

**KINGSVIEW HOMES INC.
125 ASHLAND PLACE
BROOKLYN, N.Y. 11201**

TEL: (718) 875-9225

FAX: (718) 875-5144

Dear Applicant,

Please read your application form and all materials pertaining to Kingsview before answering the questions. All sections must be answered. If a particular question does not pertain to you, simply put an N/A in the space provided.

To facilitate the processing of your application, please submit the following items to the Selection Committee:

1. Completed application form;
2. All authorization forms, signed, with the name and social security number of each applicant;
3. Processing fee payable to "Kingsview Homes, Inc." The fee equals \$350.00 for one applicant or \$600 for two applicants;
4. A copy of your last two latest Federal Income Tax Returns Form 1040 with W-2 Forms, if filing a joint return, or each 1040 and W-2, if filing separately. You are required to sign a release to have the Internal Revenue send copies of your tax transcripts for the previous two years directly to Kingsview Homes Inc.;
5. Last 90 days of pay stubs; and
6. Documentation of assets; i.e., bank statements, 1099 forms, etc.

Processing of your application will commence upon receipt of all pertinent information. You will be notified by mail. When your application has been processed you will be notified of the next step. Your application is not complete until Management has received a fully completed application together with all appropriate back up materials.

Thank you for your interest in Kingsview.

Sincerely,
The Kingsview Board of Directors

COOPERATIVE STOCK PURCHASE APPLICATION

To the Board of Directors of KINGSVIEW HOMES, INC.:

The undersigned hereby submit(s) this application to purchase _____ shares of stock in Kingsview Homes, Inc. (the "Corporation") and the Proprietary Lease for Apartment _____ at _____, Brooklyn, New York.

We/I hereby acknowledge understanding of the following:

Pursuant to authority granted in the Proprietary Lease and By-Laws of the Corporation, the Board of Directors will use this application to obtain background information regarding proposed purchasers of the Corporation's stock.

The Board of Directors may require additional information and may require that the applicant(s) appear for a personal interview. Other persons who will reside in the apartment may also be required to appear at this interview.

The proposed purchase cannot be consummated without the consent of the Board of Directors.

We/I have read the Proprietary Lease and House Rules which govern the occupancy of the apartment and agree to abide by these rules.

In no event will the Corporation, the Board of Directors, or its agents be responsible for any liabilities or expenses incurred by an applicant whose application is not approved.

While the Board of Directors will attempt to review all applications promptly, the Corporation, the Board of Directors, and its agents will not be responsible for expenses or liabilities resulting from any delay in this review.

Falsification of any of the enclosed information, or omission of material information may result, without limitation, in revocation of approval by the Board of Directors and termination of the applicant's Proprietary Lease.

The undersigned authorize(s) the Board of Directors to (i) contact any of the employers, banks, landlords, educational institutions, references, etc. described herein for information bearing upon this application, (ii) obtain information from the IRS, and (iii) obtain information concerning the applicant(s) from a consumer reporting agency. The

Undersigned hereby makes application to purchase shares of stock in the Corporation and the Proprietary Lease for the Apartment listed above.

The undersigned acknowledge(s) that, if this application is accepted, the undersigned will NOT, without the prior written consent of the Board of Directors:

- pledge the shares of the Corporation's Stock;
- make structural alterations to the apartment;
- sublease the apartment;
- assign the proprietary lease;
- use the apartment for other than residential purposes;
- have a primary residence anywhere OTHER THAN the apartment at Kingsview Homes;
- or violate any provision of the Proprietary Lease, the House Rules, or the By-Laws.

The undersigned acknowledge(s) that the apartment is being acquired in "as is" condition. The undersigned confirm(s) the accuracy of all of the information contained herein.

ANY FALSIFICATION OR MISREPRESENTATION OF ANY INFORMATION WILL BE GROUNDS FOR REJECTION! Further, any falsification or misrepresentation of any information may result in a revocation of the Board's approval and termination of applicant's Proprietary Lease.

Applicant Signature: _____ Date: _____

Print Applicant Name: _____

Co-Applicant
Signature: _____ Date: _____

Print Co-Applicant Name: _____

Please submit to the Management Office a completed application, together with (i) your personal income tax returns for the past two years, (ii) a copy of pay stubs dated within 90 days of the date of this application, and (iii) a check for \$350.00 (or \$600.00 if there are two (2) applicants) payable to "Kingsview Homes, Inc." (the non-refundable administrative application Processing Fee)

PERSONAL INFORMATION

Date: _____

Applicant

Co-Applicant

Name: _____

Current Address: _____

Dates of Residence:* _____

Home Telephone No.: _____

Social Security Number: _____

Employer: _____

Address: _____

Business Telephone No.: _____

Nature of Business: _____

Period of Employment:* _____

Educational and Professional Background: _____

* If your residence or employer has changed in the last seven years indicate on the back of this page your prior address and dates of residence and the name, address and dates of employment of prior employment.

Applicant

Co-Applicant

AMOUNT RECEIVED LAST YEAR FROM:

Employment	_____	_____
Dividends	_____	_____
Interest	_____	_____
Rent	_____	_____
Alimony/Child Support	_____	_____
Sale of Capital Assets	_____	_____
Other (Itemize separately)	_____	_____

CURRENT EXPENSES:

Rent (or maintenance)	_____	_____
Mortgages (if any)	_____	_____
Car payments (lease or loan)	_____	_____
Auto insurance	_____	_____
Life insurance	_____	_____
Homeowners, car & other insurance	_____	_____

LIFE INSURANCE OWNED:

Named Beneficiary	_____	_____
Amount	_____	_____
Premium (Annual)	_____	_____
Cash Value	_____	_____

GENERAL INFORMATION

Name(s) in which cooperative stock will be held:

Names of ALL proposed occupants of the
Apartment: _____

Names (and apartment number) of anyone in the building known to the Applicant:

Three Personal References (include name, address and telephone number, how they
know you, and for how long they have known you):

Bank References (Include name and telephone
number): _____

Purchase Price for Coop Unit:* \$ _____ Amount to be financed:* _____

Interest Rate: _____% Term: _____ years Monthly Payment: \$ _____

Insert Name, Address and Telephone Number of:

Lender: _____

Seller: _____

Broker: _____

Applicant's Attorney: _____

Seller's Attorney: _____

*A copy of the Contract of Sale and Mortgage Application, if any, must be attached to this Application. Mortgage Commitment must be attached to this Application, or, if not yet obtained, be sent to management within two (2) days of receipt of the Commitment. The application package will not be reviewed until receipt of Mortgage Commitment.

ADDITIONAL INFORMATION

PLEASE ANSWER EACH QUESTION "YES" OR "NO"

	<u>APPLICANT</u>	<u>CO-APPLICANT</u>
ARE THERE CURRENTLY ANY OUTSTANDING JUDGMENTS AGAINST YOU?	_____	_____
IN THE LAST 7 YEARS HAVE YOU BEEN DECLARED BANKRUPT?	_____	_____
HAVE YOU HAD PROPERTY FORECLOSED UPON, OR GIVEN TITLE OR DEED IN LIEU THEREOF?	_____	_____
HAVE YOU EVER, OR ARE YOU CURRENTLY A PARTY IN A LAW SUIT?	_____	_____
WILL ANY PART OF YOUR CASH PAYMENT BE BORROWED?	_____	_____
HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A MISDEMEANOR?	_____	_____
HAVE YOU BEEN KNOWN BY ANY OTHER NAME IN THE PAST TEN YEARS?	_____	_____
HAVE YOU EVER OWNED A COOPERATIVE APARTMENT? [If so, please give name of cooperative and managing agent.]	_____	_____
HAVE YOU EVER BEEN ON THE BOARD OF DIRECTORS OF A COOPERATIVE HOUSING CORPORATION?	_____	_____
HAVE YOU EVER BEEN SUED BY A LANDLORD (INCLUDING THE COOP CORPORATION IF YOU OWNED A COOP)?	_____	_____
ARE YOU A CO-MAKER, ENDORSER OR GUARANTOR OF A NOTE?	_____	_____
DO YOU OR ANY MEMBER OF YOUR FAMILY HAVE DIPLOMATIC STATUS?	_____	_____

If a "Yes" answer is given to any question in this column, explain in detail on the back of this page.

Balance Sheet
 As Of The Last Day of Month Immediately
 Preceding Date of Application

ASSETS

	APPLICANT	CO-APPLICANT
Cash		
Checking Accounts (Note 1)	_____	_____
Saving/Money Market Accounts (Note 1)	_____	_____
Marketable Securities (Note 2)	_____	_____
Life Insurance (Cash Surrender Value)	_____	_____
Non-Marketable Securities (Note 2)	_____	_____
Real Estate/Coop Owned (Note 3)	_____	_____
Automobiles/Pleasure Craft Owned (Note 4)	_____	_____
Vested Interest in Retirement Fund (Note 5)	_____	_____
Net Worth of Business Owned (Note 5)	_____	_____
Furniture and Personal Property	_____	_____
Notes Receivable (Note 5)	_____	_____
Other Assets (Note 5)	_____	_____
TOTAL ASSETS	\$ _____	\$ _____

LIABILITIES

Installment Debt Payable (Note 6)	_____	_____
Other Unsecured Loans (Note 6)	_____	_____
Mortgage Loans (Note 6)	_____	_____
Automobiles/Pleasure Craft Loans (Note 6)	_____	_____
Other Secured Loans (Note 6)	_____	_____
Unpaid Taxes	_____	_____
Loans on Life Insurance	_____	_____
Credit Card Liabilities (Note 6)	_____	_____
Other Liabilities (Note 6)	_____	_____
TOTAL LIABILITIES	\$ _____	\$ _____

NET WORTH (Assets Minus Liabilities) \$ _____ \$ _____

[The Notes on the attached page are part of this Balance sheet and must be completed.]

NOTES TO BALANCE SHEET

Note 1	Account #	Name and Address of Banking Institution	Balance
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

Note 2	No. Shares	Type Security	Issuer	Market Value	Monthly Dividend/ Interest
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Note 3	Address of Property	Type of Property	Cost of Property	Present Market Value	Amount of Mortgage and Loans
a)	_____	_____	_____	_____	_____
b)	_____	_____	_____	_____	_____
	Monthly Gross Rental Income	Monthly Mortgage Payments	Monthly Taxes, Insurance, Maintenance and Misc. Payments		Monthly Net Rental Income
a)	_____	_____	_____		\$ _____
b)	_____	_____	_____		\$ _____

Note 4 Make and Year Vehicle: _____

Note 5 Briefly Describe Other Assets: _____

Note 6 Please provide the following for all Debt:

Creditor's Name and Address	Account Number	Monthly Payments	Months Left	Unpaid Balance
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____

NOTE: Briefly describe any other liabilities, debts or loans:

Credit Check Authorization Form

FULL NAME: _____

MAIDEN NAME OR OTHER NAME USED: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

NAME OF SPOUSE: _____

HOME ADDRESSES (LAST SEVEN YEARS):

Current Address: _____

Street Address City State Zip Code

Prior Address: _____

Street Address City State Zip Code

Prior Address: _____

Street Address City State Zip Code

Prior Address: _____

Street Address City State Zip Code

CURRENT EMPLOYER: _____

Address: _____

Street Address City State Zip Code

In connection with this application, I authorize the procurement of a consumer investigation report, as well as a criminal check and any other investigation of me that the Board of Kingsview deems to be appropriate on behalf of Kingview Homes, Inc. I further authorize ALL credit agencies, banks, lending institutions, former employers and persons to release any and all information that they may have about me, and I release them from any liability and responsibility from doing so.

This authorization, in original form or copy or fax form, shall be valid for this and any future reports that may be requested. Further information may be available upon request within a reasonable period of time.

Signature

Date