

**United Veterans Mutual Housing Company, Incorporated  
A/K/A Bell Park Manor-Terrace**

**Sales Package**

**Upon obtaining a purchaser for the apartment, the purchaser or his/her agent must furnish the Screening Committee of the Board of Directors with all of the following. The processing of your application will take approximately 3-4 weeks exclusive of any additional information deemed to be required.**

**Please submit one (1) complete original package of the following forms & documentation. We do not accept Incomplete Packages. ANY forms or DOCUMENTATION from #1 –29 not submitted, will be returned.**

**NO EXCEPTIONS.**

- 1. A bank check or money order for the processing fee to purchase the shares of United Veterans Mutual Housing Company, Inc. in the amount of \$250.00 from the purchaser payable to United Veterans Mutual Housing Co., Inc. This fee is non-refundable.**
- 2. A bank check or money order for background check fee to purchase the shares of United Veterans Mutual Housing Company, Inc. in the amount of \$38.65 per applicant appearing on the Contract of Sale (note: only two (2) applicants are allowed on the Contract of Sale) made payable to United Veterans Mutual Housing Co., Inc.**

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**Also, a bank check or money order in the amount of \$24.50 made payable to United Veterans Mutual Housing Co., Inc. must be submitted for each person, not appearing on the Contract of Sale, who will be residing in the apartment over the age of seventeen (17) for background check.**

**The fees to run background checks are non-refundable.**

- 3. A signed copy of the contract between the selling shareholder and the prospective purchaser that they have entered into written agreement concerning the sale of stock.**

4. Copies of the following for each prospective purchaser and all others who are expected to occupy the apartment:
  - A. Photo Identification (e.g. Driver's License, Passport)
  - B. Proof of Social Security Identification
  - C. Documentation confirming citizenship or permanent residency in the United States (e.g. Birth certificate, passport, green card)
5. A completed and signed **Application for Approval of Sale of Cooperative Apartment.**
6. Completed & signed "**Uniform Residential Application**".
7. (a) A completed and signed authorization form to run background check to purchase the shares of United Veterans Mutual Housing Company, Inc.  
(b) If a person over seventeen (17) will reside in the apartment, a completed and signed authorization form to run a background check.
8. Cooperative loan/ Mortgage commitment letter. **(PRE-APPROVAL/CONDITONAL NOT ACCEPTED).**  
**PLEASE NOTE: ALL PURCHASERS ON THE CONTRACT OF SALE MUST ALSO APPEAR ON THE MORTGAGE. NO EXCEPTIONS.**  
  
**There is \$75.00 fee to complete Co-Op Questionnaire from bank. Please make check payable to United Veterans Mutual Housing Company Inc.**
9. **Signed Employment Letter**  
Letter from employer with employment start date and annual salary.  
**PLEASE NOTE: IN CALCULATING ANNUAL SALARY, OVERTIME AND BONUSES WILL NOT BE FACTORED IN.**
10. **Four (4)** most recent payroll stubs
11. If you are **retired or disabled**, please submit social security and/or pension information. (i.e. Social Security Benefits Letter)
12. **Bank balance letter signed by bank.**  
These forms must be submitted to us from your bank for verification of the data entered on the application.
13. **Six (6)** months **most recent complete** bank statements.  
**Please note: Explanation and documentation of any large deposits must accompany bank statements.**
14. (a) Copies of the last two years **Complete Signed Income Tax** forms, with **all schedules and W2's**.  
(b) Completed & Signed Form 4506. **Fill out 1a – 5 only**

15. Residence Verification Form (attached)
16. Six (6) months most recent cancelled rent checks or rent receipts
17. Two (2) different, current utility bills indicating current residence.
18. If you own your own home, coop or condo, you *must* be in contract to sell this residence before you can purchase in this Co-op. A signed contract of sale is required.
19. Two (2) character reference letters for purchaser.
20. Signed and Notarized Acceptance of House Rules.  
Please remove House Rules from Package. Keep for your information.  
RETURN SIGNED FORM ONLY.
21. Signed and Notarized Agreement of "Occupancy Standards".
22. Signed and Notarized "Prohibition of Subletting" Agreement
23. Signed and Notarized "No Pet Policy".
24. Signed and Notarized "Carbon Monoxide Form".
25. Signed "Smoking Policy".
26. Signed "Insurance Notification".
27. Signed "Lead Paint Notification".
28. Signed and Notarized "Alterations to Apartment" Notification.
29. If seller is deceased and an estate is involved:
  - A. Death certificate
  - B. Letter of Administration/Testamentary dated within the last six (6) months

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Please contact the Management Office at (718) 465-6070 if you have any questions. We ask your indulgence if the form(s) seem somewhat lengthy. Please consider that a cooperative, unlike a rental building, requires cooperation and voluntary effort by the residents. Therefore, a congenial group of residents is far more important to us than would be the case in a rental building. You should also remember that purchasers of apartments will be living with us for an indefinite period. The cooperative is entering into a relationship which may continue for a long time. Bearing this in mind, you will understand the precautions which are designed for the benefit of all present and future lessees.

**NOTE: ALL COMMUNICATION DURING THIS PROCESS MUST BE THROUGH THE MANAGEMENT OFFICE ONLY, YOU MAY NOT CONTACT INDIVIDUAL BOARD MEMBERS.**

**A) The Corporation's current minimum financial requirement for prospective purchasers are as follows:**

**For 3 ½ rooms, 4 ½ rooms, 5 rooms, duplexes and 6 rooms:**

1. Annual income must be at least seven (7) times the total of the annual maintenance charges plus two (2) times your annual mortgage payments, if any. Prospective purchaser must qualify on income only.
2. Income must be verifiable by Form 1040 Federal and State/City IT-201 income tax returns for the past two years for each applicant. (Employer W-2 wage forms required).
3. Cooperative loan financing is limited to a maximum of eighty (80 %) percent of the purchase price.
4. Down payment must be purchaser's funds and must be in purchaser's bank account for a minimum of six (6) months.
5. For ALL GIFTS, funds must be in purchaser's bank account for a minimum of six (6) months.
6. Work history must be verifiable and show stability for each applicant. A credit and background search may be obtained for each applicant and a background search may be obtained for anyone who will reside in the apartment over the age of seventeen (17).
7. The Board of Directors reserves the right to review other assets such as bank accounts, certificates of deposit, stock certificates, etc. and perform a bankruptcy check, credit check and a criminal background check.

**B) The number of people residing in the apartment may not exceed the following standards:**

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**One (1) bedroom** – One or two adults living together as husband and wife, or domestic and financial partners who are not related.

**Two (2) bedroom** – No more than four persons as follows: Two adults and two dependent minor children, in the absence of children, the family may consist of two adults with one parent of either spouse, making a total of three.

**Three (3) bedroom** – No more than six persons as follows: Two adults and four dependent minor children, adult children and parents of either spouse shall be eligible.

**C) The prospective purchaser must be informed of the following restrictions:**

- 1. PETS ARE NOT ALLOWED.**
- 2. A shareholder is not allowed to conduct a business from his/her apartment.**
- 3. No bankruptcy within the past seven (7) years.**
- 4. SUBLETTING STRICTLY PROHIBITED.**
- 5. ONLY TWO SHAREHOLDERS ARE PERMITTED ON THE STOCK CERTIFICATE AND PROPRIETARY LEASE.**
- 6. CO-SIGNORS ARE STRICTLY PROHIBITED. THIS MUST BE THE PRIMARY RESIDENCE OF ANY PERSON(S) PURCHASING.**
- 7. Alterations to the apartment require the approval of the Board of Directors.**

**D) Closing Fees:**

**Purchaser:**

- 1. Only if Contract of Sale calls for financing provisions, \$450.00 fee made payable to Hankin & Mazel, PLLC.**
- 2. A one (1) time non-refundable contribution equal to three months maintenance made payable to United Veterans Mutual Housing Co., Inc.**

**Seller:**

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- 1. \$850.00 fee payable to Hankin & Mazel, PLLC for corporate representation.**
  - 2. Transfer Fee (Flip Tax) – This fee is twenty five percent (25%) of the profit or three percent (3%) of the purchase price, whichever is greater, not to exceed \$250.00 per share.**
  - 3. \$1,500.00 check made payable to United Veterans Mutual Housing Co., Inc., to be held in escrow & returned approximately 45 - 60 days after closing.**



**United Veterans Mutual Housing Company, Inc.  
A/K/A Bell Park Manor-Terrace**

**Application for Approval of Sale of Cooperative Apartment**

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

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

Unit #: \_\_\_\_\_

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

**Note:** The Corporation reserves the right to verify all information supplied herein with credit agencies, landlords, employers, banks, references, etc. By your signature, you authorize verification of all information supplied. **A personal interview shall be required of all purchasers and any individuals who intend to occupy the apartment.**

The information supplied should cover each purchaser when there is more than one person involved.

1. Name(s) of Purchaser(s): \_\_\_\_\_

2. Address: \_\_\_\_\_

3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Telephone No.: Home \_\_\_\_\_ Business \_\_\_\_\_

Other \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

6. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. Who does the Purchaser(s) anticipate will reside in the apartment? (List name, age, and relationship to Purchaser(s))

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8. Previous addresses (last seven (7) years)

Address	Period of Residence	Name & Address of Landlord / Owner
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

9. Employment experience of Purchaser(s) (last seven (7) years) (Indicate whether position was full-time or temporary).

(a) Name & Address of Employer or Business: 

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Date from: 

---

 Date To: 

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Supervisors Name: 

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Phone No.: 

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 Fax No.: 

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Title Duties: 

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Annual Salary: 

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\*If more space is required, please attach additional page

(b) Name & Address of Employer or Business: \_\_\_\_\_

\_\_\_\_\_

Date from: \_\_\_\_\_ Date To: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Title Duties: \_\_\_\_\_

\_\_\_\_\_

Annual Salary: \_\_\_\_\_

\* If more space is required, please attach additional page

10. Estimated annual income of Purchaser(s)

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Submit a breakdown of annual income, indicating sources of each item:

\$ \_\_\_\_\_ Source \_\_\_\_\_

\$ \_\_\_\_\_ Source \_\_\_\_\_

\$ \_\_\_\_\_ Source \_\_\_\_\_

\$ \_\_\_\_\_ Source \_\_\_\_\_

Total \$: \_\_\_\_\_

11. Submit statement of Purchaser's assets and liabilities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* If more space is required, please attach additional page

12. Please list as personal references two (2) persons other than relatives, who have known the purchaser at least two (2) years:

1) Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_



2) Name: \_\_\_\_\_

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

Telephone No.: \_\_\_\_\_

13. A) Have you ever been arrested. Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain.

\_\_\_\_\_

\_\_\_\_\_

\* If more space is required, please attach additional page

B) Have you ever been charged with any type of criminal activity? Yes \_\_\_\_\_  
No \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\* If more space is required, please attach additional page

14. A) State whether purchaser(s) has (have) been convicted of a crime. If so,  
please explain.

\_\_\_\_\_

B) Has anyone who will be living in this apartment ever been convicted of a crime?

\_\_\_\_\_

\* If more space is required, please attach additional page

15. List all debts of Purchaser(s) indicating amount, creditor, due date,  
schedule of payment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* If more space is required, please attach additional page

16. Are there any unsatisfied judgments against purchaser(s)? If so explain.

\_\_\_\_\_

\_\_\_\_\_

17. Has/Have Purchaser(s) ever filed a petition in bankruptcy or had any petition been filed against purchaser(s)? If so, give full particulars including date petition was filed, court and disposition. If discharge was denied, give full particulars:

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18. Please provide bank references (indicate name and address of bank and account numbers for Purchaser(s) ).

Name & Address of Bank \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Account Number \_\_\_\_\_

Name & Address of Bank \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Account Number \_\_\_\_\_

Name & Address of Bank \_\_\_\_\_

\_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Account Number \_\_\_\_\_

19. Address of any additional residence owned or leased by Purchaser.

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20. When does Purchaser plan to take possession of the Apartment?

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**21. Purchaser's attorney**

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

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

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**22. Name, address and telephone number of Seller's broker, (if any):**

\_\_\_\_\_

**23. Purchase price of apartment: \$ \_\_\_\_\_**

If part of the purchase price is being financed, indicate:

Amount to be financed: \$ \_\_\_\_\_

Duration of Loan: \_\_\_\_\_

Estimated monthly payment: \_\_\_\_\_

Lender's name & address: \_\_\_\_\_

\_\_\_\_\_

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**FirstService**  
RESIDENTIAL

If there are any other facts the Purchaser would like to bring to the attention of the Board with regard to this application, please set forth on a separate sheet of paper and attach to this application.

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

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

Co-Applicants Signature: \_\_\_\_\_

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



**United Veterans Mutual Housing Co., Inc.**  
**Bell Park Manor-Terrace**  
221-22 Manor Road  
Bellerose Manor, NY 11427

I hereby authorize United Veterans Mutual Housing Co., Inc. to conduct a background check for the purchase of shares in United Veterans Mutual Housing Company, Inc. or whatever it deems necessary to process my application for residency. I agree to hold landlord and any affiliated organizations harmless for any claims that may arise as a result of this investigation.

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Co-Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

Co-Applicant's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)



**United Veterans Mutual Housing Co., Inc.  
Bell Park Manor-Terrace**

I hereby authorize United Veterans Mutual Housing Co., Inc. to conduct a background check. I agree to hold landlord and any affiliated organizations harmless for any claims that may arise as a result of this investigation. **(For every person who will reside in the apartment over the age of seventeen (17) This form must be completed and signed).**

Residents Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

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

D.O.B: \_\_\_\_\_ SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Residents Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Residents Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print)

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

D.O.B: \_\_\_\_\_ SSN #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Residents Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

**United Veterans Mutual Housing Co., Inc.**  
**aka/ Bell Park Manor-Terrace**

221-22 Manor Road, Bellerose Manor, NY 11427      Phone (718)465-6070    Fax (718)468-7556

**Uniform Residential Application**

This application is designed to be completed by one applicant. In the spirit of U.S. Policy for the achievement of equal housing opportunity, there are no barriers to obtaining housing because of race, color, sexual orientation, national origin, handicap, or familial status. Approval is based on an applicant's ability to prove employment, income, residency, credit and financial history as described in detail below. All information supplied will be verified for its accuracy. All sections must be complete before submitting for approval.

**~This Application Must Be Printed and Legible~**

<i><b>Applicant</b></i>		
First Name	Middle Initial	Last Name
Sex: M F	Social Security Number	Date of Birth
Day Phone #. :		Evening Phone #:

<i><b>Current Residency</b></i>				
Address	Apt#	City	State	Zip Code
Daytime Phone #		Evening Phone #		
Name of Landlord, Mgmt Co.		Phone #	Contact Name	
How long have you lived at this address?	Monthly Rent/Mortgage \$	Own   Rent <input type="checkbox"/>		

<i><b>Prior Residency    Must be filled in if you lived at the current address for less than 2 years</b></i>				
Address	Apt#	City	State	Zip Code
Name of Landlord, Mgmt Co.		Phone #	Contact Name	
How long did you live at this address?	Monthly Rent/Mortgage \$	Own   Rent <input type="checkbox"/>		

<i>Current Employment</i>		<i>Primary source of income</i>	
Name of Employer		Your Position/Title/Type of Business	
Address	City	State	Zip Code
Contact Name	Phone #	Dates of Employment (from-to)	

<i>Annual Salary</i>				
Gross Amount	Overtime	Bonuses	Commissions	Total

<i>Prior Employment</i>		<i>Must be filled in if current employment is less than 2 years</i>	
Name of Employer		Your Position/Title/Type of Business	
Address	City	State	Zip Code
Contact Name	Phone #	Dates (from-to)	

<i>Annual Salary</i>				
Gross Amount	Overtime	Bonuses	Commissions	Total

<i>Asset Accounts</i>		
Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock Investment <input type="checkbox"/> Other _____ Individual Account    Joint Account <input type="checkbox"/> (Supply Spouse Name & SS #) Corporate Account (Supply Tax ID #)    Is this a Borrowing Account?    No <input type="checkbox"/> Yes <input type="checkbox"/>		
Name of Bank or Institution	Branch Address	Account #
Name(s) Exactly as They Appear on this Account	Branch Phone #	Contact Name

<i>Asset Accounts</i>		
Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Stock Investment <input type="checkbox"/> Other _____ Individual Account    Joint Account <input type="checkbox"/> (Supply Spouse Name & SS #) Corporate Account (Supply Tax ID #)    Is this a Borrowing Account?    No <input type="checkbox"/> Yes <input type="checkbox"/>		
Name of Bank or Institution	Branch Address	Account #
Name(s) Exactly as They Appear on this Account	Branch Phone #	Contact Name



<i>Department of Motor Vehicles Identification      Must be Completed if Registered Motorist</i>					
Motorist License ID #	State of License	Primary Vehicle License Plate	Manufacturer	Year	Model

<i>References      Other Than Family Members</i>		
Name	Phone #	Relationship to You
Name	Phone #	Relationship to You

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

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

**United Veterans Mutual Housing Co., Inc.  
aka/ Bell Park Manor-Terrace**

221-22 Manor Road, Bellerose Manor, NY 11427      Phone (718)465-6070    Fax (718)468-7556

**Uniform Residential Application**

This application is designed to be completed by one applicant. In the spirit of U.S. Policy for the achievement of equal housing opportunity, there are no barriers to obtaining housing because of race, color, sexual orientation, national origin, handicap, or familial status. Approval is based on an applicant's ability to prove employment, income, residency, credit and financial history as described in detail below. All information supplied will be verified for its accuracy. All sections must be complete before submitting for approval.

**~This Application Must Be Printed and Legible~**

***Co - Applicant***

First Name		Middle Initial	Last Name
Sex: M F	Social Security Number		Date of Birth
Day Phone #. :		Evening Phone #:	

***Current Residency***

Address	Apt#	City	State	Zip Code
Daytime Phone #		Evening Phone #		
Name of Landlord, Mgmt Co.		Phone #	Contact Name	
How long have you lived at this address?	Monthly Rent/Mortgage \$	Own   Rent <input type="checkbox"/>		

***Prior Residency    Must be filled in if you lived at the current address for less than 2 years***

Address	Apt#	City	State	Zip Code
Name of Landlord, Mgmt Co.		Phone #	Contact Name	
How long did you live at this address?	Monthly Rent/Mortgage \$	Own   Rent <input type="checkbox"/>		

<i>Current Employment</i>		<i>Primary source of income</i>	
Name of Employer		Your Position/Title/Type of Business	
Address		City	State      Zip Code
Contact Name	Phone #	Dates of Employment (from-to)	

<i>Annual Salary</i>				
Gross Amount	Overtime	Bonuses	Commissions	Total

<i>Prior Employment</i>		<i>Must be filled in if current employment is less than 2 years</i>	
Name of Employer		Your Position/Title/Type of Business	
Address		City	State      Zip Code
Contact Name	Phone #	Dates (from-to)	

<i>Annual Salary</i>				
Gross Amount	Overtime	Bonuses	Commissions	Total

<i>Asset Accounts</i>		
Checking    Savings <input type="checkbox"/> Money Market    Stock Investment <input type="checkbox"/> Other _____ Individual Account    Joint Account <input type="checkbox"/> (Supply Spouse Name & SS #) Corporate Account (Supply Tax ID #)    Is this a Borrowing Account?    No <input type="checkbox"/> Yes		
Name of Bank or Institution	Branch Address	Account #
Name(s) Exactly as They Appear on this Account	Branch Phone #	Contact Name

<i>Asset Accounts</i>		
Checking    Savings <input type="checkbox"/> Money Market    Stock Investment <input type="checkbox"/> Other _____ Individual Account    Joint Account <input type="checkbox"/> (Supply Spouse Name & SS #) Corporate Account (Supply Tax ID #)    Is this a Borrowing Account?    No <input type="checkbox"/> Yes		
Name of Bank or Institution	Branch Address	Account #
Name(s) Exactly as They Appear on this Account	Branch Phone #	Contact Name

<i>Department of Motor Vehicles Identification      Must be Completed if Registered Motorist</i>					
Motorist License ID #	State of License	Primary Vehicle License Plate	Manufacturer	Year	Model

<i>References      Other Than Family Members</i>		
Name	Phone #	Relationship to You
Name	Phone #	Relationship to You

Co - Applicants Signature: \_\_\_\_\_

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



**United Veterans Mutual Housing Co., Inc.**  
**Occupancy Standards Agreement**

I. All apartments shall be limited to occupancy by shareholders who makes the apartment its primary residence and whose makeup shall not exceed the following:

- a) One Bedroom Apartments – One or two adults, including the shareholders of the apartment.
- b) Two Bedroom Apartments – No more than four persons, including the shareholders of the apartment.
- c) Three Bedroom Apartments – No more than six persons, including the shareholders of the apartment.

II. The Board of Directors may, upon written application, waive these standards on case-by-case basis only for good cause shown, and then only provided the housing company is experiencing financial difficulties because of a slowed market and an unreasonable number of vacancies.

In addition to the above, all occupancy is governed by the proprietary lease of the United Veterans Mutual Housing Company Inc. In the event there is a conflict between these occupancy standards and the terms of the proprietary lease, the terms of the proprietary lease shall prevail.

I / We have read, understand, and will abide by the United Veterans Mutual Housing Co.'s Occupancy Standards.

I / We will have \_\_\_\_\_ adults and \_\_\_\_\_ children residing in my / our \_\_\_\_\_ room apartment located at \_\_\_\_\_

Signature(s): \_\_\_\_\_

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

State of \_\_\_\_\_  
County of \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_  
Day of \_\_\_\_\_



**Lead Paint**  
**Disclosure**

Please note that all buildings were initially occupied in 1951 and were decorated with lead paint.

In many instances, this lead paint has been scraped away, but there may still be traces of lead paint in the apartment.

If you have children under 10 occupying the apartment, please be aware that it is dangerous for them to eat lead paint chips.

COPY OF THIS  
DISCLOSURE WAS RECEIVED:

Signature(s): \_\_\_\_\_

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



### **Prohibition of Subletting**

I / we understand that subletting is prohibited and considered to be a material and substantial breach of the terms and conditions of the Proprietary Lease.

If I am caught subletting, I will be subject to immediate legal action and a \$1,500.00 monthly administrative charge until the illegal sublet is vacated. Legal fees will also be imposed.

**Signature(s):** \_\_\_\_\_

\_\_\_\_\_

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

State of \_\_\_\_\_  
County of \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_  
Day of \_\_\_\_\_



### **Insurance Notification**

“Insurance is required for all Shareholders in the amount of \$25,000.00 for personal/property damage and \$100,000.00 for liability. This insurance must remain in force at all times”.

If a Shareholder does not have the required insurance an administrative fee may be placed on their maintenance account in the amount of \$250.00 for the first month and \$100.00 a month thereafter until proof of insurance is submitted to the Management Office.

**Signature(s):** \_\_\_\_\_

\_\_\_\_\_

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





**No Pet Policy**

I / we understand that harboring a cat or dog is strictly prohibited and is a violation of the terms and conditions of the Proprietary Lease and House Rules.

**Signature(s):** \_\_\_\_\_

\_\_\_\_\_

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

State of  
County of

Subscribed and sworn to me this  
Day of



### Carbon Monoxide Form

The undersigned, being duly sworn, deposes and says under the penalty of perjury that:

- I am the purchaser of the cooperative shares in United Veterans Mutual Housing Co. Inc. located at \_\_\_\_\_, New York (the "Premises").
- The Premises is a cooperative apartment used as a residence.
- Installed in the Premises is an approved and operational carbon monoxide detecting device in compliance with the law.
- These statements are made with the knowledge that a willfully false representation is unlawful and are punishable as a crime.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Sign Name)

\_\_\_\_\_  
Sworn to before me this  
Day of \_\_\_\_\_, 20\_\_

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



**FirstService**  
RESIDENTIAL

## **SMOKING POLICY**

In recognizing the dangers of secondhand smoke exposure to the health and wellbeing of United Veterans' residents, and acknowledging United Veterans' Bylaws, proprietary lease and house rules restriction against the creation of nuisances, the following rules shall be implemented on United Veterans Mutual Housing Co., Inc. Property:

### **1. Smoking is prohibited as described below:**

Smoking is prohibited in all common areas and areas within 15 feet of entrances, windows and doors. Common areas includes common hallways, United Veterans Management Office, United Veterans Maintenance Office, laundry rooms, storage rooms, garages, and any other enclosed area under the direct control of United Veterans Mutual Housing Co., Inc.

### **2. Definition of "Smoking":**

"Smoking" means inhaling, exhaling, burning or carrying any lighted cigar, cigarette, pipe or any form of lighted object or device that contains tobacco.

### **3. Smoke Migrating from a United Veterans Apartment:**

Smoke migrating from an apartment into an adjacent apartment shall be recognized by the Board of Directors as a nuisance, and thus a violation of the United Veterans Mutual Housing Co., Inc. Bylaws; proprietary lease and house rules. Once the Board of Directors is provided detailed notice of this nuisance, a mandatory mediation will be required between the Complainant and the offending Shareholder in order to mitigate the nuisance. Failure to participate in the mediation or failure to take reasonable steps required to mitigate the nuisance will be deemed a material violation of the United Veterans Mutual Housing Co., Inc. Bylaws; proprietary lease and house rules, and shall constitute grounds for fines; termination of the stock and proprietary lease, or any other remedy available to United Veterans Mutual Housing Co., Inc. under the Law. All remedies hereunder shall be cumulative.

### **4. Applicability**

These rules apply to shareholders, residents, and any other persons on the premises, including guests and servicepersons. Shareholders are responsible for their residents and guests while located on United Veterans Mutual Housing Co. Inc. property (*See House Rule #1.*).

### **5. Enforcement**

Violation of these rules shall be deemed a violation of the United Veterans' bylaws, and may constitute grounds for fines or eviction, or any other remedy available to United Veterans' under the Law.

I /we have read, understand and agree to abide by the above.

Signature (s) \_\_\_\_\_

\_\_\_\_\_

Print Name (s) \_\_\_\_\_

\_\_\_\_\_

FirstService Residential New York, Inc.  
United Veterans Mutual Housing Co., Inc.  
221-22 Manor Road / Bellerose Manor, N.Y. 11427  
718-465-6070 www.bellparkmanorterrace.com



**FirstService**  
RESIDENTIAL

**Acceptance of House Rules**

I (we) have read, understand and agree to abide by all House Rules.

**Signature(s):** \_\_\_\_\_

\_\_\_\_\_

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

State of  
County of

Subscribed and sworn to me this  
Day of



**FirstService**  
RESIDENTIAL

## **ALTERATIONS TO APARTMENTS**

**In accordance with the Proprietary Lease, Shareholders are cautioned that their right to make any additions, changes or alterations to the interior or exterior of the building requires written permission from the Board of Directors. Shareholders must submit an alteration agreement to Management for Board approval. No work may be commenced until such time that the Board gives written approval. Violation of this rule shall result in a fine of up to \$5,000.00 and/or legal action.**

**I (we) have read, understand and agree to abide by the above.**

**Signature(s)** \_\_\_\_\_

\_\_\_\_\_

**Print Name(s)** \_\_\_\_\_

\_\_\_\_\_

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

State of \_\_\_\_\_  
County of \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_



**Residency Verification Form**

**Applicant: Please complete the TOP PORTION ONLY.**

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

Name of Landlord: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Are you current with your rent? Yes \_\_\_\_\_ No \_\_\_\_\_

To Whom This May Concern:

\_\_\_\_\_, residing at \_\_\_\_\_  
has applied for residency at our property. We would appreciate the following information to expedite the application

I, \_\_\_\_\_ authorize you to release any and all of the information requested below regarding my past/current rental history.

**Applicant: Please have this portion completed by the LANDLORD OR MANAGING AGENT**

Lease Dates: from \_\_\_\_\_ to \_\_\_\_\_

Rental Rates: \$ \_\_\_\_\_ per month

Number of occupants: \_\_\_\_\_

Is (was) current on rent: \_\_\_\_\_

Ever been late? \_\_\_\_\_ How late? \_\_\_\_\_ How often? \_\_\_\_\_

Have you ever begun eviction proceedings for non-payment? \_\_\_\_\_

Was full security deposit refunded? \_\_\_\_\_

Does applicant permit persons other than those on the lease to live in the unit? \_\_\_\_\_

Any complaints or non-compliance issues? \_\_\_\_\_ If yes please provide details: \_\_\_\_\_

Would you re-rent to this resident? \_\_\_\_\_

Has resident given notice of intent to vacate? \_\_\_\_\_

Thank you for your assistance.

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Name (sign): \_\_\_\_\_ Title: \_\_\_\_\_

**Request for Copy of Tax Return**

- ▶ Do not sign this form unless all applicable lines have been completed.  
 ▶ Request may be rejected if the form is incomplete or illegible.  
 ▶ For more information about Form 4506, visit [www.irs.gov/form4506](http://www.irs.gov/form4506).

OMB No. 1545-0429

**Tip.** You may be able to get your tax return or return information from other sources. If you had your tax return completed by a paid preparer, they should be able to provide you a copy of the return. The IRS can provide a **Tax Return Transcript** for many returns free of charge. The transcript provides most of the line entries from the original tax return and usually contains the information that a third party (such as a mortgage company) requires. See **Form 4506-T, Request for Transcript of Tax Return**, or you can quickly request transcripts by using our automated self-help service tools. Please visit us at [IRS.gov](http://IRS.gov) and click on "Get a Tax Transcript..." or call 1-800-908-9946.

<b>1a</b> Name shown on tax return. If a joint return, enter the name shown first.	<b>1b</b> First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
<b>2a</b> If a joint return, enter spouse's name shown on tax return.	<b>2b</b> Second social security number or individual taxpayer identification number if joint tax return
<b>3</b> Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
<b>4</b> Previous address shown on the last return filed if different from line 3 (see instructions)	
<b>5</b> If the tax return is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

**Caution:** If the tax return is being sent to the third party, ensure that lines 5 through 7 are completed before signing. (see instructions).

**6** Tax return requested, Form 1040, 1120, 941, etc. and all attachments as originally submitted to the IRS, including Form(s) W-2, schedules, or amended returns. Copies of Forms 1040, 1040A, and 1040EZ are generally available for 7 years from filing before they are destroyed by law. Other returns may be available for a longer period of time. Enter only one return number. If you need more than one type of return, you must complete another Form 4506. ▶

**Note:** If the copies must be certified for court or administrative proceedings, check here ☐

**7** Year or period requested. Enter the ending date of the tax year or period using the mm/dd/yyyy format (see instructions).  
 \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>8</b> Fee. There is a \$43 fee for each return requested. Full payment must be included with your request or it will be rejected. Make your check or money order payable to "United States Treasury." Enter your SSN, ITIN, or EIN and "Form 4506 request" on your check or money order.	
<b>a</b> Cost for each return	\$
<b>b</b> Number of returns requested on line 7	
<b>c</b> Total cost. Multiply line 8a by line 8b	\$

**9** If we cannot find the tax return, we will refund the fee. If the refund should go to the third party listed on line 5, check here ☐

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax return requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506 on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

☐ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506. See instructions.**

Phone number of taxpayer on line 1a or 2a

**Sign  
Here**

Signature (see instructions)	Date
Print/Type name	Title (if line 1a above is a corporation, partnership, estate, or trust)
Spouse's signature	Date
Print/Type name	

Section references are to the Internal Revenue Code unless otherwise noted.

## Future Developments

For the latest information about Form 4506 and its instructions, go to [www.irs.gov/form4506](http://www.irs.gov/form4506).

## General Instructions

**Caution:** Do not sign this form unless all applicable lines, including lines 5 through 7, have been completed.

**Designated Recipient Notification.** Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

**Taxpayer Notification.** Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

**Purpose of form.** Use Form 4506 to request a copy of your tax return. You can also designate (on line 5) a third party to receive the tax return.

**How long will it take?** It may take up to 75 calendar days for us to process your request.

**Where to file.** Attach payment and mail Form 4506 to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual returns (Form 1040 series) and one for all other returns.

If you are requesting a return for more than one year or period and the chart below shows two different addresses, send your request based on the address of your most recent return.

## Chart for individual returns (Form 1040 series)

If you filed an individual return and lived in:

Mail to:

Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service  
RAIVS Team  
Stop 6716 AUSC  
Austin, TX 73301

Alabama, Arkansas, Delaware, Georgia, Illinois, Indiana, Iowa, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Oklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin

Internal Revenue Service  
RAIVS Team  
Stop 6705 S-2  
Kansas City, MO 64999

Alaska, Arizona, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Nevada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Washington, West Virginia, Wyoming

Internal Revenue Service  
RAIVS Team  
P.O. Box 9941  
Mail Stop 6734  
Ogden, UT 84409

## Chart for all other returns

For returns not in Form 1040 series, if the address on the return was in:

Mail to:

Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin

Internal Revenue Service  
RAIVS Team  
Stop 6705 S-2  
Kansas City, MO 64999

Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address

Internal Revenue Service  
RAIVS Team  
P.O. Box 9941  
Mail Stop 6734  
Ogden, UT 84409

## Specific Instructions

**Line 1b.** Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

**Line 3.** Enter your current address. If you use a P.O. box, please include it on this line 3.

**Line 4.** Enter the address shown on the last return filed if different from the address entered on line 3.

**Note.** If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B, Change of Address or Responsible Party — Business, with Form 4506.

**Line 7.** Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 return, or 03/31/2017 for a first quarter Form 941 return.

**Signature and date.** Form 4506 must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506 within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, including lines 5 through 7, are completed before signing.



**CAUTION** You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

**Individuals.** Copies of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506 exactly as your name appeared on the original return. If you changed your name, also sign your current name.

**Corporations.** Generally, Form 4506 can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506 but must provide documentation to support the requester's right to receive the information.

**Partnerships.** Generally, Form 4506 can be signed by any person who was a member of the partnership during any part of the tax period requested on line 7.

**All others.** See section 6103(e) If the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

**Note:** If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

**Documentation.** For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

**Signature by a representative.** A representative can sign Form 4506 for a taxpayer only if this authority has been specifically delegated to the representative on Form 2848, line 5a. Form 2848 showing the delegation must be attached to Form 4506.

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to establish your right to gain access to the requested return(s) under the Internal Revenue Code. We need this information to properly identify the return(s) and respond to your request. If you request a copy of a tax return, sections 6103 and 6109 require you to provide this information, including your SSN or EIN, to process your request. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506 will vary depending on individual circumstances. The estimated average time is: Learning about the law or the form, 10 min.; Preparing the form, 16 min.; and Copying, assembling, and sending the form to the IRS, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506 simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service  
Tax Forms and Publications Division  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224.

Do not send the form to this address. Instead, see *Where to file* on this page.



# *Bell Park Manor Terrace*

*United Veterans Mutual Housing Co., Inc*

## **HOUSE RULES 2022**



[www.bellparkmanorterrace.com](http://www.bellparkmanorterrace.com)

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In the event the terms and conditions of these House Rules conflict with the terms and conditions of the Bylaws or Proprietary Lease, the terms of the Bylaws and Proprietary Lease shall prevail.

### **1 – Use of Common Areas**

- Residents and their guests shall not play in the common hallways, stairways, garages, in trees or on roofs. Lawns shall not be used as playgrounds or for any other purpose that may impair the appearance or increase the cost of maintenance.
- Shareholders will be held responsible for the actions of their children and guests and will be held responsible for any damages.
- Lawns are common property and gardening, or any items placed on lawns must be in agreement by both lower and upper residents. Should neighbors not agree then it would be decided upon by the Board of Directors.
- **Kiddie** pools may be utilized in season provided that the water is emptied daily by 8:00 P.M. and the pool is placed upright at the side or back of the building in order to preserve the grass.
- Kiddie pools should be supervised at all time when being used.
- **Smoking is prohibited in the common hallways.**

**Note -** 1<sup>st</sup> violation- warning letter, 2<sup>nd</sup> violation-\$25 fine, 3<sup>rd</sup> violation-\$50, and 4<sup>th</sup> violation-\$75

### **2- Use of Playgrounds**

- All residents must abide by the "Rules and Regulations" regarding use of the playgrounds as indicated on the signs posted in the playgrounds (Rules and Regulations behind House Rules).

**Note-** 1<sup>ST</sup> violation-\$100 fine, 2<sup>nd</sup> violation - \$150 fine

### **3- Obstruction of Common Areas**

- The entrances, vestibules, sidewalks, and driveways shall not be obstructed or used for any purpose other than to enter and exit from the apartments.
- You may not drape, chain, or tie any items to railings, trees, ramps etc. anywhere on the property.

**Note -** 1<sup>st</sup> violation- warning letter, 2<sup>nd</sup> violation-\$25 fine, 3<sup>rd</sup> violation- \$50 and 4<sup>th</sup> violation- \$75

#### **4 – Smoking Policy**

In recognizing the dangers of secondhand smoke exposure to the health and wellbeing of United Veterans residents, and acknowledging United Veterans Bylaws, proprietary lease and house rules restriction against the creation of nuisances, the following rules shall be implemented on United Veterans Mutual Housing Co., Inc. Property:

- Smoking is prohibited as described below:

Smoking is prohibited in all common areas and areas within 15 feet of entrances, windows, and doors. Common areas include common hallways, United Veterans Management Office, United Veterans Maintenance Office, laundry rooms, storage rooms, garages, and any other enclosed area under the direct control of United Veterans Mutual Housing Co., Inc.

- 2. Definition of "Smoking":

"Smoking" means inhaling, exhaling, burning or carrying any lighted cigar, cigarette, pipe or any form of lighted object or device that contains tobacco.

- 3. Smoke Migrating from a United Veterans Apartments:

Smoke migrating from an apartment into an adjacent apartment shall be recognized by the Board of Directors as a nuisance, and thus a violation of the United Veterans Bylaws, proprietary lease, and house rules. Once the Board of Directors is provided detailed notice of this nuisance, a mandatory mediation will be required between the Complainant and the offending Shareholder to mitigate the nuisance. Failure to participate in the mediation or failure to take reasonable steps required to mitigate the nuisance will be deemed a material violation of the United Veterans Bylaws; proprietary lease and house rules and shall constitute grounds for fines; termination of the stock and proprietary lease, or any other remedy available to United Veterans under the Law. All remedies hereunder shall be cumulative.

- 4. Applicability

These rules apply to shareholders, residents, and any other persons on the premises, including guests and servicepersons. Shareholders are responsible for their residents and guests while located on United Veterans property (See House Rule #1).

- 5. Enforcement

Violation of these rules shall be deemed a violation of the United Veterans bylaws, and may constitute grounds for fines or eviction, or any other remedy available to United Veterans under the Law.

## **5- Garbage**

- All garbage must be brought to the garbage rooms and placed inside the proper bins. Please be sure to tie your garbage bags. Garbage must not be placed on the outside of the garbage room or on the floor of the garbage room. Green bins are for household garbage, white bins are for papers, and blue pails are for recyclables.
- Bulk furniture must be placed inside the garbage rooms.
- Contractors, who have been hired by the resident to do renovations in their apartment, may not dispose of any debris in the garbage rooms.
- It is the Shareholders responsibility to fully encase, within a sealed plastic bag, all mattresses and/or box springs being discarded. Bags may be purchased at the Maintenance Department.

**Note -** 1<sup>st</sup> violation- warning letter, 2<sup>nd</sup> violation-\$250.00 fine, 3<sup>rd</sup> violation-\$300.00, and 4<sup>th</sup> violation- \$350.00

## **6. Placement and Disposal of Articles**

- It is forbidden to hang, shake, drape, or sweep any articles, including laundry, from windows or doors or into hallways or on the outside areas in any manner.
- No cigarettes, matches, trash or articles of any kind are to be thrown from windows or disposed of in anything other than the proper container.

**Note -** 1<sup>st</sup> violation- warning letter, 2<sup>nd</sup> violation-\$25 fine, 3<sup>rd</sup> violation-\$50 and 4<sup>th</sup> violation- \$75

## **7. Planting and Removal of Flowers, Etc.**

- The Board of Directors may remove or direct the resident to remove all foliage from common areas that may be deemed unsightly.

**No vegetable gardens are permitted on Bell Park property.**

**Note -** 1<sup>st</sup> violation- warning letter, 2<sup>nd</sup> violation-\$25 fine, 3<sup>rd</sup> violation-\$50 and 4<sup>th</sup> violation- \$75

## **8. Alterations to Apartments**

- In accordance with the Proprietary Lease, Shareholders are cautioned that their right to make any additions, changes or alterations to the interior or exterior of the building requires written permission from the Board of Directors. Shareholders must submit an alteration agreement to Management for Board approval. No work may be commenced until such time that the Board gives written approval. Violation of this rule shall result in a fine of up to **\$5,000.00** (see note below). For more information regarding alterations please pick up an Alteration Agreement in the Management Office or contact the Maintenance Department.
- Shareholders are responsible for the maintenance and upkeep of all alterations made to their apartment, whether alterations were done by them or the previous owner(s).

*Note – Violation – fine of \$2,500.00 for work being done or completed without approval under the minor alteration agreement and \$5,000.00 for work being done or completed without approval under the major alteration agreement. Also, full restoration to apartment's original state may be required. \*\*\*\*Any subsequent violation of continuing to do work without an approved alteration agreement will result in an additional fine of up to \$5,000.00.*

## **9. Fences**

- Any resident wishing to erect a fence must first obtain written consent from the Board of Directors. Pick up an Alteration Agreement in the Management Office for guidelines.

## **10. Signs, Antennas and/or Advertisements**

- No sign, signal, aerial, antenna, advertisement, or illumination shall be placed on any window, on any part of the building, or anywhere on the property.
- Nothing shall be placed on any outside windowsills or ledges.

*Note - 1<sup>st</sup> violation-warning letter, 2<sup>nd</sup> violation-\$25 fine, 3<sup>rd</sup> violation-\$50, and 4<sup>th</sup> violation- \$75*

## **11. Political Displays**

- All political displays including but not limited to political signage And flags are prohibited anywhere on Bell Park property

*Note - 1<sup>st</sup> violation-warning letter, 2<sup>nd</sup> violation-\$25 fine, 3<sup>rd</sup> violation-\$50, and 4<sup>th</sup> violation- \$75*

## 12. Yard Sales

- Yard Sales or auctions may not be held without the written consent of the Board of Directors.

*Note - 1<sup>st</sup> violation warning letter, 2<sup>nd</sup> violation-\$25 fine, 3<sup>rd</sup> violation- \$50 and 4<sup>th</sup> violation- \$75*

## 13. Noise

- No person shall make or permit any disturbing noises in the buildings or do or permit anything to be done therein, which will interfere with the rights, comforts, or conveniences of the other residents.
- No person shall permit the excessive use of any musical instrument or permit the operation of a stereo, radio, television, exercise equipment or any other appliance in lessees' apartment between the hours of 10:00 P.M. and the following 8:00 A.M. to the extent that it shall disturb or annoy other occupants of the buildings.
- Construction, repair work or other installation involving loud noise may be conducted in any apartment between the hours of 8:00 A.M. and 6:00 P.M. Monday through Friday and between the hours of 10:00 A.M. and 3:00 P.M. on Saturdays. Work may not be performed on Sundays and Holidays.

*Note - 1<sup>st</sup> violation- warning letter, 2<sup>nd</sup> violation-\$25, 3<sup>rd</sup> violation-\$50 and 4<sup>th</sup> violation-\$75*

## 14. Move In / Move Out

- Move in/Move out times is between Sundays – Saturday, 8:00 A.M. – 8:00 P.M.
- Moving trucks are not permitted to park in driveways, in the back of apts., on lawns, sidewalks, or courtyard grounds.

*Note- The fine will be assessed according to damage caused.*

## 15. Odors

- No resident shall allow unreasonable cooking, cleaning, smoke, or other odors to escape into the building. All units must have proper ventilation (open windows, window fans, and/or exhaust fans) to prevent said odors from annoying nearby residents.

*Note- 1<sup>st</sup> violation-warning letter, 2<sup>nd</sup> violation-\$25, 3<sup>rd</sup> violation-\$50 and 4<sup>th</sup> violation-\$75*

## **16. Use and Installation of Appliances**

- Any installation of a washing machine, electric dryer or dishwasher must meet the specifications set forth by the appliance manufacturer.
- The installation of new or relocated washing machine requires an approved alteration agreement.
- When installing a washing machine or dishwasher it is mandatory that check valves be installed on the water supply of the appliance.
- Dryers must be properly vented and must be electric. Gas dryers are strictly prohibited.
- To prevent dryer fires it is important to clean the dryer lint filter every time you run your dryer and regularly clean the lint from the dryer vent.

*Note- 1<sup>st</sup> violation- warning letter, 2<sup>nd</sup> violation-\$25 fine, 3<sup>rd</sup> violation-\$50 and 4<sup>th</sup> violation-\$75*

## **17. Personal Property on Lawns, Steps and Public Areas**

- Temporary storage of seasonal items must not appear unsightly.
- All unattended personal property, including toys, must be removed or stored neatly away and out of sight after sundown.
- Storage Chests placed on the outside of the property must have Board approval in the form of an Alteration Agreement.
- The Corporation will not be responsible for any damages or loss to residents' property.
- Outdoor holiday decorations must be removed no later than 30 days after the holiday.
- Outdoor patio furniture must be removed at the end of the season.

*Note - 1<sup>st</sup> violation- warning letter, 2<sup>nd</sup> violation-\$25, 3<sup>rd</sup> violation-\$50 and 4<sup>th</sup> violation-\$75*

## **18. Exterior Doors**

- All common doors should be closed and locked at all times, unless otherwise agreed to by both lower and upper residents.

*Note - 1<sup>st</sup> violation- warning letter, 2<sup>nd</sup> violation-\$25, 3<sup>rd</sup> violation-\$50 and 4<sup>th</sup> violation-\$75*



## **19. Emergency Access**

- Employees of the Corporation, Management or Maintenance may enter an apartment in case of an emergency. In addition, they may also enter the apartment for an inspection or for the performance of work that may be reasonably required.

## **20. Insect Extermination**

Bell Park offers the services of an exterminator. Employees of the Corporation and any contractor or workers authorized by the Corporation may enter any apartment or garage upon reasonable notice for the purpose of inspecting to ascertain whether measures are necessary or desirable to control or exterminate any vermin insects or other pests.

If the Corporation must take measures legal or other to control an infestation the cost of such measure shall be payable by the shareholder.

## **21. Garages**

**A SHAREHOLDER IS ALLOWED TO RENT 1 GARAGE AND/OR 1 PARKING SPACE. HOWEVER, THE SHAREHOLDER MUST HAVE A CURRENTLY REGISTERED AND INSURED VEHICLE FOR EACH SPACE THAT IS RENTED.**

- Garages are to be used for the storage of currently registered and insured passenger vehicles and for no other purpose. Gasoline or any other combustible material shall not be stored in garages.
- Garages may not be sublet.
- Any Resident who rents a garage located under an apartment is required to park head in and idling is prohibited.
- Use of the garage for the purpose of storage is strictly forbidden.
- Garages are not to be used for any commercial purpose.
- A Garage Lease may be canceled upon five (5) days' notice at the discretion of the Board of Directors for violations of the Lease.

**The electric outlet located in your garage above head is for the purpose of installation of an electric garage door opener ONLY. You may not use these electric sources for any other purpose, i.e. refrigerator, freezers, vacuums, power tools, charging any type of equipment, or for any other reason.**

**Note: 1st violation - Warning letter and a \$250.00 fine, 2nd violation will result in immediate termination of your garage lease.**

**Any resident whose maintenance account is in arrears of three (3) months or more and rents a garage and/or parking space will be subject to automatic termination of their garage lease and/or parking space lease.**

## **22. Outdoor Designated Parking Spaces**

**A SHAREHOLDER IS ALLOWED TO RENT 1 GARAGE AND/OR 1 PARKING SPACE. HOWEVER, THE SHAREHOLDER MUST HAVE A CURRENTLY REGISTERED AND INSURED VEHICLE FOR EACH SPACE THAT IS RENTED.**

- Solely current licensed passenger vehicles owned or leased by residents of Bell Park shall use designated parking areas. Dead storage of vehicles is strictly prohibited. Working on cars in parking spot is strictly prohibited.
- All vehicles parked in designated parking areas must have a current valid Bell Park sticker.
- If your parking space is directly in front of an apartment window you must park nose in.
- Parking of commercial vehicles is prohibited unless written approval from the Board of Directors is given.
- The Corporation is not responsible for any theft of or damage incurred to any vehicle while parked on premises, or being removed from premises.

**The Corporation reserves the right to remove any vehicles (at the Lessee's expense) if in violation of the above regulations and/or the parking permit, or of which may constitute a hazard or menace.**

*Note- Violation of these terms may result in the confiscation of your parking spot*

## **23. Driveways**

- The use of driveways as a play area for automobiles is strictly prohibited (this includes racing and practice driving). A maximum of ten (10) miles per hour must be observed in all driveways.

- Ball playing in the driveways is strictly prohibited.
- Barbecuing is not allowed in the driveways.

*Note - 1<sup>st</sup> violation – warning letter, 2<sup>nd</sup> violation-\$25, 3<sup>rd</sup> violation-\$50 and 4<sup>th</sup> violation-\$75*

#### **24. Illegally Parked Vehicles**

- Vehicles parked on Bell Park property that are not in compliance with the rules and regulations of the Co-Op may be stickered and/or towed at the vehicle owner's expense.

##### **Examples of illegally parked vehicles:**

- Vehicles that block or are parked in driveways.
- Vehicles that block garages, parked cars and dumpsters.
- Vehicles that are parked in "No Parking" designated areas.
- Vehicles that occupy more than one parking spot.
- Vehicles parked in parking spots they are not assigned to.
- Vehicles parked in a designated parking space without a valid parking sticker.
- Vehicles that do not have a current or valid registration or inspection sticker.

#### **25. Pets**

- No cats, dogs, or other pets, except fish and caged birds, shall be kept, harbored or permitted on demised premises. Cooperators who have visitors with dogs/cats shall not permit such dogs/cats to be kept overnight, unless the Board of Directors gives written permission. This rule is a substantial and material obligation of the tenancy and any breach shall be considered a material and substantial violation under the Proprietary Lease.
- The feeding of squirrels, birds and stray animals on the property is prohibited. Residents who are feeding animals on Bell Park property will be fined **\$350.00**.
- Shareholders who have visitors with pets are responsible for any property damage and/or injury that the pet may cause or inflict anywhere within Bell Park Manor Terrace.

#### **26. Gas, Charcoal and Electric Barbecue Grills**

- Propane gas grills are prohibited on decks or balconies but are permitted on the ground level outside the structure if located at least 10 feet away from any one building.

- **Charcoal grills are prohibited on decks or balconies and are permitted on the ground level but must be no less than 25 feet from the nearest building.**
- There must be a garden type hose attached to a water supply, or a sixteen (16) quart pail of water available.
- Charcoal and charcoal ashes must be cold before being disposed of and then should be placed in a metal container, mixed with water, covered with a tight-fitting lid and disposed of in the proper container in the garbage room.
- No more than (2) 20-pound propane tanks may be used.
- Hot grills should never be left unattended.
- Barbecue grills should be used on large flat surfaces that can't burn.
- Propane tanks must be shut off from the valve on the tank after you have finished barbecuing.
- Propane tanks **must be empty** for seasonal storage of the grill. At the end of the summer season, barbecues should be neatly covered and placed out of sight or removed and stored.
- Propane cylinders **must not** be stored indoors (garages) or near any heat source.
- After use, barbecues must be covered and neatly stored out of sight.
- Unattended candles/open flames on steps, sidewalks and lawns constitute a serious fire hazard and are strictly prohibited.

**Note- Fine - \$75**

## **27. Uses and Repair of Toilets**

- The shareholder who has caused damage to another apartment or common area due to the misuse of the toilet shall be responsible for paying the cost of damages, repairs and any associated administrative costs.

## 28. Sewer Backups

- It is imperative that you **do not flush** anything but toilet paper down the toilets, including but not limited to, any of the following items:  
**Feminine products, cooking grease/oil, food, any type of wipes or cleaning pads, diapers, kitty litter, plastic including Band-Aids, Q-tips or dental floss.**
- Do not pour any cooking grease/oil down any of the drains.
- If it is determined by a professional sewer company which resident(s) is/are flushing down the toilet or putting down the sinks any of the above items or anything that may cause a sewer back-up, **the resident will be fined \$250.00 and be responsible for the cost of the repair.**

## 29. Window Coverings

- Inappropriate items, such as bedspreads, sheets or shower curtains may not be used as window coverings.

*Note - 1st violation-warning letting, 2nd violation - \$25, 3rd violation -\$50 and 4th violation - \$75*

## 30. Carpeting

- All apartments are required to have wall-to-wall carpeting with **heavy** padding including stairways, exclusive of the bathroom, kitchen and dining room. Alternative sound proofing materials such as cork flooring may also be used.

If you are installing flooring other than carpeting, you must contact the maintenance dept. to find out what type of alternative flooring and underlayment may be installed. You must submit the appropriate Alteration Agreement for approval before installing. Also, maintenance must inspect the underlayment once it is installed and before the top layer of the floor is installed. If the shareholder fails to have the underlayment inspected by maintenance, he/she will be required to remove the top layer of flooring so that the underlayment can be inspected. If the shareholder fails to install the underlayment that was approved by maintenance, the shareholder will be required to remove the underlayment that they installed, at the shareholder's expense.

***Note – Failure, after 30 days, to install carpeting or approved alternative flooring will result in a monthly reoccurring administrative fee of \$250.00 until carpeting/alternative flooring is installed.***

### **31. Commercial Use of Apartment**

- Commercial use of an Apartment is strictly prohibited.

*The fine is \$100.00 per month and immediate termination of the Proprietary Lease.*

### **32. Late Maintenance Payments**

- Maintenance payments are due and payable by the tenth (10<sup>th</sup>) of every month. Payments received after the tenth (10<sup>th</sup>) are subject to a late fee charge.

**Any resident who is late in paying their maintenance three times in any twelve month period will incur an administrative fee of \$350.00.**

### **33. Co-Op Employees**

- No employee of the Co-Op may be used or employed by any Lessee for any personal purpose during the employee's regular working hours.
- Management must first approve all private work done by United Veterans Mutual Housing Company, Inc. employees.

### **34. Mandatory Insurance**

- Homeowners Insurance is required for all Shareholders in the amount of \$25,000.00 for personal/property damage and a minimum of \$100,000.00 for liability. This insurance must remain in force at all times.

*Note – administrative fee in the amount of \$250.00 for the first month and \$100.00 a month thereafter until proof of insurance is submitted to the Management Office.*

### **35. Prohibition against Subletting**

- Subletting is strictly prohibited and considered to be a material and substantial breach of the terms and conditions of the Proprietary Lease.

*Immediate legal action and a \$1500.00 monthly administrative fee will be placed on shareholders' maintenance account until such time that the illegal sublet is vacated.*

### **36. Use of Premises**

Shareholders must notify, in writing, the Management Office if anyone moves into their apartment with them. All new residents must have a background check run and must be screened and approved by the Screening Committee

**The House Rules may be added to, amended or repealed at any time by resolution of the Board of Directors.**

**www.bellparkmanorterrace.com**

**MANAGEMENT OFFICE**

221-22 Manor Road (718) 465-6070 fax (718) 468-7556  
(Monday – Friday, 8:00 a.m. - 5:00 p.m.)  
From Memorial Day - Labor Day – 2:00 p.m. closing on Friday's.

**MAINTENANCE DEPARTMENT**

Bldg. # 8 - 225-02 Manor Rd. (718) 465-7550 (Mon. - Fri., 8:00 a.m. - 5:00 p.m.)

**Emergency # - (718) 747-3373**  
(5:00 p.m. – 8:00 a.m., Monday – Friday)  
**All day Saturday and Sunday including Holidays.**

**LAUNDRY ROOM LOCATIONS**  
**In the basement of buildings**

Bldg. #7 –	Back of 82-50 229 <sup>th</sup> Street
Bldg. #11 –	Back of 221-32 Manor Road
Bldg. #18 –	Back of 220-02 Stronghurst Avenue
Bldg. #20 –	Back of 224-24 Stronghurst Avenue
Bldg. #26 –	Back of 226-01 Manor Road
Bldg. #38 –	Back of 225-04 88 <sup>th</sup> Avenue
Bldg. #45 –	Back of 229-11 87 <sup>th</sup> Avenue

### **GARBAGE ROOMS**

Garbage Room #8 -	Next to Maintenance Office – Near Bldg. #8
Garbage Room #11-	Behind Bldg. #11
Garbage Room #15-	Behind Bldg. #15
Garbage Room #18-	Behind Bldg. #19
Garbage Room #24-	Behind Bldg. #24
Garbage Room #28-	Behind Bldg. #30
Garbage Room #32-	Behind Bldg. #32
Garbage Room #38-	Behind Bldg. #39
Garbage Room #43-	Behind Bldg. #42
Garbage Room #50-	Behind Bldg. #45

### **STORAGE ROOMS**

**For rental information contact the Management Office (718) 465-6070**

**Located in the basement of buildings**

Bldg. #3 –	225-01 Hillside Avenue -	Building A
Bldg. #18 –	86-25 Springfield Blvd. -	Building B
Bldg. #22 –	223-01 Manor Road -	Building C
Bldg. #25 –	224-15 Manor Road -	Building D
Bldg. #41 -	225-05 88 <sup>th</sup> Avenue -	Building E
Bldg. #47 -	227-02 Hillside Avenue -	Building F

**Club House -** Behind Bldg. # 7 – 226-38 Manor Road

**(Please Contact the Management Office for Rental information).**



### **Fenced in Playgrounds –**

Behind Bldg. #11 – 221-22 Manor Road

Behind Bldg. #32 - 221-11 Braddock Avenue

### **Rules and Regulations for use of the Playgrounds:**

- Playgrounds open to Bell Park residents only.
- The following is PROHIBITED:  
Running - Rough Play – Smoking - Food and Drink – Ball playing - Bare Feet - Bicycles – Skates – Skateboards – Scooters – Littering - Climbing the fence - Running up the slide.
- Not responsible for personal property left unattended.
- Parental supervision required.
- Proper footwear required.
- Use all equipment in the prescribed manner.
- Do not use equipment when wet.
- Playground to be used at your own risk.
- Pets are NOT ALLOWED in the playground.

**Playground Rules Prohibit Adults except in the company of Children.**



**Contracts signed as of February 1<sup>st</sup>, 2021**  
**must reflect Minimum Sales Price of:**

<u>Size</u>	<u>Shares</u>	<u>Price</u>
3.5 Room (1 Bedroom)	90.4323 91.4323 (end unit)	\$ 162,000.00
4.5 Room (2 Bedroom)	106.6609 107.6609 (end unit)	\$ 225,000.00
5.0 Room (2 Bedroom)	113.2512 114.2512 (end unit)	\$ 262,000.00
5.0 Room Duplex	113.2512 114.2512 (end unit)	\$ 310,000.00
6.0 Room (3 Bedroom)	123.3835 124.3835 (end unit)	\$ 292,000.00