

THE BEACON TOWERS COOPERATIVE APARTMENTS - APPLICATION OF INTEREST AND CREDIT AUTHORIZATION

- Applications can be typed or printed IN INK. **Application may be returned by FAX to (212) 368-5692 or Mailed to the Sales Office below**
- SUBMISSION OF AN APPLICATION WILL NOT GUARANTEE AN APARTMENT.** No fee should be given to anyone in connection with the preparation or filing of this application, OTHER THAN THE SELLING AGENT AT THE SALES OFFICE.

Beacon Towers (Sales Office) – 29 West 138th Street, New York, NY 10037 Tel: (212) 368-5247 (Tours and Interviews By Appt.)

<p>1. Applicant</p> <p>First Name _____ Last Name _____</p> <p>Address _____ Apt.# _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone _____ Cell _____ Work _____</p> <p>Employer _____ Position _____</p> <p>Address of Employer _____ Yrs on Job: _____</p> <p>Annual Salary \$ _____ Overtime Income:\$ _____ Total Income \$ _____</p>	<p>2. Co-Applicant (Include spouse and any other co-applicant). NOTE: Co-Applicant must be co-owner and occupy the residence.</p> <p>First Name _____ Last Name _____</p> <p>Address _____ Apt.# _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone _____ Cell _____ Work _____</p> <p>Employer _____ Position _____</p> <p>Address of Employer _____ Yrs on Job: _____</p> <p>Annual Salary \$ _____ Overtime Income:\$ _____ Total Income:\$ _____</p>
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3. List ALL Household Members (other than the Applicant and Co-Applicant), including age & annual income, that will be living with you in the residence:

1. Name _____ Age: _____ Income \$ _____	3. Name _____ Age: _____ Income: \$ _____
2. Name _____ Age: _____ Income \$ _____	4. Name _____ Age: _____ Income: \$ _____

4. No. of persons in household (including applicant, co-applicant, and dependants): _____

5. Total amount of money available to cover down payment and closing costs. \$ _____

6. Are you or the co-applicant an employee of the City of New York, the NYC Housing Development Corp., The NYC Economic Development Corp., the NYC Housing Authority, or the NYC Health and Hospitals Corp? Yes _____ No _____ (If Yes, please identify the agency/ entity at which you are employed): _____

7. If you answered "yes" to Question 6, have you personally had any role or involvement in any process, decision, or approval regarding this housing development? Yes ___ No ___

NOTE: If you answered 'Yes' to Question 6 above, you may be required to submit a statement from your employer that your application does not create a conflict of interest. If you answered 'Yes' to Question 8 above, you will be required to submit a statement from your employer that your application does not create a conflict of interest. Such statement would not be required until later in the application process, after you have been selected through the lottery, when you will also be required to provide other documents to verify your income and eligibility.

CREDIT CHECK AUTHORIZATION

I/We authorize you to obtain a credit report on the Applicant name(s) listed above once I/We. (If married less than two years or if known by another name or have a designation at the end of your name such as Jr. or II, please indicate). A credit check fee will be requested at the time of eligibility interview, only. If I/We meet the Program's eligibility requirements and am selected to purchase a new home, I/We understand that I/We will need to apply separately for a mortgage loan if I/We need such funds to purchase shares.

Date: _____ Applicant Signature _____ Co-Applicant Signature: _____

This is not an offering. This application of interest is made pursuant to the Beacon Towers Offering Plan, as amended, approved by the New York State Attorney General, July 17, 2008, through the Department of Law of the State of New York. File # C 08-0002.