



ALEXANDER WOLF & COMPANY, INC.
Providing Service for More Than Forty Years

Please direct all communication
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APPLICATION FOR APPROVAL OF SUBLET OF COOPERATIVE APARTMENT

Legal Dept Fax:
516.719.0096

DATE

The Board of Directors of _____
is hereby requested to approve an application to sublet for Apartment # _____ in the building
_____ to the applicant(s) named below:

1. Applicant's Name: _____ SS#: _____

Cell or Daytime phone number where applicant can be reached _____

Email address: _____

2. Spouse's/Co-Applicant's Name: _____ SS#: _____

3. Home Address & **Home Tel.**:

4. (A) Occupation: _____

(B) If self-employed, state name, address, **telephone #**, and nature of business:

(C) If not self-employed, state name, address, **phone number** of employer: _____

(D) State approximate length of time of present employment: _____

(E) Previous employment (name and address of employer,
Position held and type of business and length of time):

5. (A) Co-Applicant's Occupation: _____

(B) Name and address of Co-Applicant's employer & telephone number: _____

(C) Position held (if self-employed, so state): _____

(D) Co-Applicant's Business Telephone: _____

6. Estimated Annual Income from Occupation (Applicant): _____

Co-Applicant's Income: _____. Income from all other sources (describe): _____

_____. TOTAL ANNUAL INCOME OF APPLICANT & CO-APPLICANT:

7. Do you intend to use the apartment to any extent for any professional or business purposes?

_____. If so, state full details: _____

8. Applicant's Family consists of: (If there are children, list ages)

9. Do you intend to occupy the apartment? _____

10. Please list names and relationships, including the applicant's, of each person who will reside
in the apartment.

NAME

RELATIONSHIP

11. Financial References:

(A) Bank Reference: _____
(Name & Address)

(B) Business Reference: _____
(Name & Address)

12. (A) Present Landlord/Managing Agent: _____
(Name, Address & Telephone Number)

(B) Premises & Dates of Occupancy: _____

From: _____ To: _____

13. Personal References:

NAME	ADDRESS/TELEPHONE #	OCCUPATION
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

14. If you know any persons presently residing at _____
(Name of Cooperative)

Please list their names _____

15. Schools and colleges attended by applicant(s), spouse(s) and children. Name class in each case: _____

16. Address of any additional real property owned or leased: _____
(Indicate whether you own, lease
as owner or rent as the tenant)

17. Are any pets to be maintained in the apartment? _____

If the answer is yes, indicate number and kind: _____

18. List exact name or names in which the sublease is issued:

19. Applicant's Attorney's Name: _____

Address: _____ Tel: _____

20. The apartment to be sublet consists of _____ rooms, including _____
bedrooms. Estimated square footage is _____.

21. Do you intend to perform any alterations or renovations to the apartment? _____

If so, please describe: _____

22. Are you a citizen of the United States? _____. If not, indicate whether you are in this
country legally and include supporting documentation. _____

The undersigned Applicant understands that the consent of _____
(Name of Cooperative)

is required under the Proprietary Lease to the proposed sublet thereof and that the
Board of Directors will rely on the information furnished above, as well as other
documentation provided with my/our application. The undersigned also understands
that the information requested is essential to this Application since _____

(Name of Cooperative)

is a cooperative apartment house/community in which the occupants reside and because of
the Board of Directors' desire to maintain a compatible group of residents in the building.
The undersigned also agrees to meet in person with representatives of the Cooperative.
Applicant(s) understand(s) that the Cooperative Corporation reserves the right to request
further information from the Applicant(s). Applicant(s) further understand(s) that

_____, its officers, directors, and agents shall have no liability with
(Name of Cooperative)

respect to any matter or concerning any act of the proposed Sublessor in connection with
any contract or lease or sublease contemplated here, and that the Corporation and its agents
make no representation with respect to the advisability of the sublet thereof. Applicant(s)
agree(s) to meet in person with representatives of the Corporation. Applicant(s) has/have
submitted payment for certain fees including but not limited to fees to check applicant(s)
credit and to process this application.

Applicant(s) acknowledge(s) that the application to sublet the apartment may or may not be consented to by the Board of Directors of the Cooperative Corporation in its sole discretion, and that if the application is not consented to, no reason for the failure to consent needs to be given. Whether the application is approved or not approved, certain fees, costs and expenses will be incurred by the applicant(s), and that said fees, costs and expenses will not be refunded to the applicant(s).

The applicant(s) release(s) the Cooperative Corporation, its officers, directors, and the managing agent from any liability for the return of these fees and with respect to any fees, costs, and expenses incurred by applicant(s) in connection with all aspects of the application and sublet process, and agree(s) that in the event the applicant(s) seek(s) recovery of any such fees, costs, or expenses, the applicant(s) shall be liable for all fees, costs and expenses (including attorney's fees) incurred by the Cooperative Corporation and/or managing agent, in defending and/or refuting any such claim or alleged claim.

Applicant's Signature

Co-Applicant's Signature

Sworn to before me this _____ day of _____, 20_____

Notary Public