

The applicant listed below has applied for financing secured by the referenced cooperative shares. Please complete this form by answering all questions or indicating "Unknown" or "N/A" (Not Applicable). This form must be completed by either the management agent or a member of the cooperative board. Your cooperation in providing the requested information is appreciated.

Applicant Name _____

Co-op Address _____ City _____ State _____ Zip Code _____

General Project Information

1. Ownership Breakdown:
 - _____ Total Number of Unsold/Sponsor-Owned Units
(or units owned by holders of unsold shares)
 - _____ Total Number of Sold Units
(include Unsold units in contact to be sold)
 - SOLD UNIT BREAKDOWN:

_____	_____	_____	_____
<i>Principle Residence</i>	<i>Second Home</i>	<i>Investor/Sublet</i>	<i>Co-op Corp. Owned</i>
 - _____ Total Number of Units in Co-op Project

2. Share Breakdown:
 - _____ Total Shares in Project
 - _____ Total Shares Subject Unit

3. Proprietary Lease Expiration Date: _____/_____/_____

4. Does any individual or entity, other than the sponsor, own more than 10% of the total units in the project? Yes NO
5. Is any space within the project designated for commercial/non-residential use?
If Yes, indicate the approximate percentage: _____ Yes NO
6. Are there any land use agreements or is the Co-op subject to a leasehold (Ground Lease)?
If Yes, please provide Ground Lease for review. Yes NO
7. How many shareholders are delinquent more than thirty (30) days on their maintenance fees? _____
8. Does the Co-op impose a Stock Transfer Tax (Flip Tax) upon the sale of units?
If Yes, what is the method of calculation or percent charged to the seller?
_____ Yes NO
9. Is a Lender exempt from the Stock Transfer Tax (Flip Tax) if the Lender acquires a unit's share? Yes NO
10. Who controls the Cooperative Board? Tenant-Shareholders Sponsor Until when? _____/_____/_____
11. Date of the last Amendment filed: _____/_____/_____ Amendment # _____
12. Does the Co-op receive any tax/assessment abatements?
If Yes, indicate type of abatement? Expiration: _____ Until when? _____/_____/_____ Yes NO
13. Are there any mechanic's liens filed against the subject property?
If Yes, indicate type of lien: _____ Yes NO
14. Is the Co-op involved in any litigation?
If Yes, indicate type of litigation: _____ Yes NO
15. Total current reserve funds: \$ _____
16. Does the HOA budget provide for the funding of replacement reserves for capital expenditures and deferred maintenance that is at least 10% of the budget not including any underlying mortgage (if applicable) and property tax expenses? Yes NO
17. Annual HOA dues for the subject unit excluding units portion of the underlying mortgage (if applicable) and building property tax expense _____.
18. Please provide the names and phone number for the following Co-op Board officials:

Co-op Board President: _____	Phone Number: _____
Co-op Board President: _____	Phone Number: _____

2 Sponsor/Holder of Unsold Share Information

Sponsor Name _____

Contact Name _____

Phone Number _____

1. Total number of shares held by the Sponsor: _____
2. Sponsor's monthly rental income: \$ _____
 Sponsor's monthly maintenance fees: \$ _____
3. Are the maintenance fees for Unsold shares current? Yes No
 If No, indicate amount in arrears: \$ _____
4. Have there been assessments or reductions in reserves due to the Sponsor's failure to maintenance fees? Yes No
 If Yes, indicate amount: \$ _____

3 Underlying Mortgage Information

Lender Name _____

1. Monthly Payment: \$ _____
2. Mortgage Balance: \$ _____
3. Maturity Date: _____ / _____ / _____
4. Interest Rate: _____ Fixed Adjustable
5. If adjustable, what is the lifetime cap? _____
6. Date Obtained/Closed: _____ / _____ / _____
7. Have the interest rate or repayment terms of the underlying mortgage been modified or otherwise extended? Yes No
 If Yes, please explain: _____
8. Are payments on the underlying mortgage current? Yes No
 If No, indicate amount in arrears: \$ _____

4 Management Agent & Insurance Information

1. Is the project managed by a professional management company? Yes No

Name _____

Contact Name _____

Phone Number _____

Co-op Address _____

City _____

State _____

Zip Code _____

2. Is the building covered for its replacement cost or maximum allowable coverage for hazard, liability and flood (if applicable) insurance coverage and fidelity bond coverage? Please attach copy of insurance certificate and schedule of coverages. Yes No

Company _____

Agent Name _____

Phone Number _____

3. Does the project have co-insurance? Yes No
 If Yes, what percentage? _____ %
- And is there an agreed amount endorsement? Yes No

5 Signature & Certification

I, the undersigned certify that to the best of my knowledge and belief, the information and statements contained on this form and an any attachments are true and correct.

Signature _____

Date _____

Printed Name _____

Title _____

Phone Number _____