

# Application to Purchase Unit

These forms should be provided to your prospective purchaser(s) after a contract of sale has been signed by sellers and buyers. The purchaser(s) should also receive from the seller a copy of the text portion of the Mogul Park Guide, the Proprietary Lease and the Bylaws of the co-op. After reading these documents, (1) the purchaser(s) should fill in the information on the application form, (2) send this complete application to the Board at Mogul Park and (3) include a check for the application fee of \$500, payable to Mogul Park, Inc., at the address below. After references have been contacted, the Board will schedule and interview the purchaser(s).

Mogul Park Board  
% Maureen Bossio, VP  
1644 Mogul Drive  
Mohegan Lake, NY 10547

## APPLICATION TO PURCHASE MOGUL PARK CO-OP UNIT

**Important Notice:** Buyer(s) must obtain Co-op Guide, Proprietary Lease and Bylaws from Seller(s) and thoroughly read these materials BEFORE applying to Board of Directors for interview. Submit completed application with \$500 application fee, signed contract of sale, signed authorization for credit information with \$35/adult or \$50 married couple, and background check fee of \$40/adult (all checks made payable to Mogul Park Inc.) to Mogul Park Inc. c/o [fill in]

Unit #: \_\_\_\_\_ Sale Price: \$ \_\_\_\_\_ Loan: \$ \_\_\_\_\_ Lender: \_\_\_\_\_

Loan Agent: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Lender Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Seller Info:**

Name(s) \_\_\_\_\_

Phone: Day \_\_\_\_\_ Eve \_\_\_\_\_ Cell \_\_\_\_\_

Seller Attorney: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Attorney Address: \_\_\_\_\_

**Buyer Info:**

Full Name(s) \_\_\_\_\_

Phone: Day \_\_\_\_\_ Eve \_\_\_\_\_ Cell \_\_\_\_\_

Address: \_\_\_\_\_

Buyer Attorney: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Attorney Address: \_\_\_\_\_

**Provide following information for EACH person to reside in unit:**

Name	Date of Birth	Social Security #	Income

Income Source(s): \_\_\_\_\_ This Year's Income \$ \_\_\_\_\_ Last Year \$ \_\_\_\_\_

Job Title (s): \_\_\_\_\_ Years Held: \_\_\_\_\_

**References:**

Personal:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Employment References:**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Bank References:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Skills you can offer to co-op operations: \_\_\_\_\_

Identify pets to reside at home: \_\_\_\_\_

Hobbies: \_\_\_\_\_

The undersigned buyer(s) verify that: (1) the information set forth above is accurate; (2) I/we have read the Co-op Guide, Proprietary Lease and By-Laws; and (3) I/we authorize the officers of Mogul Park, Inc. to verify the employment and credit information stated above and obtain a background investigation.

The undersigned further understand and agree that the Board may deny any application containing false or inaccurate information and that discovery of any such misrepresentations may result in denial of the Board’s permission to purchase a unit or, if revealed after our purchase, result in declaration of default and cancellation of our proprietary lease and stock certificate.

Mogul Park Inc. will schedule a Board interview when all above paperwork is received. Please note, if obtaining a financial funds a loan commitment is needed before scheduling an interview.

Date: \_\_\_\_\_

**Buyer**

**Co-buyer**

**Authorization for credit report, employment or financial references**

The undersigned hereby authorize(s) the Board of Directors of Mogul Park, Inc., or their designated transfer agents and representatives, to obtain personal, financial employment and credit references from any and all parties contacted by the Board. I/we certify that the information set forth below are true and complete.

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**Purchaser (Signature)** \_\_\_\_\_ **Co purchaser (Signature)** \_\_\_\_\_

**Purchaser**

**FULL Name:** \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

**Birth date:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

I have lived \_\_\_ years and \_\_\_ months at this address. *If less than 1 year, provide prior address:*

**Prior Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Co-Purchaser**

**FULL Name:** \_\_\_\_\_  
(First) (Middle) (Last) (Suffix)

**Birth date:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

I have lived \_\_\_ years and \_\_\_ months at this address. *If less than 1 year, provide prior address:*

**Prior Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)