COOPERATIVE INFORMATION NEEDED

When you apply for a loan for a cooperative apartment the following documents are required. These documents can be obtained from the board or the managing agency.

If the building has been approved already by LES People’s FCU, submit documents 1 to 5. If the building needs to be reviewed by LES People’s FCU for the first time, submit all the documents required below.

☐ 1. COOPERATIVE QUESTIONNAIRE completed by Managing Agent of President of Board - **water and sewer account numbers must be included**

☐ 2. Last 3 years audited financial statement or income taxes returns

☐ 3. Current Cooperative year’s budget.


☐ 5. Rent Roll - a current copy of the rent roll

☐ 6. Copy of all By-Laws amendments. If any since 2013.

☐ 7. Copy of all By-Laws.

☐ 8. Copy of all sponsor amendments filed with NYS Attorney General

☐ 9. Copy of Offering Plan – **if there is no offering plan a letter from the NYS Attorney General will suffice**

☐ 10. Copy of **original** certificate of Incorporation - **with filing receipt**

☐ 11. Internal financial statements prepared for last available fiscal quarter - **if available**

☐ 12. Copy of proprietary lease, share or stock certificate, and verification of status of your outstanding loan.

Partially filled documents will not be accepted. If you have any questions or concerns please feel free to contact: Stefanie Diaz, Real Estate Loan Officer by email at **sdiaz@lespfcu.org**, telephone at 212-529-8197 ext. 0126 or fax at 212-529-8368.
Cooperative Building Questionnaire

Individual

Loan Number: ________________________

Applicant’s Name: ___________________________ Date: _________________________

Name of Seller/Owner of Unit_____________________________________________________

THIS FORM MUST BE COMPLETED BY MANAGING AGENT OR BOARD

COOPERATIVE BUILDING INFORMATION

Cooperative Building Name: ________________________________________________________

Cooperative Address: __________________________________________________________________

Section: ___________ Block: ___________ Lot: ___________

All other Addresses known of the Cooperative: ___________________________________________

Year Built ___________ Year Converted: ___________

Managing Company & Agent Name: ____________________________

Phone Number: ____________________________

Building’s Attorney: ____________________________ Phone Number: ______________________

If, self-managed, Contact Name & Phone Number: _________________________________

COOPERATIVE STRUCTURE

<table>
<thead>
<tr>
<th>UNITS</th>
<th>SHARES</th>
<th>PERCENTAGE SHARES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner Occupied</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sub Leased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investor Owned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sponsor Owned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coop Owned</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Has there been any capital improvements (in the last three years)? ___ Yes ___ No
   Are all improvements and amenities complete ___ Yes ___ No

2. Has an asbestos inspection been performed ___ Yes ___ No
   If asbestos was present, has it been removed or abated ___ Yes ___ No

3. Does the COOP complex have Commercial Space: ___ Yes ___ No
Location and Use – i.e. Office, Restaurant, etc: ______________________________________________________

4. Does the COOP have space for other purposes? Explain ____________________________________________

5. Does the COOP have parking? ___ Yes ___ No

6. What are the Common Facilities Owned by COOP? ________________________________________________

7. Flip Tax/Stock Transfer Fee? ___ Yes ___ No
   How is determined? ________________________________________________________________

8. Proprietary Lease Expiration Date ____________________________________________________________

9. Are there income restrictions? ___ Yes ___ No
   Explain ______________________________________________________________________________

10. Are there any resale restrictions? ___ Yes ___ No
    Explain ______________________________________________________________________________

11. Water and Sewer Account Numbers __________________________________________________________

COOPERATIVE FINANCIALS

What is the COOP Reserve? $_____________ Funded _____________ Unfunded _____________

Underlying Mortgage Lender: ______________________________________ Balance $______________

Monthly Payment $_______________ Maturity Date _____________

Interest Rate _____________% Fixed _____________ Wrap _____________

ARM _____________ Balloon _____________

Adjusts in year _____________ to _____________%

Line of Credit $_______________ ___ Secured ___ Unsecured Held by _____________

Is there a Mechanic Lien? ___ Yes ___ No Percentage (%) Financing Allowed ______

How many unit owners are 30 days or more delinquent in maintenance and assessments?

# _____________ $ _____________ (you must answer both parts of this question)

Percent of unit owner’s delinquent on maintenance payments ___%

How many units in the subject complex have gone into foreclosure within the past year: _________

Maintenance Amount: $_______________ Sufficient for Expenses Y/N Annual Deficit _________

Any Special Assessments in the last three years? _________________________________________________

Is there a ground lease? Y/N ______. If yes, when does ground lease expires? ______________________

Cash Flow $_______________ ___ Positive ___ Negative Annual Amount $_______________

Are shares pledged as collateral? $_______________

Underlying Mortgage attributable to subject shares ________________
Cooperative Building Questionnaire
Individual

Is there non-Sponsor investors holding 10% or more shares? ____ Yes____ No

SPONSOR INFORMATION

Sponsor Names ________________________________________________________________

Shares Held _____ % of total ______ Numbers of apartments held _____% of total ______

SUBJECT UNIT INFO:

Number of Shares: __________ Subject Percentage (% of Corporation) __________

Monthly maintenance $______________

Maintenance includes: __________________________________________________________

Subject unit amenities: _________________________________________________________

Parking for unit: ____ Yes ____ No; ____ Owned ____ Rented Monthly Fee $________

COOP BOARD CONTACT INFORMATION

President of the Board: _________________________________________________________

Phone: ________________________________

Email: ________________________________

COMPARATIVE SALES

Please list ALL comparable sales in the subject building(s) within the past year:

<table>
<thead>
<tr>
<th>SALE #1</th>
<th>SALE #2</th>
<th>SALE #3</th>
<th>SALE #4</th>
<th>SALE #5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit, Floor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sales Price</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Sale</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance Fee</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of shares</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td># of rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Cooperative Building Questionnaire

**Individual**

<table>
<thead>
<tr>
<th><strong># of bedrooms</strong></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong># of bathrooms</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Square footage</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Terrace/Rear yard</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Parking space</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### ACKNOWLEDGEMENT

I, the undersigned, certify that to the best of my knowledge and belief, the information and statements contained on this form and attachments are true and correct.

Signature of Manager or Board _________________________________ Date __________________________