

GRAMERCY PARK OWNERS CORP. - Sublet Application

Dear Prospective Resident:

Thank you for your interest in Gramercy Park Owners Corp.- 26 Gramercy Park South.

Enclosed is your Sublet Application. Please read all pages carefully and make sure to complete the application in its entirety. Applications that are incomplete or missing any documentation will not be accepted for processing and will be returned to the applicant.

Please complete and forward the application, along with required documents and fees, directly to Argo Real Estate, LLC for processing.

For your convenience, a digital copy of this application is available as a fillable PDF on our website www.argo.com.

If you have any questions regarding your application or interview procedures, please contact the Transfer Department at Argo Real Estate on (212) 896-8697.

Sincerely,

ARGO REAL ESTATE, LLC

Transfer Department

Please be advised:

- -a sub-tenant may NOT move any belongings of theirs into the apartment without first being interviewed by the board of directors and fully approved.
- -this sublease term must be for a one (1) year period only (no shorter, no longer). The board of directors will consider renewal of a sublease for up to one (1) year term (except in the case of a death of a shareholder), if a written request is made no sooner that 90 days and no later than 60 days prior to the expiration of the current one year term.
- there is a monthly sublet fee equal to 10% of the monthly maintenance that will be billed directly to the shareholder's maintenance account.



GRAMERCY PARK OWNERS CORP. - Required Documents & Important Information

The following is a list of the items that you are required to submit for the board to review your application. Please be sure to provide all the information requested. Applications received that are missing ANY of the following items will NOT be accepted for processing and will be returned to the applicant.

Important Information (please read carefully before completing your application)

Please submit one (1) original, and eight (8) collated sets of the <u>completed</u> application package. Please make sure that application packages contain ALL required documentation. All documents should be provided as single sided (NOT printed on both sides), and be free of any staples or small paper clips. Required documents may be separated by dividers. Please note that documents will not be returned and that the applicant is advised to retain a copy for their records.

- 1. No application will be considered by the board until the shareholder is current on all obligations to the corporation.
- 2. The Board of Directors may request additional information and/or documentation to support the information provided with the application.

Complete & Return the Following Forms Provided

1.	Sublet Application (5 pages) MUST BE COMPLETED IN ITS ENTIRETY & SIGNED. APPLICATION WILL NOT BE REVIEWED IF SECTIONS ARE LEFT BLANK. MUST BE TYPED OR PRINTED LEGIBLY IN BLACK OR BLUE INK
2.	Sublet Fees Acknowledgement Form (1 page) MUST SIGNED BY APPLICANT(S).
3.	Credit Report Authorization Form (1 page) MUST INCLUDE SOCIAL SECURITY NUMBER AND US RESIDENTIAL ADDRESS (NO P.O. BOXES) MUST BE TYPED OR PRINTED LEGIBLY IN BLACK OR BLUE INK
4.	House Rules Acknowledgement Form (1 page) MUST BE SIGNED BY APPLICANT(S).
5.	Pet Rider Form (1 page) MUST BE SIGNED BY APPLICANT(S).
6.	Move In Authorization Form (1 page) MUST BE SIGNED BY APPLICANT(S).
7.	Rider to Lease Form (1 page) MUST BE SIGNED BY SHAREHOLDER AND APPLICANT(S).
8.	Lead Paint and/or Lead-Based Paint Hazards Disclosure (1 page) MUST BE SIGNED AND INITIALED BY ALL PARTIES (LESSOR, LESSEE, AND AGENT(S) IF APPLICABLE)
9.	Window Guards Notice (1 page) MUST BE SIGNED BY APPLICANT(S).
10.	Bed Bug Affidavit (1 page) MUST BE SIGNED BY BOTH SHAREHOLDER AND SUBTENANT

Provide the Following Documentation

	1	
Add	liti	onal Information (for your review only, please DO NOT return)
		MUST BE SIGNED, DATED AND STATE TYPE OF ACCOUNT, AMOUNT ON DEPOSIT IN DOLLARS AND AGE OF ACCOUNT.
		Bank Reference Letter(s)
	7.	W2 forms and/or 1099 forms.
	6.	Latest Federal Income Tax Returns MUST INCLUDE ALL SCHEDULES & PAGES, AND BE SIGNED. APPLICATIONS SUBMITTED AFTER APRIL 15 TH MUST INCLUDE MOST RECENT TAX RETURN OR A COPY OF YOUR EXTENSION AND THE TAX RETURN FOR THE PREVIOUS YEAR.
	5.	Current Landlord / Managing Agent Reference Letter MUST INCLUDE MONTHLY RENT, LENGTH OF OCCUPANCY, REFEREE'S CONTACT INFORMATION, AND BE SIGNED & DATED. IF YOU CURRENTLY OWN YOUR OWN HOME, PLEASE PROVIDE PROOF OF OWNERSHIP AND EXPLANATION OF PLANS FOR THAT RESIDENCE.
	4.	Two (2) Personal Reference Letters MUST BE SIGNED, DATED, AND INCLUDE REFEREE'S CONTACT INFORMATION. (NO SUBORDINATES OR FAMILY MEMBERS CAN BE USED)
	3.	Two (2) Business/Professional Reference Letters MUST BE ON COMPANY LETTERHEAD, SIGNED, DATED, AND INCLUDE REFEREE'S CONTACT INFORMATION. (NO SUBORDINATES OR FAMILY MEMBERS CAN BE USED)
	2.	Employment & Salary / Income Verification Letter MUST BE ON COMPANY LETTERHEAD AND INCLUDE SALARY, LENGTH OF EMPLOYMENT, AND SUPERVISOR/HR CONTACT DETAILS. IF SELF EMPLOYED PLEASE ENCLOSE A NOTARIZED LETTER FROM YOUR C.P.A.
	1.	Copy of Sublease, including all riders if applicable (Blumberg Form #193 ONLY – Sample Attached) MUST BE EXECUTED BY ALL PARTIES. Available for purchase at: http://www.blumberglegalforms.com/Forms/193.pdf

Address for Delivery of Application Packages

Please submit all completed application packages, along with fees, directly to:

ARGO REAL ESTATE, LLC

<u>Attn: Transfer Department</u>

50 W. 17th Street, 7th Floor

New York, NY 10011

All inquiries concerning applications and interview procedures should be directed to the Transfer Department at Argo Real Estate (212) 896-8697.



GRAMERCY PARK OWNERS CORP. - Sublet Application Fees Acknowledgement

The following is the schedule of fees required with the submission of all applications. All checks can be personal checks unless otherwise noted.

Fees Due Upon Submission

1.	\$750.00	Application Processing Fee (non-refundable)	Payable to: ARGO REAL ESTATE, LLC
2.	\$45.00	Credit Check Fee / per person (non-refundable)	Payable to: ARGO REAL ESTATE, LLC
3.	\$500.00	Move In Deposit from Subtenant (refundable)	Payable to: GRAMERCY PARK OWNERS CORP.
4.	\$500.00	Move Out Deposit from Shareholder (refundable)	Payable to: GRAMERCY PARK OWNERS CORP.

Other Fees

1. \$	Monthly Sublet Fee*
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Payable to: GRAMERCY PARK OWNERS CORP.

AUTHORIZATION OF ELECTRONIC DEBIT:

You are hereby on notice that all checks submitted to this office can be processed electronically, at first presentment and any representments, by transmitting the amount of the check, routing number, account number and check serial number to your financial institution. By submitting a check for payment, you are authorizing us to initiate an electronic debit from your bank or asset account as early as the same day the check is received in our office. Please note that you will not receive a cancelled check with your bank or asset account statement with respect to any checks processed electronically, but such amounts will appear as debits on the statement issued by your bank or asset account.

Fees Acknowledgement

/We hereby acknowledge that all fees paid pursuant to this application are non-refundable unless otherwise noted.						
Applicant's Signature	Date:	Co- Applicant's Signature	Date:			

^{*}Please note there is a monthly sublet fee equal to 10% of the monthly maintenance that will be billed directly to the shareholder's maintenance account.



Co-op Sublet Application Information

Building Address:				Apt #:
Monthly Rent:		Annual Rent:		
Security Deposit:		Length of Lease:		
Lease Start Date:		Lease End Date:		
Special Conditions (if any):				
Shareholder(s) / Overtenant(s	s)			
Primary Shareholder:				
Additional Shareholder:				
Present Address:		City:	State:	Zip:
Forwarding Address:		City:	State:	Zip:
Phone:	Cell:		Email:	
Shareholder's Broker (if any):	_	Phone:	Email:	
Applicant(s) / Undertenant(s))			
Applicant Name:		SS#:		
Phone:	Cell:		Email:	
Co- Applicant Name:	_	SS#:		
Phone:	Cell:		Email:	
Applicant's Broker (if any):		Phone:	Email:	
Landlord / Co-op Corporation				
Co-op Corporation Name:				
Address for Notices:		City:	State:	Zip:
c/o (Managing Agent):				
Date of Overlease / Proprietary Lease:				

Residence History

Applicant			
Present Address:	City:	State:	Zip:
Length of Residency:	Monthly Rent / Mortgage Pay	ment:	
Landlord / Managing Agent:	Phone:	Fax:	
If owned, list Mortgage Lender and Account Number:			
Previous Address:	City:	State:	Zip:
Length of Residency:	Monthly Rent / Mortgage Pay	ment:	
Landlord / Managing Agent:	Phone:	Fax:	
If owned, list Mortgage Lender and Account Number:			
<u>Co-Applicant</u>			
Present Address:	City:	State:	Zip:
Length of Residency:	Monthly Rent / Mortgage Pay	ment:	
andlord / Managing Agent:	Phone:	Fax:	
If owned, list Mortgage Lender and Account Number:			
Previous Address:	City:	State:	Zip:
Length of Residency:	Monthly Rent / Mortgage Pay	ment:	
Landlord / Managing Agent:	Phone:	Fax:	
If owned, list Mortgage Lender and Account Number:			
Employment Information			
Applicant			
Employer:	Phone:	Fax:	
Business Address:	City:	State:	Zip:
Length of Employment:	Annual Income:		
Co- Applicant			
Employer:	Phone:	Fax:	
Business Address:	City:	State:	Zip:
Length of Employment:	Annual Income:		

Business / Professional References

Applicant	Co-Applicant
1. Name:	1. Name:
Company:	Company:
Address:	Address:
Title / Position:	Title / Position:
Phone:	Phone:
2. Name:	2. Name:
Company:	Company:
Address:	Address:
Title / Position:	Title / Position:
Phone:	Phone:
Personal References	
Applicant	Co-Applicant
1. Name:	1. Name:
Address:	Address:
Relationship to Applicant:	Relationship to Applicant:
Phone:	Phone:
2. Name:	2. Name:
Address:	Address:
Relationship to Applicant:	Relationship to Applicant:
Phone:	Phone:
Bank References	
Applicant	Co- Applicant
Checking Account #:	Checking Account #:
Bank:	Bank:
Savings Account #:	Savings Account #:
Bank:	Bank:
Additional Information	
Please list the name, relationship and Social Security Number of each person w	ho will reside in the apartment (be sure to include yourself as a proposed
occupant(s)). Name Relationship	Social Security No.

Additional Information [cont]

		any Real Property or Co-operative		□ YES	□ NO
			of Loan:Current Market Value:		
2.			privy to any lawsuits or other legal actions?	□ YES	□ NO
3.	,	l/or occupant(s) ever been convic	•	□ YES	□ NO
4.		ng judgments against you?		□ YES	
	please describe:				
5.	• • •		mony, Child Support, or Separate Maintenance?	□ YES	□ NO
6.	Is either the Applicant o	r Co-Applicant party in a lawsuit?		□ YES	□ NO
7.		pets in this apartment?		□ YES	□ NO
	please describe (species/breed/	weight/age/etc):			
8.	Do you plan to play any	musical instruments in this apart	tment?	□ YES	□ NO
th respec	ct to any matter or concernin ation is submitted on behalf o contractual or other relations	gany act of the shareholder in connect of the current shareholder(s) listed or hip with the co-operative corporation	n the Applicant(s). The co-operative corporation, its officers ction with any contact contemplated herein. In this application and are to whom the co-operative corpora and any claims are limited solely to the shareholder.	-	
e has no come shareh ccupying soprietary coccupie toccupie I the representations, conditions, conditio	same as a principal residence rlease, by-laws, and rules and donly by those persons listed resentations and statements officers, and agents in connect	d regulations of the co-operative corp don this application. Said representat made by the shareholder(s) and appl ction with the application of the shar poration, as some have been amende	on, its board of directors, officers, and agents that the appl he will not allow any person or persons to occupy the pre poration as same may be amended from time to time. The ions will survive the entire lease period and any subsequent icant(s) are made with full knowledge that they will be relie reholder(s) and applicant(s) represent(s) that they are familed and will comply with all the provisions thereof. The co-o	emises except in accorda applicants) further repre lease periods. Id upon by the co-operat liar with the proprietary	the premises for the pance with the provisions esent(s) that the premitive corporation, its bullease, the by-laws, a
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Guarantor Information (if required)

•				
Guarantor:	SS#:	SS#:		
Phone:	Cell:	Email:		
Current Address:	City:	State:	Zip:	
Employer:	Phone:	Fax:		
Business Address:	City:	State:	Zip:	
Length of Employment:	Annual Income:			
Relationship to Applicant(s):				
Any individual acting as a guarantor will need to pro	ovide the following supporting documentation:			
of directors will rely on the information furnished above	,	on with representatives of the corp	oration. Applicant(s) understand(s	
This application is submitted on behalf of the current sha	areholder in connection with any contact contemplated herein areholder(s) listed on this application and are to whom the co- perative corporation and any claims are limited solely to the sha	-operative corporation will respond.	The applicant(s) understand(s) tha	
	operative corporation, its board of directors, officers, and age b) represent(s) that he will not allow any person or persons to the co-operative corporation as same may be amended from t	o occupy the premises except in acc time to time. The applicants) further	cordance with the provisions of the	
• • • • •	on. Said representations will survive the entire lease period and	,		
be occupied only by those persons listed on this application. All the representations and statements made by the share directors, officers, and agents in connection with the apparent regulations of the co-operative corporation, as some		at they will be relied upon by the co hat they are familiar with the propr	ietary lease, the by-laws, and rule	
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be occupied only by those persons listed on this application. All the representations and statements made by the share directors, officers, and agents in connection with the applicance of the co-operative corporation, as some and agents may rely upon this representation. The undersigned authorizes the co-operative corporation of the undersigned authorizes the undersigned authorizes the co-operative corporation of the undersigned authorizes the undersigned authorizes the co-operative corporation of the und	on. Said representations will survive the entire lease period and reholder(s) and applicant(s) are made with full knowledge tha plication of the shareholder(s) and applicant(s) represent(s) te have been amended and will comply with all the provisions or its agents to retain a credit reporting agency. This agency may	at they will be relied upon by the co hat they are familiar with the propr s thereof. The co-operative corporat ay obtain, prepare and furnish credit	ietary lease, the by-laws, and rule cion, its board of directors, officers	
be occupied only by those persons listed on this application. All the representations and statements made by the shar directors, officers, and agents in connection with the application of the co-operative corporation, as some and agents may rely upon this representation. The undersigned authorizes the co-operative corporation or	on. Said representations will survive the entire lease period and reholder(s) and applicant(s) are made with full knowledge tha plication of the shareholder(s) and applicant(s) represent(s) te have been amended and will comply with all the provisions or its agents to retain a credit reporting agency. This agency may	at they will be relied upon by the co hat they are familiar with the propr s thereof. The co-operative corporat ay obtain, prepare and furnish credit	ietary lease, the by-laws, and rule: cion, its board of directors, officers	



<u>Credit Report Authorization</u> (page 1 of 2)

I/We authorize Argo Real Estate LLC and or/its agents to obtain a tenant background search or consumer report through *CoreLogic Saferent c/o Consumer Relations Department* 7300 Westmore Road, Suite 3, Rockville, MD 20850-523 and any other information it deems necessary, for the purpose of evaluating my application. I/We understand that such information may include, but is not limited to credit history, housing court, sex offender search, criminal background check, employment/income verification, prior residency verification and/or any other necessary information. I/We understand that subsequent consumer reports may be obtained and utilized under this authorization in connection with an update, renewal, extension or collection, with respect to or in connection with the rental of a residence for which application was made. I/We agree to hold the above named company and procurer or furnisher of information, free from any liability what-so-ever in the use, procurement, or furnishing of such information. I/We further consent and authorize Argo Real Estate LLC and/or its agents to furnish this information to the Board of Directors, and/or its agents of the cooperative building or condominium to which I/We have applied, or to the Landlord of the rental apartment and his/her agents.

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:
- 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 the report by contacting the consumer reporting agency;
- 3. Every tenant or prospective tenant is entitled to one free tenant screening report from each national consumer credit reporting agency (Equifax, Experian and TransUnion) annually, in addition to a credit report that should be obtained from <u>.annualcreditreport.</u>; 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.

Signature of Applicant	Date
Signature of Co-Applicant	Date
Signature of Guarantor	Date

<u>Credit Report Authorization Form</u> (page 2 of 2)

Applicant's Name (print)	Applicant's Signatu	re
Social Security #:	_Date of Birth:	_Phone:
Current Address:	City:	_State:Zip:
Co-Applicant's Name (print)	Co-Applicant's Sigr	nature
Social Security #:	_Date of Birth:	_Phone:
Current Address:	City:	_State:Zip:
Guarantor's Name (print)	Guarantor's Signat	ure
Social Security #:	_Date of Birth:	Phone:
Current Address:	City:	State:Zip:

Authorization for Electronic Debit:

You are hereby on notice that all checks submitted to this office can be processed electronically, at first presentment, and any re-presentments, by transmitting the amount of the check, routing number, account number and check serial number of your financial institution. By submitting a check for payment, you are authorizing us to initiate an electronic debit from your bank or asset account as early as the same day the check is received in our office. Please note that you will not receive a cancelled check with your bank or asset account statement with respect to any checks processed electronically, but such amounts will appear as debits on the statement issued by your bank or asset account.

Disclosure of information on Lead-based Paint and/or Lead-Based Paint Hazards RENTALS

Property Address:			
managed properly. Lead e	nay contain lead-based p xposure is especially ha se the presence of knowi	naint. Lead from paint, paint chips, and control of the properties	women. Before renting pre-1978
Lessor's Disclosure			
(a) Presence of lead-ba		ised paint hazards (Check (i) or (ii) below) based paint hazards are present in the ho	
(ii) Lessor has	no knowledge of lead-bas	ed paint and/or lead-based paint hazards	are present in the housing.
(i) Lessor has p	ts available to the lessor (rovided the lessee with a azards in the housing (list	ll available records and reports pertaining	to lead-based paint and/or
housing. Lessee's Acknowledgmen (c) Lessee has red	t (initial) ceived copies of all inform	taining to lead-based paint and/or lead-ba nation listed above. ect Your Family from Lead in Your Home.	ased paint hazards in the
Agent's Acknowledgment (e)Agent has info responsibility to ensur	rmed the lessor of the les	ssor's obligations under 42 U.S.C. 4852(d)	and is aware of his/her
Certification of Accuracy The following parties have re they have provided is true an		above and certify, to the best of their know	wledge, that the information
LESSOR	DATE	CO-LESSOR	DATE
LESSEE	DATE	CO-LESSEE	DATE
AGENT	DATE	AGENT	DATE

Notice to Tenant or Occupant

WINDOW GUARDS REQUIRED

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,

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.

Check One:				
	Children 10 years of age or younger live in my apartment			
	No Children 10 years of age or younger live in my apartment			
	☐ I want window guards even though I have no children 10 years of age or younger			
Tenant's Name:				
Tenant's Signature:		Date:		
Tenant's Address:		Apt #:		

RETURN THIS FORM TO:



FOR FURTHER INFORMATION CALL:

Window Falls Prevention Program (212) 676-2158

New York City Department of Health

125 Worth Street, Room 222A

New York, NY 10013

SUBLEASEAGREEMENT

	The parties agree as follows:
Date of this Sublease:	
	Overtenant:
Parties to this Sublease:	Address for notices:
	You, the Undertenant:
Information from Over-Lease:	Address for notices;
	If there is more than one Overtenant or Undertenant, the words Overtenant and Undertenant used in the Sublease include them.
	Landlord:
	Address for notices: c/o Argo Real Estate, LLC 50 West 17th Street, 7th Floor New York, NY 10011
	A copy of the Over-Lease is attached as an important part of the Sublease.
	I, Twelve (12) months: beginning: and ending
Term:	
Premises rented:	2. Unit#
Use of Premises:	3. The Premises may be used for residential purposes only.
Rent:	4. The yearly rent is \$\ You, the Undertenant, will pay this yearly rent to the Overtenant in twelve (12) equal monthly payments of \$\\$
Security:	5. The security for the Undertenant's performance is \$ • Overtenant states that Overtenant has received it. Security deposit will be refunded after vacating the premises and all keys have been returned to the Property Manager, less any costs for damage caused by Undertenant.
Agreement to lease and pay rent:	6. Overtenant sublets the premises to you, the Undertenant, for the term. Overtenant states that it has the authority to do so. You, the Undertenant, agree to pay the rent and other charges as required in the Sublease. You, the Undertenant, agree to do everything required of you in the Sublease.
Subject to:	7. The Sublease is subject to the attached Over-Lease. It is also subject to any agreement to which the Over-Lease is subject. You, the subtenant, state that you have read and initialed the overlease and will not violate it. All notices in the sublease shall be by certified mail return receipt requested.
Overtenant's duties:	8. The Over-Lease describes the Landlord's duties. The Overtenant is not obligated to perform the Landlord's duties. If the Landlord fails to perform, you, the Undertenant, must send the Overtenant a notice. Upon receipt of the notice, the Overtenant shall then promptly notify the landlord and demand that the Over-Lease agreement be carried out. The Overtenant shall continue the demands until the Landlord performs.
Consent:	9. Landlord's consent to the Sublease is required. If Landlord's consent is not received, the Sublease will be void. In such event all parties are automatically released and all payments shall be refunded to you, the Undertenant.
Adopting the Over-Lease:	10. The provisions of the Over-Lease are part of this Sublease. All the provisions of the Over-Lease applying to the Overtenant are binding on you, the Undertenant.

No authority:	11. You, the Undertenant, have no authority to contact or make any agreement with the Landlord about the Premises or the Over-Lease. You, the Undertenant, may not pay rent or other charges to the Landlord, but only to the Overtenant	
Successors:	12. Unless otherwise stated, the Sublease is binding on all parties who lawfully succeed to the rights or take the place of the Overtenant or you, the Undertenant. Examples are an assign, heir, or a legal representative such as an executor of your will or administrator of your estate.	
Changes:	13. This Sublease can be changed only by an agreement in writing signed by the parties to the Sublease.	
	14. Undertenant shall permit Landlord, Overtenant and their agents access into said apartment for future sale, rental, etc., as well as for normal repairs by building personnel.	
	15. Undertenant shall obtain proper insurance on said apartment naming (Landlord), as loss payee (additional insured).	
	16. The rent on said apartment is due at Overtenant's address by the first of each month. Failure to receive said sum shall be a default of this Sublease and said Undertenant must vacate immediately.	
	OVERTENANT:	
Signatures:	YOU, THE UNDERTENANT:	
	WITNESS:	

GUARANTY OF PAYMENT WHICH IS PART OF THE SUBLEASE

•._.......

Date of guaranty:	
Guarantor(s):	
Address:	
Telephone Number(s):	
Address of Property: (for which guarantor is responsible)	
Reason for Guaranty:	1. I know that the Overtenant would not rent the premises to the Undertenant unless I guarantee Undertenant's performance. I have also requested the Overtenant to enter into the Sublease with the Undertenant. I have a substantial interest in making sure that the Overtenant rents the premises to the Undertenant.
Guaranty:	2. The following is my Guaranty: I guarantee the full performance of the Sublease by the Undertenant. This guaranty is absolute and without any condition. It includes, but is not limited to, the payment of rent and other money charges.
	In addition, I agree to these other terms:
Changes in Sublease have no effect:	3. This guaranty will not be affected by any change in the Sublease, whatsoever. This includes, but is not limited to, any extension of time or renewals. The Guaranty will be binding even if I am not a party to these changes.
Waiver of notice:	4. I do not have to be informed about any failure of performance by Undertenant. I waive notice of nonpayment or nonperformance.
Performance:	5. If the Undertenant fails to perform under the Sublease, the Overtenant may require me to perform without first demanding that the Undertenant perform.
Waiver of jury trial:	6. I give up my right to trial by jury in any claim related to the Sublease or this Guaranty.
Changes:	7. This guaranty of payment and performance can be changed only by written agreement signed by all parties to the Sublease and Guaranty.
Signatures:	GUARANTOR SIGNATURE(S):

NOTICE TO TENANT DISCLOSURE OF BEDBUG INFESTATION HISTORY

DISCLOSURE OF BEDBUG INFESTATION HISTORY Pursuant to the NYC Housing Maintenance Code, an owner/managing agent of residential rental property shall furnish to each tenant signing a vacancy lease a notice that sets forth the property's bedbug infestation history. Name of tenant(s): **Subject Premises:** Apt. #: Date of vacancy lease: **BEDBUG INFESTATION HISTORY** (Only boxes checked apply) [] There is no history of any bedbug infestation within the past year in the building or in any apartment. [] During the past year the building had a bedbug infestation history that has been the subject of eradication measures. The location of the infestation was on the floor(s). [] During the past year the building had a bedbug infestation history on the floor(s) and it has not been the subject of eradication measures. During the past year the apartment had a bedbug infestation history and eradication measures were employed. During the past year the apartment had a bedbug infestation history and eradication measures were not employed. Other: Signature of Tenant(s): ________Dated: Signature of Owner/Agent: ______ Dated: _____

DBB-N (DHCR 10/10)