Move-out, or the next amount or the net amount of the Security Deposit after deducting the amount of the cost of repairs and replacements, if any, within thirty (30) days after the date of determination of the cost thereof. In the event of a Move-out, the refund should be sent to the forwarding address written below.
8. It is further understood that the amount due or payable to the undersigned from the Security Deposit may not be assigned to another party.

SIGNED:

(LS) \_\_\_\_\_  
(Shareholder/Seller)

(LS) \_\_\_\_\_  
(Prospective Purchaser)

\_\_\_\_\_  
(Bldg. & Apt. or Forwarding Address)

\_\_\_\_\_  
(Bldg. & Apt. or Forwarding Address)

**MOVE-IN/MOVE-OUT NON-REFUNDABLE FEE**  
**AGREEMENT**

The undersigned hereby agree to comply with the provisions of the rules and regulations of Le Havre Owners Corporation regarding Move-in or Move-out fees as noted below:

For the **Seller**, payment is due when the move-out is scheduled, or payable at closing if not paid already. The payment should be by certified check, bank check, or money order, in the amount of One Thousand Five Hundred Dollars (\$1,500.00) made payable to Le Havre Owners Corp. This is a non-refundable fee.

For the **Purchaser**, payment for move-in is due at the closing. The payment should be by certified check, bank check, or money order in the amount of One Thousand Five Hundred Dollars (\$1,500.00) made payable to Le Havre Owners Corp. This is a non-refundable fee.

AGREED BY: \_\_\_\_\_ AGREED BY: \_\_\_\_\_  
(Shareholder/Seller) (Prospective Purchaser)

\_\_\_\_\_  
(Shareholder/Seller)

\_\_\_\_\_  
(Prospective Purchaser)

\_\_\_\_\_  
(Bldg./Apt or Forwarding Address)

\_\_\_\_\_  
(Bldg. & Apt.)

\_\_\_\_\_



NAMEPLATE REQUEST

Please complete the information requested on this form and mail or return to the Management Office as soon as possible.

\_\_\_\_\_

Building \_\_\_\_\_

Apartment \_\_\_\_\_

\_\_\_\_\_ Name on Mailbox \_\_\_\_\_  
(Please Print)

\_\_\_\_\_ Name on Directory \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Dear Resident/Prospective Resident:

On behalf of the Board of Directors of LeHavre Owners Corp. and the LeHavre Shareholders, we would like to clarify how the Cooperative is run.

The governing body of the Cooperative is the Board of Directors. Elections for Board Members are held once a year. Notice is given to Shareholders and an Annual Meeting is held; usually in the month of October. At that time, Shareholders vote for the Director(s) of their choice.

The Administration of LeHavre is handled by a Management Supervisor and the Management Office is located at 168-68 Ninth Avenue, Whitestone, NY. The telephone number is 767-7400.

Our Maintenance Department (located at the same address as Management) handles any maintenance that is necessary. The telephone number is 767-6200. The Maintenance Office can be reached 24 hours a day. However, between the hours of 4:00 PM and 7:00 AM the staff will respond to "emergencies" only.

Each Shareholder is responsible for all repairs within his/her own apartment. If Maintenance is requested to do Shareholder-responsible repairs inside an apartment, the cost of the work will be added to the monthly maintenance bill. The charge for these services will be \$38.10 per man-hour for repairs / \$19.10 per half hour. Additionally, you will be charged for parts used to make the repair.

In emergency situations, Management and any contractors or workmen authorized by Management may enter any apartment. If necessary, shareholders must allow access to their apartments within a reasonable time period for non-emergency repairs and exterminating services.

Maintenance charges are due and payable on the first day of each month. Any shareholder whose maintenance envelope is not received by our back office Metro Management by the 12<sup>th</sup> day of the month will incur a late fee of \$25.00 plus an administrative charge of \$25.00 totaling \$50.00. Maintenance checks cannot be accepted in the Management Office unless there is a discrepancy in the amount billed.

The attached House Rules & Regulations supersede all previous versions as well as the House Rules & Regulations of the Proprietary Lease.

Everyone's cooperation in abiding by these rules would be greatly appreciated by the community and will continue to keep LeHavre a fine place to live.

**Le Havre Owners Corp.,**  
**Dog Policy Clarification/**  
**Amendment to House**  
**Rules**

**Effective January 1, 2015**

The House Rules of Le Havre Owner's Corp. shall be amended to include the following policy concerning the harboring of dogs at Le Havre. All prior policies concerning the harboring of dogs at Le Havre shall be deemed rescinded and of no further force or effect.

Shareholders entering into contract after January 1, 2015, are not allowed to own a dog and if found to be harboring an illegal dog will incur a fine of \$250. Furthermore, failure to remove the dog will result in a \$250 fine being levied against their account each month, thereafter, until the illegal dog is removed from the apartment.

Residents who purchased their apartment prior to January 1, 2015 and are found to be harboring an unregistered dog will incur a fine of \$250 but they will be given the option of registering their dog at a cost of \$1,000. Failure to register their dog will result in a \$250 fine being levied against their account each month, thereafter, until they register the dog or have the dog removed from their apartment.

The same rule applies to the sponsor apartments with the fine being added to the sponsors account. The sponsor will be obligated to pass it on to their tenant.

There are no visiting dogs allowed (except for registered dogs). A \$250 fine will be levied against the account of anyone found to have a dog visiting in their apartment.

An annual dog fee of \$100 per apartment will be charged on the April maintenance bill.

**BOARD'S RESERVATION OF RIGHTS:**

Le Havre Owners Corporation has the right to prohibit any animal from being kept on the premises that is a disturbance or danger to the other occupants of the complex. The keeping of any dog shall be expressly permitted by Le Havre Owners Corporation; such permission shall be revocable by the Board of Directors.

**NUMBER OF DOGS:**

Residents who were allowed to register two (2) dogs prior to March 2012 can continue to own two (2) dogs for the dogs lifetime or until they are removed from the apartment. However, they will only be allowed one replacement dog (which will be after the last dog passes on) since second dogs are no longer allowed at Le Havre Owners Corp..

No new registrations will be issued for Dobermans, Rottweiler's, Pit Bulls or Cane Corso's (whether pure breeds or mixed breeds where one or more of the listed breeds predominates).

### **INSURANCE:**

Residents who are permitted by Le Havre Management to own a dog(s) will be required to carry liability insurance covering personal injury and property damage, proof of which is required at the time of registration.

### **RULES AND RESTRICTIONS:**

All dogs must be kept on leashes and under the direct control and supervision of their owner at all times while not inside their apartments. It is a violation to leave a dog unattended on the grounds, patios, walkway, or underneath the buildings. Any dog seen running loose or left tied up should be reported to management, and fines will be assessed against the unit owner.

Dogs are not permitted in the areas of the tennis courts, pools or playgrounds.

Dogs must not be walked or allowed to defecate or urinate on the lawns, walkways or common areas of Le Havre. Should the dog accidentally relieve itself in a public area of the building or common properties, it is the pet owner's responsibility to immediately pick up/clean up the excrement left by their pet.

Sublessee's are not allowed to own dogs.

### **SHAREHOLDER LIABILITY:**

Dog Owners are responsible for any property damage or injury that their pet may cause or inflict anywhere on the property. The shareholder expressly agrees to hold Le Havre harmless and indemnify Le Havre in the event there is any loss and/or damage resulting from the harboring of a dog at Le Havre.

### **COSTS & FEES:**

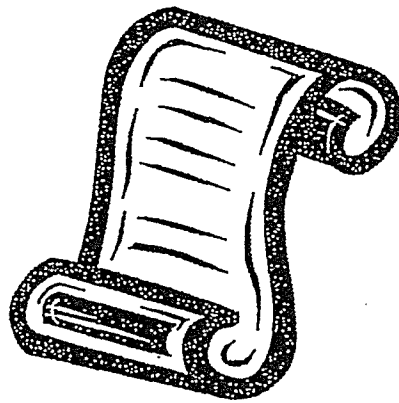
Shareholders who violate one or more of the dog provisions will be subject to one of the following actions: 1) legal action including forced removal of the pet; 2) termination of their proprietary lease; 3) administrative fees in the schedule listed below; 4) any and all remedies in the proprietary lease, including, but not limited to the imposition of legal fees. All fees, costs and expenses necessary to enforce this resolution will be levied against the shareholder and shall be deemed additional rent pursuant to the shareholder's proprietary lease and subject to all lien and collection powers of Le Havre Owners Corporation. The Board reserves all rights to enforce these rules under the terms and conditions of the proprietary lease and the Board's remedies shall be deemed cumulative.

Administrative Fee Schedule	
1st Violation	\$250
2 <sup>nd</sup> Violation	\$500
3 or more Violations	\$1,000

**(HARBORING AN UNREGISTERED DOG IS A VIOLATION OF LE HAVRE OWNERS CORP. DOG POLICY)**

# **HOUSE RULES**

## **Policies & Procedures**



**Le Havre Owner's  
Corporation**  
**Version VI**

**Updated: May, 2016**

## Index

1 .	General Rules .....	Page 1
2 .	Apartment Use Rules .....	Pages 2 — 3
3 .	Terrace Rules .....	Page 3 — 4
4 .	Public Area Rules .....	Pages 4 — 5
5 .	Parking Rules.....	Pages 5
6 .	Important Phone Numbers .....	Page 5

## House Rules of Le Havre Owners Corporation

*The House Rules are part of the Proprietary Lease of all shareholders. All residents, shareholders; tenants (renters of the sponsor) and sub lessee's are bound by these rules. Failure to follow them constitutes a violation of the Proprietary Lease and shall entitle Le Havre Owners Corporation (LHOC) to pursue legal remedies.*

### General Rules

Any permission given under these rules can be revoked at any time. Apartments are to be used for residential purposes only.

Residents are reminded that they live in multi-family buildings and must be considerate of their neighbors at all times.

Residents shall not feed any animal or bird from their apartment windows, terraces or anywhere on the grounds of Le Havre.

Any damage done to Le Havre property by a minor Is the financial responsibility of the responsible resident,

As required by NYC law, residents who have children under the age of 11 are required to have window guards installed on their windows. Contact the Maintenance Dept to arrange for installation of guards.

It is important for residents to provide LHOC's Maintenance Dept. with a set of keys to their apartment, or the name and telephone number of another Individual who has a set of keys. Keys or telephone numbers will be used only in the event of an emergency such as a fire, water leaks, etc. If no one can be contacted, LHOC has the right to forcibly enter the apartment and all costs Involved will be the responsibility of the owner.

Residents selling their apartments must surrender their apartment and lobby door keys at closing.

Shareholders are required to carry personal property and liability insurance with Le Havre Owner's Corp. listed as additional insured as well as provide Management with a copy of their policy. Residents are responsible for damage caused to another apartment or to corporation property resulting from fire, water, etc. which emanates from their apartment.

LHOC has the right to inspect any resident's apartment with adequate notice to ensure compliance with these House Rules. Yearly inspections will be conducted beginning September 2010.

Residents are not permitted to hire LHOC employees to perform private work for them.

## Apartment Use Rules

Residents are required to determine the identity of anyone they buzz into the building before they give them access.

Residents are responsible for repairs and maintenance of their own apartments.

Residents shall not make or permit to be made any disturbing noises in the building (including excessive dog barking) which will interfere with the rights, comfort or convenience of other residents

No resident shall play any musical instrument or operate a stereo, radio, television, loud speaker or any other source of amplified sound in their apartment between the hours of 10:00PM to 8:00AM on weekdays and from midnight to 8:00AM on weekends.

Residents are required to cover the floor area of each room, with the exception of the kitchen, bathroom and closets, with 80% carpeting or rugs with effective noise reducing material.

Residents are allowed to carry out minor renovations; however, they must submit an Alteration Agreement and provide insurance as stated in item #7 of the Alteration Agreement, to the Maintenance Department to obtain written authorization prior to commencing work. An Alteration Agreement is required for hardwood, laminate, floating, tiled flooring, carpet installation, and satellite dishes, as well as any alteration that affects the structure of the building including, but not limited to, terrace enclosures, installing / replacing cabinets, changes to electricity, plumbing, etc. There is a fee for this agreement and shareholders should contact Management for the requirements. Construction, repair work or installations involving noise shall be allowed only during the hours of 8:30AM to 4:00PM Monday thru Friday. Renovation work is not permitted on Saturdays, Sundays or public holidays.

All contractors / renovators must adhere to the EPA Lead Paint Guidelines which applies to any job whereby painted areas are being disturbed. The person supervising the job must have Lead Paint Certification and follow special testing, preparation, containment, clean up and record keeping procedures.

Residents May receive deliveries and remove appliances, furniture, etc. Monday thru Saturday between the hours of 8:00AM and 4:00PM. At least 24 hours advance notice must be given to the Maintenance Department so that protective padding can be placed in the elevator. Any damage caused to Le Havre property by such deliveries or removals will be charged to the resident. Absolutely no deliveries or removals can take place after 4:00 PM. If the delivery vehicle is running late you must notify the Maintenance Department before 4:00 PM and reschedule the delivery.

Residents must obtain clearance from the Maintenance Department at least 24 hours prior to any move. Moving is allowed Monday thru Saturday 8:00AM to 4:00PM. There are fees for moving in and out. Check with Management for the current fee structure. No move-in or move-outs can take place on Sundays or public holidays.



Residents are responsible for maintaining a clean apartment and keeping it insect, vermin and pest free. Le Havre provides extermination services on a regular basis without charge. Residents may call the Maintenance Office to make arrangements for such service. Le Havre has the right to enter an apartment, with prior notice, to ascertain if extermination services are necessary and to take appropriate action.

Residents are responsible for cleaning windows as per the manufacturer's recommendations. The manufacturer recommends cleaning windows at least every 6 months using a mild soap and water solution, rinsing thoroughly with clear water and wiping dry. Window frames, tracks and sills should be vacuumed and cleaned, ensuring that weep holes are clear. Window treatments are not to be adhered to the windows. No item is to be nailed, screwed, etc. to the window frames.

Windows: do not mount vertical blinds or any window treatments directly into the windows or snap trim; do not apply tinting or adhere any items to your windows or snap trims.

Residents may have air conditioning units installed only in the lower sash of their windows; air conditioners cannot be placed in a stationary window. The units must be installed by LHO's Maintenance Dept. (There is a fee for this service). Call the Maintenance Department for the current rate.

Residents are not permitted to have washing machines or dryers in their apartments. *Jacuzzi tubs are not allowed in the apartment.*

Residents must have and maintain functioning fire and carbon monoxide detectors per NYC law.

Shareholders may sublease their apartments at the discretion of the Board of Directors. For current requirements contact the Management Office.

### Terraces

If you are planning to install an enclosure, please contact the Management Office for an Alteration Agreement and the necessary specifications before any work is scheduled.

Plants may be hung on the inside of the terrace on supports hung from the railing. Planters must not be placed directly on the terrace wall. Plants may be placed on the terrace floor as long as approved protective material is placed underneath the planter.

Storage bins, containers, and other large items placed on terraces must be no higher than the exterior terrace wall.

Hoses cannot be hung over the side of the terrace to dispose of water while having carpets shampooed, as this will lead to staining of the building and void our warranties. Please make sure that the company hired to shampoo your carpets has a portable machine that contains all the water.

Please do not drill into your terrace or puncture the new coating in any way; install or mount any brackets within the balcony walls; install any temporary flooring i.e. carpeting; install any permanent flooring i.e. tiles or wood. If you wish to install a satellite dish, please contact the Management Office to pick up an Alteration Agreement (see page 2).

Additionally, tile cutting / contracting work on your terrace is prohibited as it damages the coating and voids the warranty.

Residents are to use only lightweight lawn furniture on terraces and must use protective shields under any sharp legs, etc. so as to ensure that the terrace floors are not damaged.

The terrace is not to be used for hanging laundry or shaking out any articles.

Per NYC Law, only electric grills can be used on the terraces.

Pets should not be left unattended on the terrace at any time.

### **Rules related to Public Areas**

Management must approve all notices and will make arrangements for notices to be posted in the appropriate places. Residents are not to tape notices in the elevators or entrance ways. No signs, notices, advertisements etc., can be displayed on any window or other part of the building without Management's approval.

Halls and stairwells shall be kept clear of personal items, including but not limited to boots, shoes, umbrellas, carriages, sports equipment etc. Personal items in public areas create a fire hazard and place all occupants at risk.

Residents should arrange to have items such as newspapers, packages, etc. picked up from their doors while away from their apartments.

Residents are responsible for keeping public areas, including utility rooms clean. All wet debris must be securely wrapped and drip free. All bagged garbage must easily fit into the chute. Cat litter must be bagged before placing down the chute. Bottles and cans are to be appropriately placed for recycling. Cartons, boxes and crates must be flattened and placed in the recycling bin or left neatly on the utility room floor. Extra large boxes should be brought down to the cage on the side of the building. Under no circumstances should flammable materials be put down the chute. If in doubt about what can be put down the chute or where to place debris ask your porter or call the Maintenance Department. Broken glass is to be separated, wrapped, labeled and placed next to the recycling bin.

No one is allowed to play in the interior public areas.

Consumption of alcoholic beverages in any public area of LHOC is strictly forbidden.

Smoking is not allowed in lobbies, elevators or stairwells.

Residents are not permitted to prop open the front door of their building.

**No one is allowed on the roof *except in the case of fire.***

Stairwell doors are fire doors and cannot be propped open at any time as this creates a fire hazard/violation.

Skateboarding, rollerblading, bike riding, ball playing, loud behavior, etc. is not allowed anywhere on the property at any time except for playground areas.

All children playing in LHOC playgrounds must be supervised by an adult

Playground hours are 10:00AM - 8:00PM Sunday thru Thursday; 9:00AM - 9:00PM Friday and Saturday during the summer period. Playgrounds will close at dusk for the remainder of the year.

### Parking Rules

Numbered parking spaces are leased on a monthly basis.

No one is to park in a numbered space without the permission of the lessee.

Any illegally parked car is subject to towing at owner's expense.

Parking spaces are to be used only for motor vehicles or motorcycles.

Parking is at vehicle owner's risk. Residents are responsible for snow removal from their space.

No repairs are to be done in a parking space.

Residents who park adjacent to a landscaped area should park head-in, when feasible, to prevent exhaust fumes from destroying the landscaping.

Residents are encouraged to obtain a Le Havre Parking sticker from the Management Office even if they do not have a leased parking space.

Residents are responsible for the upkeep of their vehicles to avoid oil leaks from damaging the parking lots.

*All vehicles parked on Le Havre grounds are to be registered and insured.*

### Important Phone Numbers:

Management Office (718) 767-7400  
Maintenance Dept. (718) 767-6200 (7:00AM-4:00PM)  
Security (718) 767-6200 (4:00PM-7:00A.M.)  
Le Club (718) 767-2277

# LeHavre

## On the Water

TO: ALL RESIDENTS  
FROM: MANAGEMENT  
RE: HOUSE RULES (SCHEDULE OF ADMIN. FEES)  
DATE: APRIL 2, 2012

---

The Board of Directors has implemented the following list of administrative fees for violation of the co-ops House Rules:

**Safety / Serious Violations:**

Administrative Fee \$500.00

- Improper disposal of needles / syringes in compactor
- Apartment access not allowed
- Non compliance with Renovations / Alteration rules
- Charcoal or gas grills on terrace
- Planters on the terrace wall / or hanging outside of terrace railing
- Air conditioners (not installed by our Maintenance Dept.)
- Installing carpeting, wood or any type of flooring on top of terrace floor
- Installing window treatments directly onto the windows or snap trim
- Attaching satellite dishes (without approval from Maintenance)

**All Other Violations Listed Below:**

Administrative Fee \$250.00

- Pigeon feeding
- Items / laundry hanging over terrace railing
- Non compliance with the co-op insurance requirements
- Non compliance with the 80% carpeting rule
- Shoes, strollers etc., left in the hallways
- Harboring unregistered dogs
- Dogs relieving themselves on the landscaped areas
- Move ins / Move outs on Sundays or weekdays after hours
- Skateboarding, rollerblading, bike riding, ball playing (other than playground areas)

# Le Havre

## On the Water

TO: ALL RESIDENTS  
FROM: MANAGEMENT  
RE: AMENDMENT TO THE HOUSE RULES  
DATE: NOVEMBER 12, 2014

At the most recent Board of Directors Meeting held on November 6, 2014, the Board voted to add the following amendment to the House Rules of the co-op., effective immediately:

### Emergency Access:

All residents, including sponsor apartments, must allow access within twenty four (24) hours from the time they receive a call, a telephone message, or a notice under their door requesting emergency access: Examples of emergency access is as follows:

- Access in flooding situations
- Access to trace and / or repair a leak
- Access for exterminating services where a serious infestation problem exists
- Access to remedy hazardous situations requiring immediate attention.

Failure to provide access within a twenty four (24) hour period will incur a \$500 fine for each day that access has not been granted.

If you have not sent in your updated telephone information to the Maintenance Department in recent months, we ask that you do so upon request of this notice. Even if your contact information has not changed recently we ask that you still send in the emergency card so that we have accurate information. It is vitally important that you list the contact information for a person that can give access on your behalf in the event of you not being able to receive a call or check your messages. This especially is very important if you are planning to be away for a few days, on vacation or away for the winter months.

Failure to respond to a message does not mean that you will be exempt from the fine.

We ask for your full co-operation in this matter.

LE HAVRE OWNERS CORP.

DOG POLICY

Shareholders entering into contract after January 1, 2015, are not allowed to own a dog and if found to be harboring an illegal dog will incur a fine of \$250. Furthermore, failure to remove the dog will result in a \$250 fine being levied against their account each month, thereafter, until the illegal dog is removed from the apartment.

I have read and understand the above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## LE HAVRE OWNERS CORP. HOUSE RULES

I HEREBY CONFIRM, BY SIGNING BELOW, THAT I HAVE READ AND UNDERSTAND ALL OF THE HOUSE RULES OF LE HAVRE OWNERS CORP., WITH PARTICULAR ATTENTION TO THE FOLLOWING:

- BEFORE ANY WORK CAN BE CARRIED OUT IN AN APARTMENT, THE SHAREHOLDER MUST CONTACT THE MAINTENANCE OFFICE AT (718) 767-6200 TO DETERMINE IF AN ALTERATION AGREEMENT IS REQUIRED.
- 80 % CARPETING RULE (ALL ROOMS MUST BE COVERED WITH THE EXCEPTION OF THE BATHROOM AND KITCHEN).
- AN ALTERATION AGREEMENT MUST BE OBTAINED FROM THE MANAGEMENT OFFICE AND COMPLETED AND APPROVED BY THE SUPERINTENDENT BEFORE ANY WORK CAN BE COMMENCED.
- ALL AIR CONDITIONERS MUST BE INSTALLED BY THE MAINTENANCE DEPARTMENT.
- NO FLOOR COVERINGS OF ANY KIND CAN BE PLACED OVER THE TERRACE FLOOR.
- NO DRILLING OR NAILING INTO TERRACE WALLS OR CEILINGS.
- NO DRILLING OR NAILING INTO WINDOW SASHES OR FRAMES.
- NEW RESIDENTS WHO DO NOT HAVE PROPER WINDOW TREATMENTS IN PLACE, HAVE ONE MONTH (30) DAYS FROM THE DATE OF MOVE IN TO COMPLY
- OUTDOOR HOLIDAY DECORATIONS MUST BE REMOVED IN A TIMELY MANNER AFTER THE HOLIDAY.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

B# \_\_\_\_ /Apt. \_\_\_\_

**\*\*IMPORTANT INFORMATION ON HOMEOWNER TAX BENEFITS\*\***

**STAR (School Tax Relief)**

The attached STAR document should be completed by new shareholders, or those shareholders that are not already receiving the credit. These are personal credits so, therefore, the co-op Management are not involved in submitting applications. Please follow the directions carefully and submit the form directly to the address given. Questions regarding the status of this application should be addressed to 311 as this information is not available at the Management office.

**PROPERTY TAX BENEFIT PROGRAMS:**

The second document attached is for shareholders that qualify for Senior Citizen, Disabled, Veterans' or Clergy tax benefit programs. Again, these are personal credits and must be applied for by the shareholder. Questions regarding the status of this application should be addressed to 311.

**THE CO-OP ABATEMENT CREDIT:**

This is an abatement credit that should be added by the City to a new shareholders apartment once they are in receipt of the RPT (Real Property Transfer Tax Return) form that gets filed at every closing. By January 5<sup>th</sup> of every year, the city determines who the shareholder of record is at that time and should apply the credit. If the City does not apply this credit and we are informed of same, we will try to correct it by our administration process.



**INSTRUCTIONS FOR HOMEOWNER TAX BENEFIT  
APPLICATION FOR STAR EXEMPTION****OVERVIEW**

This application is for the following homeowner property tax benefit programs:

- Basic School Tax Relief
- Enhanced School Tax Relief

**APPLICATION DEADLINE**

Your application must be postmarked by March 15, 2017. If eligible, the benefit will begin July 1, 2017.

Please mail the completed application to:

NYC Department of Finance  
P.O. Box 311  
Maplewood, NJ 07040-0311

**IMPORTANT**

Before mailing your application, please review it to ensure that it is completed in its entirety. Make sure all questions are completely answered. Please note that we cannot process your application without all required documents. Incomplete information or missing documents will result in a delay in the processing of your application.

**GENERAL INFORMATION**

The Basic New York State School Tax Relief (STAR) and the Enhanced School Tax Relief (ESTAR) exemptions, reduces the school tax liability for qualifying homeowners by exempting a portion of the value of their home from the school tax.

To qualify for **Basic STAR**, the home must be the owner-occupied, primary residence where the combined 2015 income of the owners and spouses who reside on the property does not exceed **\$500,000**. This application is for owners who were in receipt of the STAR exemption as of 2015/2016 and wish to restore the STAR exemption that was discontinued on their property.

To qualify for **Enhanced STAR**, all owners must be 65 years of age or older as of December 31, 2017. If you own the property with a spouse or sibling, only one of you need to be 65 years or older as of December 31, 2017. The property must be the owner-occupied, primary residence where the combined 2015 income of all owners and spouses who reside on the property does not exceed **\$86,000**. This application is for owners who had a STAR exemption on the same property in the 2015/2016 tax year and wish to apply for Enhanced STAR.

New STAR applicants will register for the STAR credit rather than the STAR exemption with New York State. For more information about the STAR credit visit: <https://www.tax.ny.gov/star/> or call New York State at (518) 457-2036

**Note:** You do not need to register for STAR with New York State if the STAR exemption was on your property for tax year 2015-2016.

## APPLICATION INSTRUCTIONS

### PROPERTY INFORMATION

Provide the complete address and the Borough, Block and Lot number of the property for which you are seeking the tax benefit and the date you purchased the property. The Borough, Block and Lot (BBL) numbers for properties can be found on the finance website at [nyc.gov/bbl](http://nyc.gov/bbl), your deed, or property tax bill. Co-op owners can also check with their managing agent for the information.

### OWNER INFORMATION

Print the name, date of birth and Social Security number of each person who both owns and resides on the property. If there are more than two owners, please complete the additional owners information and certification section of this application. Include their date of birth, current address, and social security number. If the property is owned by a trust or a life estate, the trust beneficiary or the life estate holder is deemed to be the owner for the purposes of the STAR program. A copy of the trust agreement must be included with your completed application.

### ADDITIONAL PROPERTIES

If you own more than two properties, please complete the additional property information and certification section of this application. If the property is outside of NYC and you no longer receive benefits on the property, you must submit a letter from the County/State local Assessor's office indicating there are no benefits on the property.

### INCOME INFORMATION

For BASIC STAR, proof of 2015 income is required for all resident owners and spouses. For ENHANCED STAR, proof of 2015 income is required for all owners and their spouses. **Do not** submit 2016 income documents. If you are not required to file an income tax return, you must submit proof of all earnings for 2015. Proof of income can include: Social Security Income, income reported on 1099s, Pension, Annuities, Alimony, Unemployment, Workers' Compensation, and tenants' rental income.

**Income for STAR purposes:** Use the following table for identifying the line references on 2015 Federal and State income tax forms. You may not use your 2016 tax forms.

Form Number	Title of Income Tax Form	Income for STAR Purposes
IRS Form 1040	U.S. Individual Income Tax Return	Line 37 minus line 15b adjusted gross income minus taxable amount (of total IRA distributions)
IRS Form 1040A	U.S. Individual Income Tax Return	Line 21 minus line 11b adjusted gross income minus taxable amount (of total IRA distributions)
IRS Form 1040EZ	Income Tax Return for Single and Joint Filers With No Dependents	Line 4 only adjusted gross income (No adjustment needed for IRAs.)
NYS Form IT-201	Resident Income Tax Return	Line 19 minus line 9 federal adjusted gross income minus taxable amount of IRA distributions

**HOMEOWNER TAX BENEFIT APPLICATION FOR STAR EXEMPTION****2017/18**

This application is for eligible applicants who had the STAR exemption on their property in the 2015/2016 tax year. If you did not have the STAR exemption on the property for this time period, you are **not** eligible to apply for the STAR Exemption with the Department of Finance. Please register with New York State at: <https://www.tax.ny.gov/star/>. Complete this application if you have an existing Basic STAR exemption and wish to apply for the Enhanced STAR exemption or you are seeking to restore a STAR exemption that your property received during the 2015/2016 tax year but was discontinued. If you have any questions, contact 311 or visit [nyc.gov/contact-finance](http://nyc.gov/contact-finance).

Applications and all required documents must be postmarked by March 15, 2017. Failure to submit required documents will delay processing of the application.

If the deadline falls on a weekend or national holiday, the application must be postmarked by the following business day to receive the exemption for the 2017/18 tax year.

Please check the box of the exemption you are requesting:

☐ Basic STAR☐ Enhanced STAR**SECTION 1 - PROPERTY INFORMATION**

HOUSE NUMBER

STREET NAME

APARTMENT/UNIT

ZIP CODE

Borough/Block/Lot:

YOUR PROPERTY'S BLOCK AND LOT CAN BE FOUND AT [nyc.gov/bbl](http://nyc.gov/bbl)

Date you purchased the property:

MM DD YYYY

Type of Property:

☐ 1-, 2-, 3-family dwelling☐ 4+ family dwelling and the percent of space used for primary residence: \_\_\_\_\_ %☐ Condominium Unit☐ Cooperative - Number of shares for your unit: \_\_\_\_\_

Co-op Management Company:

CONTACT NAME

COMPANY

Phone # \_\_\_\_\_

Is any portion of the property used for other purposes (commercial, professional office, etc.)? ☐ YES ☐ NO

If YES: Percentage of space used for other purposes: \_\_\_\_\_ %

**SECTION 2 - OWNER INFORMATION**

If there are more than two owners, please complete the Additional Owners Information and Certification section of the application.

Owner #1:

FIRST NAME

LAST NAME

Date of Birth:

MM DD YYYY

Social Security #:

Is this Owner #1's Primary Residence?

☐ YES ☐ NO

Owner #2:

FIRST NAME

LAST NAME

Date of Birth:

MM DD YYYY

Social Security #:

Is this Owner #2's Primary Residence?

☐ YES ☐ NO

If any owner does not use the property as their primary residence, please answer the following questions.

Is an owner absent from the residence due to other residency?

☐ YES ☐ NO

Is an owner absent from the residence due to divorce, legal separation or abandonment?

☐ YES ☐ NO

If YES to any of the above, please provide the absent owner's name: \_\_\_\_\_

Note: Married couples cannot have STAR on more than one property unless they are legally divorced or separated.

**SECTION 2 - OWNER INFORMATION - Continued**

Are owners #1 and #2 married? ☐ YES ☐ NO Are owners #1 and #2 brothers/sisters? ☐ YES ☐ NO  
 Is this property owned by a trust? ☐ YES ☐ NO Is there a Life Estate on this property? ☐ YES ☐ NO

Name of person with life estate: \_\_\_\_\_

If YES, read "Owner Information" in the instructions for information on completing this section.

You must provide a copy of the trust agreement or life estate with your application.

**SECTION 3 - ADDITIONAL PROPERTY INFORMATION**

Do any owners own additional property/units? ☐ YES ☐ NO If YES, how many do all of the owners own? \_\_\_\_\_  
 Complete the following for each additional property/unit. If the property is within NYC, please give Borough, Block and Lot number:

Borough \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

OWNER NAME

STREET ADDRESS

CITY AND ZIP CODE

Benefits Received: ☐ Basic STAR ☐ Enhanced STAR ☐ Senior ☐ Disabled ☐ Veteran ☐ Abatement  
☐ Other: \_\_\_\_\_

If property/unit sold, sale date: 

MM
----

DD
----

YYYY
------

 Benefits will be removed from the NYC property.

If you need to list additional properties, please complete the additional property information and certification section of this application.  
 You can only receive a benefit on your primary residence.

**SECTION 4 - INCOME INFORMATION**

For Basic STAR I have attached copies of the 2015 tax returns and schedules for all owners and resident spouses ☐ YES ☐ NO

For Enhanced STAR, I have attached copies of the 2015 tax returns for all owners and spouses ☐ YES ☐ NO

If NO, I certify that I am not required to file and I have attached proof of 2015 earnings (State income tax return, Social Security, 1099 forms, W-2, etc.) ☐ YES

Name of owner(s) not required to file tax forms: \_\_\_\_\_

**SECTION 5 - OCCUPANCY INFORMATION**

Do any of the owners receive Senior Citizen Rent Increase Exemption and/or Disabled Rent Increase Exemption benefits for the property? ☐ YES ☐ NO

Is the property within a housing development that is controlled by a Mitchell-Lama, Limited-Profit Housing Company, Limited Dividend Housing Company, Redevelopment Company, or Housing Development Fund Company?\* ☐ YES ☐ NO

\*If your unit is located in a HDPC (Housing Development Fund Company) building and receives the DAMP exemption (Division of Alternative Management Program), your unit may be eligible to receive the STAR Exemption. Please confirm with your managing agent if your development is receiving this exemption.

Note: Properties receiving a 421A exemption are not eligible for STAR.

**SECTION 6 - SENIOR CITIZEN HOMEOWNERS**

I included a copy of a government-issued ID for all owners who will be 65 or older by December 31, 2017. ☐ YES

**ENHANCED STAR INCOME VERIFICATION PROGRAM**

Property owners who are eligible to receive the Enhanced School Tax Relief (ESTAR) exemption must confirm their eligibility every year by providing documents verifying their income.

For your convenience, you can enroll in the New York State Department of Taxation and Finance's income verification program which will allow us to automatically confirm your eligibility on a yearly basis. If you wish to opt in to the income verification program, please check the box below, and sign your name and date.

**NYS ENHANCED STAR INCOME VERIFICATION PROGRAM OPT-IN AUTHORIZATION**

☐ I want to enroll in the opt-in income verification program and allow New York State Department of Taxation and Finance to automatically confirm my eligibility annually.

Print Name: \_\_\_\_\_ Borough/Block/Lot (BBL): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION 7 - CERTIFICATION AND CONTACT INFORMATION**

*By signing below, I certify that all statements made on this application are true and correct to the best of my knowledge and that I have made no willful false statements of material fact. I understand that this information is subject to audit and should the Department of Finance determine that I made false statements, I may lose my future exemptions and be responsible for all applicable taxes due, accrued interest, and the maximum penalty allowable by law.*

**Important:** *By submitting this application, you acknowledge that you are required to notify DOF of any changes that may affect your eligibility for benefits.*

**ALL OWNERS MUST SIGN AND DATE THIS APPLICATION, WHETHER THEY RESIDE ON THE PROPERTY OR NOT.**

If there are more than two owners, please complete the Additional Owners Information and Certification.

OWNER #1

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OWNER #2

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

How can we  
contact you? \_\_\_\_\_  
PHONE NUMBER EMAIL

**MAILING INFORMATION**

Mail this completed application and ALL REQUIRED DOCUMENTATION to:  
**NYC Department of Finance, P.O. Box 311, Maplewood, NJ 07040-0311**

**PRIVACY ACT NOTIFICATION** - Under the Federal Privacy Act of 1974, if we ask you to give us your social security number, we must tell you whether or not you are obligated to provide us with the social security number, our legal right to ask you for the information, and how we plan to use it. You must list your taxpayer identification number (SSN, ITIN or EIN) in order to apply for an exemption from real property taxes. We are asking this information to make sure that our records are accurate, and that you have submitted accurate information. Our legal right to require this information is contained in Section 1-102.1 of the Administrative Code. This authorizes the Department of Finance to require any person to provide a taxpayer identification number so that we may administer and collect taxes.

**ADDITIONAL OWNERS INFORMATION AND CERTIFICATION**

**INSTRUCTIONS:** Please add each additional owner below in response to questions in Section 2 of the application. This page is part of your application, and may be duplicated and attached if additional pages are necessary. If there are more than six (6) owners, please copy this sheet and complete as required.

**OWNER #3:**

FIRST NAME

LAST NAME

Date of Birth:

MM	DD	YYYY
----	----	------

Social Security #:

--	--	--

Is Owner #3 a New York State Resident? ☐ YES ☐ NOIf No, please give Owner #3's  
primary residence address:

STREET ADDRESS

CITY

STATE

ZIP CODE

Relationship to other owners:

**OWNER #4:**

FIRST NAME

LAST NAME

Date of Birth:

MM	DD	YYYY
----	----	------

Social Security #:

--	--	--

Is Owner #4 a New York State Resident? ☐ YES ☐ NOIf No, please give Owner #4's  
primary residence address:

STREET ADDRESS

CITY

STATE

ZIP CODE

Relationship to other owners:

**OWNER #5:**

FIRST NAME

LAST NAME

Date of Birth:

MM	DD	YYYY
----	----	------

Social Security #:

--	--	--

Is Owner #5 a New York State Resident? ☐ YES ☐ NOIf No, please give Owner #5's  
primary residence address:

STREET ADDRESS

CITY

STATE

ZIP CODE

Relationship to other owners:

**OWNER #6:**

FIRST NAME

LAST NAME

Date of Birth:

MM	DD	YYYY
----	----	------

Social Security #:

--	--	--

Is Owner #6 a New York State Resident? ☐ YES ☐ NOIf No, please give Owner #6's  
primary residence address:

STREET ADDRESS

CITY

STATE

ZIP CODE

Relationship to other owners:

*I certify that all statements made on this application are true and correct to the best of my knowledge and that I have made no willful false statements of material fact. I understand that this information is subject to audit and should the Department of Finance determine that I made false statements, I may lose my future exemptions and be responsible for all applicable taxes due, accrued interest, and the maximum penalty allowable by law.*

**ADDITIONAL PROPERTY INFORMATION AND CERTIFICATION**

**INSTRUCTIONS:** Please add each additional property below in response to questions in Section 3 of the application. This page is part of your application, and may be duplicated and attached if additional pages are necessary.

**ADDITIONAL PROPERTY #1:**

Reason for inclusion: ☐ In State Property: currently receives exemption in New York State/New York City  
☐ In State Property: sold within last 12 months and received exemption in New York State/New York City

Date of Sale:     
MM DD YYYY

☐ Out of State property: currently receives exemption in a state outside of New York

OWNER NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

If property is within New York City, please include the borough, block and lot.

BOROUGH

BLOCK

LOT

Benefits Received:

Exemptions Received: ☐ Basic STAR ☐ Enhanced STAR ☐ Senior ☐ Disabled ☐ Veteran  
☐ Other.

Comments:

**ADDITIONAL PROPERTY #2:**

Reason for inclusion: ☐ In State Property: currently receives exemption in New York State/New York City  
☐ In State Property: sold within last 12 months and received exemption in New York State/New York City

Date of Sale:     
MM DD YYYY

☐ Out of State property: currently receives exemption in a state outside of New York

OWNER NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

If property is within New York City, please include the borough, block and lot.

BOROUGH

BLOCK

LOT

Benefits Received:

Exemptions Received: ☐ Basic STAR ☐ Enhanced STAR ☐ Senior ☐ Disabled ☐ Veteran  
☐ Other.

Comments:

**ADDITIONAL PROPERTY #3:**

Reason for inclusion: ☐ In State Property: currently receives exemption in New York State/New York City  
☐ In State Property: sold within last 12 months and received exemption in New York State/New York City

Date of Sale:     
MM DD YYYY

☐ Out of State property: currently receives exemption in a state outside of New York

OWNER NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

If property is within New York City, please include the borough, block and lot.

BOROUGH

BLOCK

LOT

Benefits Received:

Exemptions Received: ☐ Basic STAR ☐ Enhanced STAR ☐ Senior ☐ Disabled ☐ Veteran  
☐ Other.

Comments:

*I certify that all statements made on this application are true and correct to the best of my knowledge and that I have made no willful false statements of material fact. I understand that this information is subject to audit and should the Department of Finance determine that I made false statements, I may lose my future exemptions and be responsible for all applicable taxes due, accrued interest and the maximum penalty allowable by law*



# INSTRUCTIONS FOR HOMEOWNER TAX BENEFITS APPLICATION

## OVERVIEW

This application is for the following homeowner property tax benefits programs:

- Senior Citizen Homeowners' Exemption (SCHE)
- Disabled Homeowners' Exemption (DHE)
- Veterans' Exemptions (Basic, Combat and Disabled)
- Clergy

## APPLICATION DEADLINE

Your application must be postmarked by March 15, 2017. If eligible, benefits will begin July 1, 2017.

Please mail applications to:

**NYC Department of Finance**  
**P.O. Box 311**  
**Maplewood, NJ 07040-0311**

Faxes will not be accepted. Keep a copy of your completed application and the instructions for your records. Only mail the application and supporting documentation (not the instructions).

## IMPORTANT

Before mailing your application, please review it to make sure it is completed. Make sure all questions are completely answered. Please review the Required Documents Checklist (see page 6) to make sure you have attached all of the required documentation. We cannot process your application without all of the required documents.

## INSTRUCTIONS

### SECTION 1 - PROPERTY INFORMATION

Give the complete address and the Borough, Block and Lot number of the property for which you are seeking tax benefits and the date you purchased the property. The Borough, Block and Lot (BBL) numbers for properties can be found on the Finance website at [nyc.gov/bbl](http://nyc.gov/bbl), your deed/stock certificate, or property tax bill. Co-op owners can also check with their management agent for the information. Provide the date you purchased the property or co-op shares.

Indicate the type of property by checking the appropriate box. If the property is a co-op, please provide the number of shares and the name and contact number of the management company/agent. If you checked 4+ family home, please provide the percentage of space used as your primary residence.

If any percentage of the property is used for non-residential purposes, please indicate the percentage in Section 1 of the application.

### SECTION 2 - OWNER INFORMATION

This section must be completed for all owners/shareholders of the property (each person on the deed or stock certificate). For the purposes of this application, the "owner" includes co-op unit shareholders. Information for all owners is required even if all of the owners do not reside at the property. If there are more than two owners, use the Additional Owners Information and Certification form, which is part of this application.



Provide the name, date of birth and Social Security number for all owners on the deed or stock certificate. Social Security numbers must be included or Finance cannot process your application. If you are a foreign national, please provide your Individual Taxpayer Identification Number (ITIN).

Indicate if this is the primary residence for each owner. Indicate if the owners are spouses or brothers/sisters by checking the appropriate box.

**For properties owned by a trust:** If applying for SCHE/DHE/Veteran, all trustees or the sole beneficiary of the property must be listed as owners. For SCHE, all trustees or the sole beneficiary must live on the property. For Veteran and DHE, at least one trustee or beneficiary must live on the property. **Include a copy of the trust agreement with your completed application.**

**For properties with a life estate:** The holder of the life estate must complete the owner information section. **A copy of the life estate agreement must be submitted with your application.**

If the property is owned by a business, homeowner benefits will not be granted.

To be eligible for the SCHE/DHE, the property must be the primary residence of, and must be occupied by, all eligible owners of the property unless an owner is absent from the property due to:

- ☒ Divorce, legal separation, or abandonment; or,
- ☒ Receiving inpatient health related services at a residential health care facility and the property is not occupied by anyone other than the spouse or co-owner.

A residential health care facility is a nursing home or other facility that provides lodging, board and physical care.

If either of the above applies, please attach documentation with your application.

### SECTION 3 - ADDITIONAL PROPERTY INFORMATION

Answer all questions regarding other property owned and the benefit status. If there are multiple properties, please complete and return the Additional Property Information and Certification, on page 4. You may print out and complete multiple copies of page 4, if additional pages are needed.

If you no longer receive benefits on the additional property outside of NYC, you must submit a letter from the County/State local Assessor's office indicating there are no benefits on other property.

### SECTION 4 - INCOME INFORMATION

If you are applying for the Senior Citizen and/or the Disabled Homeowners benefits, you must provide proof of income for calendar year 2015 for all owners. If 2015 income is not available, you can use your preceding income for 2016. You may submit your 2016 income instead of 2015.

Owners who file a Federal Income Tax return must attach a complete copy of their 2015 return including all schedules and attachments for all owners.

Owners who are not required to file a Federal Income Tax return must attach copies of any income documentation, such as a state income tax return, 2015 Social Security Benefits statements or 1099 forms, Individual Retirement Account (IRA) Earnings statements, W-2, etc.

If you are applying for a Senior Citizen or Disabled Homeowners exemption, attach documentation of any unreimbursed medical or prescription expenses. These expenses will be deducted from your income.

**Note:** If you are a Senior Citizen applying for a Senior Citizen Homeowners Exemption who has had a decrease in income from 2015 to 2016 due to the death of your spouse or registered domestic partner and can provide proof of your 2016 income with your application you may submit your 2016 income in place of the required 2015 income documentation.

**Senior Citizens and Disabled Homeowners: Income Thresholds and Definitions**

Senior Citizens and Disabled Homeowners - Total combined income (TCI) of \$37,399 or less for all the owners and their spouses regardless of where they live. Please note, TCI is not only your Federal Adjusted Gross Income.

**Total combined income for SCHE and DHE includes the following:**

- All social security payments
- Salaries and wages (including bonuses)
- Interest (including nontaxable interest)
- IRA and Annuity Earnings
- Ordinary dividends
- Net earnings from farming, rentals, business or profession (including amounts claimed as depreciation for income tax purposes)
- Income from estates or trusts
- Capital gains
- Gains from sales or exchanges
- Payments from governmental or private retirement or pension plans
- Annuity payments (excluding amounts representing a return of capital)
- Alimony or support money
- Unemployment insurance payments, disability payments, workers' compensation, etc.
- Veteran's Disabled Benefit (for DHE only)

**Income does not include:**

- Supplemental Security Income (SSI)
- Temporary Cash Assistance (Public Assistance)
- Mortgage proceeds (but any interest or dividends realized from the investment of such proceeds are income)
- Gifts, inheritances or a return of capital
- Nazi persecution reparation payments
- Federal Foster Grandparent Program payments
- Distribution from an IRA

**Allowable deductions for SCHE and DHE only:**

- Unreimbursed medical and prescription drug expenses. Do not submit any unpaid bills.  
Form of Proof: cancelled checks, money orders, cash receipts or 1040 Schedule A.

**SECTION 5 - OCCUPANCY INFORMATION**

For the Disabled Homeowner Exemption, at least one owner must have a documented physical or mental disability, not due to the use of alcohol or illegal drugs.

Indicate if any children, including those of tenants, live on the property and currently attend a New York City public school, Grades Pre-K to 12.

Indicate if the property is within a housing development that is controlled by a Mitchell-Lama, Limited-

Profit Housing Company, Limited Dividend Housing Company, Redevelopment Company, or Housing Development Fund Company. Please contact your property manager or managing agent to confirm if you are unsure.

Indicate if any of the owners receive SCRIE or DRIE benefits for the property. This information can be accessed at [nyc.gov/finance](http://nyc.gov/finance).

#### **SECTION 6 - SENIOR CITIZEN HOMEOWNERS (SCHE)**

If you are applying for a Senior Citizen Homeowners Exemption, you must provide a copy of a government-issued ID, such as a driver's license, passport or birth certificate. To be eligible for SCHE, all owners must be at least 65 by December 31, 2017. If the property is owned by spouses or siblings, one of the owners must be 65 by December 31, 2017.

NYC property owners currently receiving the Senior Citizen Homeowner Exemption: If you moved into a new home and received SCHE for your previous home, you have 30 days from the date of purchase to submit your application in order to be eligible for the benefit for the current tax year on your new home.

#### **SECTION 7 - DISABLED HOMEOWNERS (DHE)**

To be eligible for the Disabled Homeowner exemption, an owner must receive one of the following forms of disability-related financial assistance:

- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)
- Railroad Retirement Disability Benefits (RRDB)
- Disability pension from the US Postal Service

To receive the Disabled Homeowner exemption, you must submit a copy of one of the following required documents:

- 2015 award letter from Social Security Administration
- Award letter from the Railroad Board or U.S. Postal Service
- Certificate from the State Commission for the Blind or Visually Handicapped

If you only receive workman's compensation, you are not eligible for the Disabled Homeowner exemption.

#### **SECTION 8 - VETERAN HOMEOWNERS (BASIC, COMBAT AND DISABLED EXEMPTIONS)**

Indicate if any of the owners are veterans, the spouse or widow/widower of a veteran who has not remarried, or parents of a soldier killed in action. Veterans are former members of the United States armed forces or the

Merchant Marines (during World War II) or recipients of expeditionary medals. Please note that the veteran **must** have been called to active duty during one of the following periods of conflict:

- |                           |                                      |
|---------------------------|--------------------------------------|
| ■ <i>World War I</i>      | April 6, 1917 - November 11, 1918    |
| ■ <i>World War II</i>     | December 7, 1941 - December 31, 1946 |
| ■ <i>Korean Conflict</i>  | June 27, 1950 - January 31, 1955     |
| ■ <i>Vietnam War</i>      | February 28, 1961 - May 7, 1975      |
| ■ <i>Persian Gulf War</i> | Beginning August 2, 1990             |

Please note that the Persian Gulf Conflict includes, but is not limited to Operation Enduring Freedom, Op-

eration Iraqi Freedom (Iraq invasion in 2003) and Operation New Dawn (Afghanistan), Operation Joint Forge, Operation Joint Endeavor, and Operation Joint Guard.

To receive a veteran exemption, you must provide a copy of the DD-214 or separation papers for each veteran. You can obtain your DD-214 by calling 1-866-272-6272 or by visiting [archives.gov/veterans](http://archives.gov/veterans). Separation must be under honorable conditions to qualify.

"Combat zone" refers to a location of active combat, such as Vietnam during the Vietnam War. Veterans who served during a period of conflict but who were stationed in non-combat areas (for example, a soldier who was in the service during the Vietnam War dates but who was not stationed in Vietnam or another combat area) should check "No" to the combat zone question. If you checked yes, indicate the combat zone in which the veteran served.

If the Veterans' Administration designates the veteran as disabled, you may be eligible for a disabled veteran exemption. Submit a copy of a Veterans Administration letter for the veteran that indicates the disability rating. You can obtain your disability rating from the US Department of Veterans Affairs by calling 1-800-827-1000 or by visiting [ebenefits.va.gov](http://ebenefits.va.gov).

NYC property owners currently receiving the Veteran Homeowner Exemption: Eligible homeowners who move from one New York City property to another can apply to transfer the benefit mid-year to the new property.

#### **SECTION 9 – CLERGY INFORMATION**

A clergy member is defined as belonging to any religious denomination. The clergy member must:

1. Perform work assigned by the clergy member's denomination as their principal occupation;
2. Be unable to perform such work due to illness or impairment; or
3. Be over the age of 70.

A member of the clergy does not have to occupy the New York City property they own to be eligible for the clergy exemption but must be a resident of New York State. If the member of the clergy is deceased, the surviving spouse may be eligible for a tax reduction for the house the couple owned as long as the surviving spouse still owns the property, is a New York State resident and has not remarried. If the clergy member works for a denomination to which s/he does not belong to, they may not be eligible for the exemption.

#### **SECTION 10 - SIGNATURES AND CERTIFICATIONS**

**All owners must sign and date the application whether or not they reside at the property.**

Please provide a phone number and email address where we can contact you if we have questions about your application.

**EXEMPTION APPLICATION FOR TAX YEAR 2017/2018****REQUIRED DOCUMENTS CHECKLIST**

Find the exemptions you are applying for and look down the column to see what you are required to submit with this application. If you do not submit the required documents you will not be approved. After review of your application, additional documentation may be required to make a determination.

<b>REQUIRED DOCUMENTS</b>	<b>Senior Citizen Home Owner (SCHE)</b>	<b>Disabled Home Owner (DHE)</b>	<b>Veteran</b>	<b>Clergy</b>
<b>PROOF OF AGE</b> Copy of a Government-issued ID (ex: Driver's License, Passport or birth certificate).	✓			
<b>PROOF OF INCOME</b> Copies of 2015 federal tax returns and schedules/attachments for all owners. If any owners do not file a tax return, proof of 2015 earnings (Social Security, 1099 forms, IRA earnings, W-2)	✓	✓		
<b>PROOF OF DEDUCTIONS</b> Copies of receipts for unreimbursed medical or prescription expenses	✓	✓		
<b>PROOF OF DISABILITY</b> One (1) of the following for an owner: <ul style="list-style-type: none"> <li>• Copy of the award letter from the Social Security Administration</li> <li>• Copy of the award letter from the Railroad Board or the U.S. Postal Service</li> <li>• Copy of a certificate from the State Commission for the Blind and Visually Handicapped</li> </ul>		✓		
<b>PROOF OF VETERAN</b> <ul style="list-style-type: none"> <li>• Copy of DD-214 or separation papers for each veteran</li> <li>• For each disabled veteran, copy of Veteran's Administration letter documenting the disability rating</li> </ul>			✓	
<b>PROOF OF CLERGY MEMBER</b> <ul style="list-style-type: none"> <li>• Copy of verification letter from employer</li> </ul> If inactive one of the following in addition to the above: <ul style="list-style-type: none"> <li>• Physician's statement</li> <li>• Copy of a government-issued ID</li> <li>• Copy of marriage certificate and a copy of your spouse's death certificate</li> </ul>				✓

**TAX BENEFITS APPLICATION FOR HOMEOWNERS****2017/18**

This application is for your eligible New York City primary residence. Please read the instructions before you fill it out.  
If you have questions, contact 311 or visit [nyc.gov/contactfinance](http://nyc.gov/contactfinance).

**Applications with all required documents must be postmarked by March 15, 2017.**  
**Please submit all required documents. Failure to do so will delay processing or result in denial.**

(if the deadline falls on a weekend or national holiday, the application must be postmarked by the following business day to be eligible for the 2017/18 tax year)

Please check the box of each exemption you are requesting:

☐ **Senior**

Sections 1, 2, 3, 4, 5, 6, 10

☐ **Disabled**

Sections 1, 2, 3, 4, 7, 10

☐ **Veteran**

Sections 1, 2, 3, 8, 10

☐ **Clergy**

Sections 1, 2, 3, 9, 10

**SECTION 1 - PROPERTY INFORMATION**

HOUSE NUMBER

STREET NAME

APARTMENT/UNIT

ZIP CODE

Borough/Block/Lot:

YOUR PROPERTY'S BLOCK AND LOT CAN BE FOUND AT [nyc.gov/bbl](http://nyc.gov/bbl)

Date you purchased the property:

MM	DD	YYYY
----	----	------

Type of Property:

☐ 1-, 2-, 3-family dwelling☐ 4+ family dwelling and the percent of space used for primary residence: \_\_\_\_\_%☐ Condominium Unit☐ Cooperative - Number of shares for your unit: \_\_\_\_\_Coop Management Company: \_\_\_\_\_ Phone # \_\_\_\_\_  
CONTACT NAME COMPANYIs any portion of the property used for other purposes (commercial, professional office, etc.)? ☐ YES ☐ NO

If YES: Percentage of space used for other purposes: \_\_\_\_\_%

**SECTION 2 - OWNER INFORMATION**

If there are more than two owners, please complete the Additional Owners Information and Certification section of the application.

Owner #1: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
FIRST NAME LAST NAME MM DD YYYY

Social Security #: \_\_\_\_\_

Is this Owner #1's Primary Residence? ☐ YES ☐ NOOwner #2: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
FIRST NAME LAST NAME MM DD YYYY

Social Security #: \_\_\_\_\_

Is this Owner #2's Primary Residence? ☐ YES ☐ NO

If any owner does not use the property as their primary residence, please answer the following questions.

Is an owner receiving medical care as an in-patient at a residential health care facility? ☐ YES ☐ NOIs an owner absent from the residence due to other residency? ☐ YES ☐ NOIs an owner absent from the residence due to divorce, legal separation or abandonment? ☐ YES ☐ NO

If YES to any of the above, please provide the absent owner's name: \_\_\_\_\_

**SECTION 2 - OWNER INFORMATION - Continued**

Are owners #1 and #2 married? ☐ YES ☐ NO Are owners #1 and #2 brothers/sisters? ☐ YES ☐ NO  
 Is this property owned by a trust? ☐ YES ☐ NO Is there a Life Estate on this property? ☐ YES ☐ NO

Name of person with life estate: \_\_\_\_\_

If YES, read "Section 2 - Owner Information" in the instructions for information on completing this section.

You must provide a copy of the trust agreement or life estate with your application.

**SECTION 3 - ADDITIONAL PROPERTY INFORMATION**

Do any owners own additional property/units? ☐ YES ☐ NO If YES, how many do all of the owners own? \_\_\_\_\_  
 Complete the following for each additional property/unit. If the property is within NYC, please give Borough, Block and Lot number:

Borough \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

OWNER NAME

STREET ADDRESS

CITY AND ZIP CODE

Benefits Received: ☐ Basic STAR ☐ Enhanced STAR ☐ Senior ☐ Disabled ☐ Veteran ☐ Abatement

☐ Other: \_\_\_\_\_

If property/unit sold, sale date:           Benefits will be removed from the NYC property.

MM DD YYYY

If you need to list additional properties, please complete page 5. You can only receive a benefit on your primary residence.

**SECTION 4 - INCOME INFORMATION**

I attached copies of the 2015 federal tax return and schedules for all owners and spouses. ☐ YES ☐ NO

If NO, I certify that I am not required to file and I have attached proof of 2015 earnings  
 (State income tax return, Social Security, 1099 forms, W-2, etc.) ☐ YES

Name of owner(s) not required to file tax forms: \_\_\_\_\_

Senior Citizen and Disabled Homeowners: Please attach documentation for any unreimbursed medical or prescription expenses for 2015. Do not submit copies of unpaid bills.

**SECTION 5 - OCCUPANCY INFORMATION**

Do any children, including those of tenants, live on the property and attend  
 a New York City public school, Grades Pre-K to 12? ☐ YES ☐ NO

Do any of the owners receive Senior Citizen Rent Increase Exemption and/or Disabled Rent  
 Increase Exemption benefits for the property? ☐ YES ☐ NO

Is the property within a housing development that is controlled by a Mitchell-Lama,  
 Limited-Profit Housing Company, Limited Dividend Housing Company, Redevelopment  
 Company, or Housing Development Fund Company? ☐ YES ☐ NO

**SECTION 6 - SENIOR CITIZEN HOMEOWNERS**

I included a copy of a government-issued ID for all owners who will be 65 or older by December 31, 2017. ☐ YES

**SECTION 7 - DISABLED HOMEOWNERS**

Do any of the owners or their spouses receive disability income, such as: Social Security Disability Insurance,  
 Supplemental Security Income, Railroad Retirement Disability Benefits or a Disability Pension? ☐ YES ☐ NO

If yes, submit a copy of one or more of the following required documents:

- Social Security Administration award letter
- Railroad Retirement Board or the U.S. Postal Service award letter
- State Commission for the Blind and Visually Handicapped certificate
- Veteran Administration letter

**SECTION 8 - VETERAN HOMEOWNERS**

Are any of the owners a veteran who served during a period of conflict?

☐ YES ☐ NO

List years of service. Ex.: 1965 - 1972 \_\_\_\_\_

Are any of the owners a spouse or a widow/er of a veteran who has not remarried or a parent of a soldier killed in action?

☐ YES ☐ NO

Did the veteran serve in a combat zone or theater?

☐ YES ☐ NO

If yes, where? (combat zone or theater) \_\_\_\_\_

Was the veteran disabled in the line of duty?

☐ YES ☐ NO

If yes, submit a copy of a letter from the VA documenting the disability rating for each veteran.

I submitted a copy of the DD-214 or separation papers for each veteran.

☐ YES ☐ NO**SECTION 9 - CLERGY INFORMATION**

Are you an active member of the clergy primarily responsible for ministerial work?

☐ YES ☐ NO

If NO, were you unable to perform such work due to an illness or impairment?

☐ YES ☐ NO

Are you over age 70?

☐ YES ☐ NO

Are you an unmarried surviving spouse of the clergy member?

☐ YES ☐ NO

Do you have any secular employment which may make you ineligible for the exemption?

☐ YES ☐ NO

If YES, please explain: \_\_\_\_\_

Check the box(es) indicating the documentation you submitted to prove eligibility.

I submitted a verification letter from the church employer

☐ YES ☐ NO

I submitted a physician's statement documenting the illness or impairment

☐ YES ☐ NO

I submitted a copy of a government-issued ID, birth certificate or baptismal certificate

☐ YES ☐ NO

I submitted a copy of my marriage certificate and a copy of my spouse's death certificate

☐ YES ☐ NO**SECTION 10 - CERTIFICATION AND CONTACT INFORMATION**

*By signing below, I certify that all statements made on this application are true and correct to the best of my knowledge and that I have made no willful false statements of material fact. I understand that this information is subject to audit and should the Department of Finance determine that I made false statements, I may lose my future exemptions and be responsible for all applicable taxes due, accrued interest, and the maximum penalty allowable by law.*

**Important:** *By submitting this application, you acknowledge that you are required to notify DOF of any changes that may affect your eligibility for benefits.*

**ALL OWNERS MUST SIGN AND DATE THIS APPLICATION, WHETHER THEY RESIDE ON THE PROPERTY OR NOT.**

If there are more than two owners, please complete the Additional Owners Information and Certification.

OWNER #1

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

OWNER #2

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

How can we  
contact you? \_\_\_\_\_

PHONE NUMBER

EMAIL

**MAILING INFORMATION**

Mail this completed application and ALL REQUIRED DOCUMENTATION to:  
**NYC Department of Finance, P.O. Box 311, Maplewood, NJ 07040-0311**

**PRIVACY ACT NOTIFICATION** - Under the Federal Privacy Act of 1974, if we ask you to give us your social security number, we must tell you whether or not you are obligated to provide us with the social security number, our legal right to ask you for the information, and how we plan to use it. You must list your taxpayer identification number (SSN, ITIN or EIN) in order to apply for an exemption from real property taxes. We are asking this information to make sure that our records are accurate, and that you have submitted accurate information. Our legal right to require this information is contained in Section 1-102.1 of the Administrative Code. This authorizes the Department of Finance to require any person to provide a taxpayer identification number so that we may administer and collect taxes.



**ADDITIONAL OWNERS INFORMATION AND CERTIFICATION**

**INSTRUCTIONS:** Please add each additional owner below in response to questions in Section 2 of the application. This page is part of your application, and may be duplicated and attached if additional pages are necessary. If there are more than six (6) owners, please copy this sheet and complete as required.

**OWNER #3:**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 Date of Birth:         Social Security #:        
MM DD YYYY  
 Is Owner #3 a New York State Resident? ☐ YES ☐ NO  
 If No, please give Owner #3's  
 primary residence address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE  
 Relationship to other owners: \_\_\_\_\_

**OWNER #4:**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 Date of Birth:         Social Security #:        
MM DD YYYY  
 Is Owner #4 a New York State Resident? ☐ YES ☐ NO  
 If No, please give Owner #4's  
 primary residence address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE  
 Relationship to other owners: \_\_\_\_\_

**OWNER #5:**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 Date of Birth:         Social Security #:        
MM DD YYYY  
 Is Owner #5 a New York State Resident? ☐ YES ☐ NO  
 If No, please give Owner #5's  
 primary residence address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE  
 Relationship to other owners: \_\_\_\_\_

**OWNER #6:**

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_  
 Date of Birth:         Social Security #:        
MM DD YYYY  
 Is Owner #6 a New York State Resident? ☐ YES ☐ NO  
 If No, please give Owner #6's  
 primary residence address: \_\_\_\_\_  
STREET ADDRESS CITY STATE ZIP CODE  
 Relationship to other owners: \_\_\_\_\_

*I certify that all statements made on this application are true and correct to the best of my knowledge and that I have made no willful false statements of material fact. I understand that this information is subject to audit and should the Department of Finance determine that I made false statements, I may lose my future exemptions and be responsible for all applicable taxes due, accrued interest, and the maximum penalty allowable by law.*

**ADDITIONAL PROPERTY INFORMATION AND CERTIFICATION**

**INSTRUCTIONS:** Please add each additional property below in response to questions in Section 3 of the application. This page is part of your application, and may be duplicated and attached if additional pages are necessary.

**ADDITIONAL PROPERTY #1:**

Reason for inclusion: ☐ In State Property: currently receives exemption in New York State/New York City  
☐ In State Property: sold within last 12 months and received exemption in New York State/New York City

Date of Sale:     
MM DD YYYY

☐ Out of State property: currently receives exemption in a state outside of New York

OWNER NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

If property is within New York City, please include the borough, block and lot.

BOROUGH

BLOCK

LOT

Benefits Received:

Exemptions Received: ☐ Basic STAR ☐ Enhanced STAR ☐ Senior ☐ Disabled ☐ Veteran  
☐ Other. \_\_\_\_\_

Comments: \_\_\_\_\_

**ADDITIONAL PROPERTY #2:**

Reason for inclusion: ☐ In State Property: currently receives exemption in New York State/New York City  
☐ In State Property: sold within last 12 months and received exemption in New York State/New York City

Date of Sale:     
MM DD YYYY

☐ Out of State property: currently receives exemption in a state outside of New York

OWNER NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

If property is within New York City, please include the borough, block and lot.

BOROUGH

BLOCK

LOT

Benefits Received:

Exemptions Received: ☐ Basic STAR ☐ Enhanced STAR ☐ Senior ☐ Disabled ☐ Veteran  
☐ Other. \_\_\_\_\_

Comments: \_\_\_\_\_

**ADDITIONAL PROPERTY #3:**

Reason for inclusion: ☐ In State Property: currently receives exemption in New York State/New York City  
☐ In State Property: sold within last 12 months and received exemption in New York State/New York City

Date of Sale:     
MM DD YYYY

☐ Out of State property: currently receives exemption in a state outside of New York

OWNER NAME

STREET ADDRESS

CITY, STATE AND ZIP CODE

If property is within New York City, please include the borough, block and lot.

BOROUGH

BLOCK

LOT

Benefits Received:

Exemptions Received: ☐ Basic STAR ☐ Enhanced STAR ☐ Senior ☐ Disabled ☐ Veteran  
☐ Other. \_\_\_\_\_

Comments: \_\_\_\_\_

*I certify that all statements made on this application are true and correct to the best of my knowledge and that I have made no willful false statements of material fact. I understand that this information is subject to audit and should the Department of Finance determine that I made false statements, I may lose my future exemptions and be responsible for all applicable taxes due, accrued interest, and the maximum penalty allowable by law.*