

ONE UNION SQUARE EAST CONDOMINIUM
a/k/a ZECKENDORF TOWERS
1 Irving Place
New York, New York 10003
Phone: 212-260-5521 Fax: 212-228-8768

LEASE REQUIREMENTS

PURSUANT TO THE BY-LAWS OF THE CONDOMINIUM "NO UNIT OWNER MAY LEASE HIS UNIT" EXCEPT BY COMPLYING WITH FOLLOWING PROVISIONS:

***NOTE: ALL PACKAGES ARE TO BE SUBMITTED (30) THIRTY DAYS PRIOR TO THE COMMENCEMENT OF THE LEASE DATE.

1. A LETTER OF INTENT STATING THAT YOU HAVE A BONA FIDE OFFER TO RENT YOUR UNIT AND YOU ARE OFFERING SAID RENTAL TO THE BOARD OF MANAGERS UNDER THE SAME TERMS AND CONDITIONS.
2. COMPLETE RENTAL APPLICATION SIGNED BY BOTH PARTIES (attached).
3. NOTIFICATION OF LEGAL MAILING ADDRESS FOR UNIT OWNER(S), IF APPLICABLE: (attached)
4. MOVE IN/MOVE OUT CHECKLIST SIGNED BY BOTH PARTIES. (attached)
5. AUTHORIZATION FOR CREDIT AND BACKGROUND CHECK. SIGNED BY EACH APPLICANT. (attached)
6. AFFIDAVIT PERTAINING TO THE HOUSE RULES AND BY-LAWS SIGNED BY TENANT/(S). (attached)
7. HEALTH CLUB RELEASE AND WAIVER LIABILITY AGREEMENT. SIGNED BY TENANT/(S). (attached)
8. LETTER FROM EMPLOYER OF EACH APPLICANT STATING SALARY, POSITION AND LENGTH OF EMPLOYMENT FOR EACH.
9. WINDOW GUARD NOTICE SIGNED BY THE RESIDENT/(S). (attached)
10. DOG RIDER SIGNED BY THE RESIDENT/(S). (attached)
11. FIRE SAFETY ACKNOWLEDGMENT SIGNED BY APPLICANT/(S) (attached).
12. NO SMOKING POLICY SIGNED BY ALL TENANTS. (attached)
13. BED BUG DISCLOSURE

14. COMPLETED CERTIFICATE OF TERMINATION OF RIGHT OF FIRST REFUSAL.
(attached)
15. COPY OF FULLY EXECUTED LEASE.
16. COPY OF TWO FORMS OF GOVERNMENT ISSUED IDENTIFICATION FOR EACH APPLICANT AND EACH OCCUPANT (i.e. drivers license, passport, green card).
17. COMPLETED EMERGENCY CONTACT FORM. (attached)
18. REQUIRED FEES: ALL FEES ARE DUE WITH APPLICATION AND MUST BE CERTIFIED CHECKS OR MONEY ORDERS THE FOLLOWING MUST BE MADE PAYABLE TO ONE UNION SQUARE EAST CONDOMINIUM.

- a) A PROCESSING FEE IN THE AMOUNT OF:
 - \$ 500.00. for Lease with term of 1 year or more;
 - \$ 750.00 for Lease with term less than 1 year;
 - \$ 1,000.00 for Lease with less than 3 month term
- b) A REFUNDABLE MOVE IN/MOVE OUT DEPOSIT IN THE AMOUNT OF \$500.00 FROM ANYONE RESERVING A BLOCK OF TIME TO USE THE ELEVATOR.
- c) ELEVATOR RESERVATION FEE IN THE AMOUNT OF \$250.00 FROM ANYONE RESERVING A BLOCK OF TIME FOR A MOVE-IN/OUT TO USE THE ELEVATOR

THE FOLLOWING MUST BE MADE PAYABLE TO MAXWELL-KATES, INC.

- d) BACKGROUND AND CREDIT CHECK FEE IN THE AMOUNT OF \$200.00 FOR EACH APPLICANT. (FOR MARRIED APPLICANTS, ONLY ONE \$300.00 FEE IS REQUIRED)

A STAFF MEMBER OF ONE UNION SQUARE EAST CONDOMINIUM WILL INSPECT APARTMENT ON MOVE-OUT DAY.

THE ORIGINAL AND ONE (1) COLLATED SETS OF THE PACKAGE MUST BE FORWARDED TO:

Zeckendorf Towers
Management Office
1 Irving Place
New York, N.Y. 10003

Owner Address: _____

Phone: _____

Email: _____

Date: _____

To: Zeckendorf Towers
Board of Managers
1 Irving Place
New York, NY, 10003

Re: Apt#: _____

I have a bona fide offer for a lease of my condominium at Zeckendorf Towers.
I am offering this condominium to the Board of Managers under the same terms
and conditions.

Owner Name: _____

Owner Signature: _____



PROPOSAL FOR LEASE

UNIT NO: _____

PROPOSED TENANT (S): _____ S.S.# _____

_____ S.S.# _____

TENANT(S) CURRENT ADDRESS: _____

TENANT(S) PHONE NO.: _____ E-MAIL: _____

EMERGENCY CONTACT NUMBER: _____

Unit Owner must list all occupants that are to reside in the Unit: _____

LANDLORD(S) NAME(S): _____

LANDLORD(S) PHONE NO.: _____ E-MAIL: _____

LEASE TERMS: START DATE: _____ END DATE: _____

BROKERAGE FIRM : _____

ADDRESS: _____

CONTACT PERSON: _____

PHONE NUMBER: _____ E-MAIL: _____

Landlord will forward Management the required renewal documents as well as the required annual renewal fee of \$150.00 regardless of the term should the lease be renewed (extended) at the end of the term of the lease as specified in the Lease Agreement.

Landlord Signature _____ Date: _____



**NOTIFICATION
OF LEGAL MAILING ADDRESS
FOR
UNIT OWNER**

All communications and invoices concerning the ownership or the unit indicated below should be sent to the following address, rather than to the apartment:

UNIT NO.: _____

OWNERS: _____

ADDRESS: _____

TELEPHONE NUMBERS

BUSINESS: _____

HOME: _____

E-MAIL

BUSINESS: _____

HOME: _____

EMERGENCY CONTACT INFORMATION

NAME: _____

RELATIONSHIP: _____

TEL #: _____

E-MAIL: _____

Move In / Move Out Checklist

Kindly affix your SIGNATURE after each of the following:

1. I understand that moves are only permitted Monday through Friday, between the hours of 9:00 A.M. and 5:00 P.M. Moves will not be permitted on the weekend.

X _____

2. I must contact the on-site Management office at (212) 260-5521 to schedule any move-in. or move-out date, which I must schedule at least four (4) weeks in advance. Morning moves are only available between 9:00 AM and 1:00 P.M. and the Afternoon moves are only available between 1:00 P.M. and 5:00 P.M. Any move that exceeds the scheduled time slot will be fined accordingly.

X _____

3. My desired move-in or move-out date, as, well as time slot may not be available. Therefore, I must comply with Management and schedule a date and time that is available. I understand that no two moves are permitted at any one time.

X _____

4. Attached please find my certified checks for the following:

- \$500.00 Damage Deposit (Refundable)
- \$250.00 Elevator Reservation Fee (Non-Refundable)

Both checks are to be made payable to: **One Union Square East Condominium**

X _____

5. Unless my move-in or move-out is a self-move, I understand that my moving company must submit a Certificate of Insurance one (1) week in advance of the date of my move. I will have my moving company contact the on-site Management office at (212) 260-5521 in order to receive specific instructions on the insurance information that must be submitted.

By signing below, I acknowledge that I (we) have been made aware of my/our responsibilities as new Tenant(s) in the building. I will contact the on-site Management office at (212) 260-5521 located at One Irving Place, New York, NY 10003, at least four (4) weeks prior to my desired move-in or move-out date, to arrange for an available date and time slot.

I further acknowledge by signing below that my **\$500.00 Damage Deposit (Refundable)** and **\$250.00 Elevator Reservation Fee(Nonrefundable)** are due in advance of my moving date, and must be submitted as separate checks.

It is also understood that both of these checks will be certified checks only, and will be made payable to **One Union Square East Condominium.**

In addition to this, I have been informed that in order to avoid last minute confusion, all large deliveries have to be scheduled in advance by contacting the Management office at (212) 260-5521. **For all deliveries, a \$500.00 Damage Deposit(Refundable) is required and must be paid via certified check to One Union Square East Condominium.**

Signed by Tenant(s): X _____

Date: _____

X _____

Date: _____

X _____

Date: _____

AUTHORIZATION
PLEASE READ CAREFULLY BEFORE SIGNING

I/We authorize a tenant background search or consumer report. I/We authorize the verification of all information in this application and its release to the Landlord/Condominium/ Cooperative/ Maxwell-Kates, Inc. or other parties connected with the lease/purchase/transfer contemplated herein.

APPLICANT(S) NAME:	1. _____	2. _____
APPLICANT(S) SIGNATURE	1. _____	2. _____
ADDRESS:	1. _____	2. _____
	_____	_____
SOCIAL SECURITY #:	1. _____	2. _____
DATE OF BIRTH:	1. _____	2. _____

NOTICE UNDER NYCACS 20-808

The application provided by you may be used to obtain a tenant screening report; the name and address of the consumer reporting agency or agencies that will be used to obtain such report is/are:

CoreLogic Safe Rent
c/o Consumer Relations Department
7300 Westmore Road, Suite 3
Rockville, MD 20850-5223
Telephone: (888) 333-2413

Pursuant to federal and state law:

1. If the Landlord takes adverse action against you on the basis of information contained in a tenant screening report, the Landlord must notify you that such action was taken and supply you with the name and address of the consumer reporting agency that provided the tenant screening report on the basis of which such action was taken;
2. If any adverse action is taken against you based on information contained in a consumer screening report, you have the right to inspect and receive a free copy of that report by contacting the consumer reporting agency;
3. Every tenant or prospective tenant is entitled to one free tenant screening report for each national consumer reporting agency annually, in addition to a credit report that should be obtained from www.annualcreditreport.com; and
4. Every tenant or prospective tenant may dispute inaccurate or incorrect information contained in a tenant screening report directly with the consumer reporting agency.



**CONDOMINIUM BY-LAWS, HOUSE RULES,
HEALTH CLUB RULES AND REGULATIONS**

**TO: THE BOARD OF MANAGERS
One Union Square East Condominium**

MY/OUR SIGNATURE BELOW INDICATES THAT I/WE HAVE RECEIVED, READ, UNDERSTAND, AND AGREE TO ABIDE BY THE OFFERING PLAN, DECLARATION OF CONDOMINIUM, HOUSE RULES, AS AMENDED FROM TIME TO TIME BY THE BOARD OF MANAGERS AND BY-LAWS OF ONE UNION SQUARE EAST CONDOMINIUM. I/WE ALSO UNDERSTAND THAT UNITS IN THE CONDOMINIUM MAY NOT BE USED FOR BUSINESS PURPOSES. I/WE AGREE TO ABIDE BY THIS RULE.

HEALTH CLUB

I/WE ALSO UNDERSTAND THAT PRIOR TO MOVING IN, I/WE AGREE TO SIGN THE HEALTH CLUB WAIVER, AND AGREE TO ABIDE BY THE HEALTH CLUB RULES WHICH ARE ATTACHED HERE TO.

SIGNATURE(S): _____ DATE: _____

_____ DATE: _____



RELEASE AND WAIVER LIABILITY AGREEMENT

In consideration of the right to use the Zeckendorf Health Club, the undersigned on behalf of himself/herself and on behalf of his/her personal representatives, assigns, heirs, executors, hereby fully and forever releases, waives, discharges and covenants not to sue One Union Square East Condominium, its officers, directors, employees, agents, successors and/or assigns (collectively, "Releasees") from all liability to the undersigned and his/her personal representatives, assigns, heirs and executors, for all losses or damages and any and all claims or demands therefore, on account of injury to the undersigned, in connection with the undersigned's use of the Zeckendorf Health Club and equipment located therein which is located at 1 Irving Place, New York, New York, except to the extent that such injury is caused by or results from the Releasees' gross negligence.

The undersigned represents and warrants that he/she is in good physical condition and is able to safely use the Zeckendorf Health Club and equipment located therein. The undersigned is fully aware of the risks and hazards inherent in using exercise equipment and associated activities including, but not limited to, aerobic exercise. The undersigned hereby assumes all risk of loss, damage, or injury that maybe sustained by him/her while using or as a result of using the Zeckendorf Health Club and/or the equipment located therein. The undersigned agrees to comply with all rules and regulations that are or may be adopted for use of the Zeckendorf Health Club.

The undersigned warrants that all statements made herein are true and correct and understands that Releasees have relied on them in allowing undersigned to use the Zeckendorf Health Club.

IF PERSON USING THE ZECKENDORF HEALTH CLUB AND/OR EQUIPMENT LOCATED THEREIN IS UNDER AGE 18: The parent certifies that his/her son/daughter has his/her permission to use the Zeckendorf Health Club. The parent has read the foregoing RELEASE AND WAIVER OF LIABILITY AGREEMENT and by accepting the waiver intentionally and voluntarily agrees to its terms and conditions. The parent further certifies that his/her son/daughter is in good physical condition and is able to safely use Zeckendorf Health Club and/or the equipment located therein.

THE UNDERSIGNED ACKNOWLEDGES THAT HE/SHE HAS READ THE TERMS OF THIS RELEASE AND WAIVER OF LIABILITY AGREEMENT AND AGREES TO THE CONDITIONS STATED HEREIN.

Name: _____ Date: _____

Signature: _____ Date: _____

Apartment Number: _____ Emergency Contact: _____

Authorized Staff Signature: _____ Date: _____

DOG FORM

TOWER: _____

UNIT #: _____

RESIDENT(S) NAME: _____

I the undersigned understand that as a lessee, I am not permitted to have a dog in the One Union Square East Condominium. My signature affixed below will confirm the fact that I will abide by this policy.

Resident' s Signature Date: _____

Resident' s Signature Date: _____



THE CITY OF NEW YORK
DEPARTMENT OF HEALTH

Rudolph W. Giuliani Mayor Benjamin Mojica, M.D., M.P.H. Acting Commissioner

Notice to Tenant or Occupant

You are required by law to have window guards installed in all windows* if a child 10 years of age or younger lives in your apartment.

Your landlord is required by law to install window guards in your apartment if a child 10 years of age or younger lives in your apartment,

OR

if you ask him to install window guards at any time (you need not give a reason).

It is a violation of law to refuse, interfere with installation, or remove window guards where required, or to fail to complete and return this form to your landlord. If this form is not returned promptly, an inspection by the landlord will follow.

CHECK WHICHEVER APPLY:

CHILDREN 10 YEARS OF AGE OR YOUNGER LIVE IN MY APARTMENT

WINDOW GUARDS ARE INSTALLED IN ALL WINDOWS*

NO CHILDREN 10 YEARS OF AGE OR YOUNGER LIVE IN MY APARTMENT

WINDOW GUARDS ARE NOT INSTALLED IN ALL WINDOWS*

I WANT WINDOW GUARDS EVEN THOUGH I HAVE NO CHILDREN 10 YEARS OF AGE OR YOUNGER

WINDOW GUARDS NEED MAINTENANCE OR REPAIR

WINDOW GUARDS DO NOT NEED MAINTENANCE OR REPAIR

Tenant's Name: _____
(Print)

(Address/Apt. No.)

Tenant's Name: _____
(Signature)

Date _____

RETURN THIS FORM TO:

Owner/Manager's Name

Owner/Manager's Address

**For Further Information Call:
Window Falls Prevention (212) 676-2158**

*Except windows giving access to fire escapes or a window on the first floor that is a required means of egress from the dwelling unit.

Dear Prospective Unit Owner/Tenant:

The NYC Fire Department has established a rule entitled "Resident Fire Safety Plans and Notices". The rule, implemented to provide helpful information to maximize your safety in the event of a fire or other emergency in your building, requires that each apartment receive the attached Fire Safety Plan each year.

Please take the time to carefully read the Fire Safety Plan developed specifically for your building and discuss it with each member of your household. The plan will provide you with pertinent information about your building's construction and procedures to follow in the event of a fire. Our buildings are "non-combustible", built with fire resistant materials. Although fires started within an apartment of a "non-combustible" building are less likely to spread and are usually contained within the apartment, fires generate large amounts of smoke and heat that can travel to other apartments and floors. You must be prepared to act in the event of such an emergency. Please keep the plan in a safe place, known to everyone in your home.

A **Fire Safety Notice** should be affixed to the inside of your apartment door. It is imperative that you and all the members of your household familiarize yourselves with the notice. If the notice is not on your apartment door, please contact the Management office at 212-260-5521 to receive one. The notice is self-adhesive and you must post it to the inside of your apartment door no lower than four (4) feet from the floor, not higher than five and a half (5 1/2) feet from the floor.

The Board of Managers, Management and Maintenance Staff are dedicated to ensuring the continuous safety of all residents and employees. We urge you to take the time to review the Fire Safety Plan. It may save your life and the lives of your family and neighbors!

Toni D'Egidio
Property Manager
Maxwell-Kates, Inc.
Managing Agent

I hereby acknowledge receiving the required Residential Fire Safety Plan:

Print Name

Signature

Date

Print Name

Signature

Date