

## Purchase Application General Information

Date
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\* PLEASE NOTE THAT THE APPLICATION MUST BE FILLED OUT COMPLETELY BEFORE SUBMITTING. THE APPLICATION WILL NOT BE PROCESSED UNLESS ALL INFORMATION IS LISTED. Applicant's Name ..... (Name must be entered above in manner that Stock Certificates and other Documents are to be drawn) Applicant's Attorney .......Phone......Fax...... City State Zip Seller's Name .......Phone: Home ..... Business ..... Present Home Address Seller's Attorney .......Phone..... City ......Zip ......Zip Transfer Agent ......Phone ...... Closing Date and Time ......Anticipated Date of Possession..... The undersigned hereby offers to purchase...... shares of the Capital Stock of ...... ......and the accompanying Proprietary Lease for Apartment.....in Purchase Price of Stock \$......Monthly Charges \$..... Deposit \$......Special conditions, if any..... No 

AMOUNT.....BANK..... (NOTE: This proposal shall result in no legal obligation until a formal contract of purchase and sale is executed by the parties concerned.) The undersigned has filled out the information sheet below and understands that this information is essential in considering the application. It is further understood that this application, when signed by the undersigned, is to be subject to approval by the Seller or Authorized Representative and to the Terms and Conditions hereof. Broker Signature of Purchase Applicant IN ACCORDANCE WITH THE APARTMENT CORPORATION'S POLICY, DOGS, WASHING MACHINES AND COMMERCIAL VEHICLES WILL NOT BE PERMITTED PLEASE INITIAL

## APT#

Name	SS#	DOB	
Present Address			
City	State	Zip	
Work Phone	Cell Phone		
E-mail		RentOwn	
Length of Residence	Rent/Mortgage Payment		
Present Landlord or Mortgage Co		Contact	
Phone	Address	Mortgage Acct. #	
Previous Address	City	StateZip	
Previous Landlord	Phone	Length	
Mother's Maiden Name	In Case of Emergency noting	fy	
Employment			
Employer	Address		
City	State	Zip	
Supervisor	Company or Supe	ervisor's#	
Salary	Date of Hire		
Banking			
Bank	Phone		
Address			
Checking Acct. #	Savings Acct. #	Contact	
Bank (2)	Phone		
Address			
Checking Acct. #	Savings Acct. #	Contact	
Business References			
CPA Firm	Contact Name	Phone	
Law Firm	Contact Name	Phone	
Mortgage Institutions, Banks, including including Attorneys and CPA's, to furnis view a copy of the report being furnishe copy of my signature and authorization legal age (18 years of age or above) to other name and I have never been disp	balances and standing information. I author all information requested of you. In cond to the Landlord or Employer. I authorize will serve as an original. I agree that all thenter into this contract. I further agree that ossessed. I agree that the owner has the by me may be cause for rejection by the L	npliance with FCRA, I understand I may not to all above that a photocopy or facsimile te above information is true and that I am of at I am not renting an apartment under any	
Signature of Applicant		Date	

Names of all Residents known by Ap	plicant	
Others to Occupy (must list all)		
Automobile		
YearMak	eLicense N	No
YearMak	eLicense N	No
Pets		
If you plan to maintain any pets, plea	se specify	
* Only (1) indoor cat is permitted	. ,	
Personal References		
Name		
Address		
City	State	Zip
Name		
City	State	Zip
Remarks		
Please give any additional informatio	n which may be pertinent or helpful	