

Please ask your prospect client/customer the following questions

**before** calling Kaili 201-585-1234 to make appointment:

1. Move-in Date:
2. Total Debts on credit report:
3. Credit score:
4. Pay-stubs/Income (NO CASH incomes):
5. 2024 tax return with W-2/1099
6. 2023 tax return with W-2/1099
7. If Employer's certifying letter will be an issue

The dues are following, make sure appropriate **\$7537.50 cash** available for:

- (1) 1.5month security deposit: \$2887.50
- (2) First month rent: \$1925
- (3) One month rent commission: \$1925 *(1/2 - \$100) to tenant agency, Listing Agent prepares lease.*
- (4) \$300 Non-Refundable application fee by CO-OP management
- (5) Refundable \$500 move-in deposit by management
- (6) Extra \$300/year parking fee IF tenant wants a spot & IF parking spot is available

\*\*\* No Pets!!

\*\*\* \$75 fee for fast-track Application for approval.

## PROCEDURE TO RENT AT LINWOOD PARK COOPERATIVE APARTMENTS

### SHAREHOLDER    **Landlord's responsibility**

1. Complete enclosed sublease application form and return it with a check in the amount of \$500.00 (non-refundable) made payable to "1170 APARTMENT CORP."
2. Should you have a mortgage, a letter from your mortgagor giving you permission to sublet is required.
3. Submit evidence of insurance, see attached sheet for requirements.
4. Apartment must have carpet and padding in accordance with the House Rule- copy attached.

Upon submission of this application your apartment will be inspected for carpeting and padding in accordance with the House Rules, paragraph 20 and to make sure it is in livable condition.

### RENTAL APPLICATION

1. Complete the application in its entirety and return it with a check in the amount of \$300.00 (non-refundable) made payable to "1170 APARTMENT CORP.", For the Credit Report and processing fee
2. Complete, sign and return "Request of Investigation" form.
3. Submit copies of payroll check stubs for the last three weeks.
4. Letter signed by Employer certifying employment & salary.
5. Copies of last two years federal income tax returns as filed with the Internal Revenue Service. The returns must be signed, dated and submitted with W-2 and 1099 forms attached.

If self-employed, you must submit a current business financial statement that includes a balance sheet and income statement. Same is to be submitted along with the following items, If applicable:

- a. Sole Proprietorship (include Schedule C from tax return)
  - b. Partnership (include 1065-K1 from tax return)
  - c. Small Business Corp. (include 1120S-K1 from tax return)
6. Certified Check or Official Bank Checks, each in the amount of \$500 payable to "1170 Apartment Corp.", from both the shareholder and applicant to be held by the corporation as deposits until move in and / or move out of apartment is completed

Return above items along with signed copy of Lease, **WHICH IS TO BE ONE (1) YEAR IN DURATION**; and state that this lease will comply with the terms of the 1170 Proprietary Lease, and also recognize that there are "Pet Regulations / Restrictions" by so stating on the Lease. **Option to purchase is not permitted.**

Sublet is subject to provisions as outlined in Sublet Policy-Resolution No. 1-Attached. Item M(insurance) replaced by requirement sheet attached.

**INCOMPLETE APPLICATIONS, I.E. MISSING DOCUMENTS, SIGNATURES, UNANSWERED QUESTIONS WILL RESULT IN THE ENTIRE PACKAGE BEING RETURNED TO THE APPLICANT THUS CAUSING CONSIDERABLE DELAY.**

After receipt of the Credit Report and review of your entire file by the Admissions Committee, the Rental applicant will be contacted for a phone interview. Interviews will be conducted as expeditiously as possible. **WE REQUEST THAT YOU DO NOT CALL THIS OFFICE, BUT INSTEAD WAIT UNTIL YOU ARE CONTACTED BY A MEMBER OF OUR STAFF.**

Enclosures

Revised 06/2020

## RENTAL - WORKSHEET

Address: \_\_\_\_\_ Unit: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Applicant : \_\_\_\_\_ Credit score: \_\_\_\_\_ Income/Yr: \$ \_\_\_\_\_

Co-Applicant : \_\_\_\_\_ Credit score: \_\_\_\_\_ Income/Yr. \$ \_\_\_\_\_

Do you currently own any other property (s)? ☐ Yes ☐ No  
If so, please include your income and expenses below.

### MONTHLY INCOME

### MONTHLY EXPENSES

Gross monthly income: \$ _____	Monthly Rent \$ _____
Overtime: \$ _____	Mortgage: \$ _____
Commissions: \$ _____	Car (s): \$ _____
Dividends/Interest: \$ _____	Alimony: \$ _____
Rental Income or loss: \$ _____	Child Support: \$ _____
Alimony/Child Support: \$ _____	Student loan: \$ _____
Other: \$ _____	Other(s): \$ _____
<b>Total Income:</b> \$ _____	<b>Total Expenses:</b> \$ _____

**Ratio: Income/Expenses = \_\_\_\_ to 1**

To determine your Ratio - Divide your Total Income by your Total Expenses.

**MINIMUM INCOME to EXPENSE RATIO to QUALIFY is 3 TO 1**

Comments: \_\_\_\_\_

# 1170 APARTMENT CORP.

A Non-refundable fee of \$500.00 is required with this application.  
Make checks payable to "1170 Apartment Corp."

LINWOOD PARK  
COOPERATIVE  
APARTMENTS  
3091 EDWIN AVENUE,  
FORT LEE,  
NEW JERSEY 07024  
TEL. (201) 944-2038  
FAX (201) 944-1141

## APPLICATION TO BOARD OF DIRECTORS TO SUBLEASE

Shareholder : \_\_\_\_\_

Building Address : \_\_\_\_\_ Apt. # \_\_\_\_\_

Telephone : \_\_\_\_\_ Email: \_\_\_\_\_

Apartment Owned Since : \_\_\_\_\_

Reason for Sublease : \_\_\_\_\_

Proposed Term of Sublease : \_\_\_\_\_

Proposed Rent : \$ \_\_\_\_\_ Furnished : \_\_\_\_\_ Unfurnished : \_\_\_\_\_

Name and Address of Broker, if any : \_\_\_\_\_  
\_\_\_\_\_

Will owner occupy apartment upon expiration of sublease? \_\_\_\_\_

Has this apartment been rented previously? \_\_\_\_\_

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

Date: \_\_\_\_\_  
Signature of Owner (If Joint Ownership both must sign)

\_\_\_\_\_  
Signature of Owner

The sublease as well as final form and terms of the sublease require approval of the Board of Directors. Option to purchase will not be approved. Sublease is subordinate and subject to the Proprietary Lease and House Rules. **PETS ARE NOT PERMITTED.**

It is also required that Shareholders return ID parking stickers/building access cards and provide evidence of insurance, from Shareholder and Subtenant which must be submitted before final approval can be given for the sublease.

Dated: \_\_\_\_\_

For : 1170 APARTMENT CORP.



## RENTAL APPLICATION FOR CO-OPERATIVE APARTMENT

To: 1170 APARTMENT CORP.  
3091 Edwin Avenue, Apt. 1C  
Fort Lee, NJ 07024

Pet Regulations / Restrictions

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### LEASE INFORMATION

Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Building: \_\_\_\_\_ Apartment: \_\_\_\_\_

Monthly rent of: \$ \_\_\_\_\_ Deposit: \$ \_\_\_\_\_ Lease term of \_\_\_\_\_ Months

Lease to start from: \_\_\_\_/\_\_\_\_/20\_\_\_\_ To expire: \_\_\_\_/\_\_\_\_/20\_\_\_\_

You are hereby authorized to submit to the cooperative apartment corporation this application together with the following information concerning the undersigned. In applying for consent to this proposed lease, the undersigned understands that such consent is required by the terms of the proprietary lease. The undersigned also understands that the information outlined below is essential to this application because of the special character of this cooperative apartment house, in which the stockholder-lessees reside, and because of the desire of the stockholder-lessees to maintain a compatible group of tenants in the building with mutual interests and friendships. If it is desired to inspect the undersigned's present place of residence, arrangements may be made to do so. The undersigned will meet in person with representatives of the cooperative apartment corporation if requested to do so.

### INFORMATION REGARDING APPLICANT (Please fill in all information requested)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. # \_\_\_\_-\_\_\_\_-\_\_\_\_

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

Email: \_\_\_\_\_@\_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Driver's License or ID No. \_\_\_\_\_ State: \_\_\_\_\_

### EMPLOYMENT INFORMATION:

Your Status: ☐ Full Time ☐ Part-time ☐ Student ☐ Retired ☐ Not Employed

Place of Employment: \_\_\_\_\_

Location of Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Salary: \$ \_\_\_\_\_

Number of persons who would occupy apartment: \_\_\_\_\_

Names of persons who will reside in apartment including you (if children list name & date of birth):

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Names of residents in the building known by the applicant:

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Names of friends whom applicant may have in common with other residents of the building:

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Address of any additional residence owned:

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### RESIDENCE HISTORY REFERENCES

Name of present Landlord: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address of present residence: \_\_\_\_\_

Date of occupancy: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Name of previous Landlord: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address of previous residence: \_\_\_\_\_

Date of occupancy: From \_\_\_\_\_ To: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**PERSONAL REFERENCES:**

1. Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

4. Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**HAVE YOU EVER:**

Declared Bankruptcy? [ ☐ ] Yes [ ☐ ] No

Been evicted or asked to move out? [ ☐ ] Yes [ ☐ ] No

Been sued for non-payment of rent? [ ☐ ] Yes [ ☐ ] No

Broken a rental agreement or lease? [ ☐ ] Yes [ ☐ ] No

Been sued for damage to rental property? [ ☐ ] Yes [ ☐ ] No

Please give any additional information that might help us evaluate your application:

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\_\_\_\_\_  
Signature of Applicant

April 10, 2002

To All Shareholders:

Over the last few years Management has received an increased number of noise complaints from residents as a result of the lack of carpeting or rugs or equally effective noise reducing material or an inadequate percentage of coverage. After consulting with experts, Management was advised to amend our House Rules relative to carpeting and rugs in order to provide our residents with a better quality of life.

Therefore, Paragraph 20 of the House Rules is hereby deleted and replaced with the following new rule which was adopted by the Board of Directors in the last quarter of 2001.

The floors in each apartment shall be covered with rugs or carpeting and padding (or equally effective noise reducing material) to the extent of least ninety percent (90%) of the floor area of each room (including underneath bed(s) and hallway, except the kitchen and bathroom(s) which need not be carpeted.

1. The carpeting and rugs shall be at least 1/4 inch thickness.
2. The padding shall be at least 7/16 inch thickness, have a density of at least 6 lbs. per cubic foot and be placed underneath the entire span of the carpeting and/or rugs.
3. All motorized equipment, stereo speakers, exercise equipment and the like shall be placed on top of the above described carpeting and/or rugs and padding, the dimensions of which shall be at least the size of the base of the motorized equipment, stereo speakers, exercise equipment and the like.

All apartments that are currently covered with carpeting or rugs or equally effective noise reducing material to the extent of at least eighty percent (80%) of the floor area of each room, except the kitchen and bathroom(s), are "grandfathered" until such time as the existing carpeting or rugs is replaced or the apartment is sold or sublet, at which time compliance with the above is required.

All apartments that are not "grandfathered" must comply with the new rule by June 1, 2002.



1170 APARTMENT CORP.

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Shareholder's Name: \_\_\_\_\_

Building: \_\_\_\_\_ Apartment # \_\_\_\_\_

I certify that my apartment is carpeted with padding in accordance with the Proprietary Lease House Rule, Paragraph 20.

\_\_\_\_\_  
Shareholder's Signature

\_\_\_\_\_  
Date

## Apartment Inspection

### Included but not limited to:

- Apartment must be under living conditions.
- Apartment must be clean.
- Carpet with padding (7/16 inch thickness).
- Carpet cleanness.
- Apartment walls must be painted.
- No Holes, including under bathroom and kitchen sink.
- Water Leaks.
- Outlets, (plastic cover) including GFI by water.
- Caulking around bathtub, sinks and floors.



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October 2014

DEAR SHAREHOLDERS:

Re: **PARKING FOR SUBLESSEES (TENANTS)**

A nominal non-refundable annual fee of \$300.00 will be charged for a tenant's parking sticker. This will entitle your tenant to parking within the parking lots of Linwood Park.

Should you, the Shareholder be interested in procuring a parking sticker for your tenant, please submit a written letter of request to this office and your name shall be placed on this list. You will be contacted directly when it is your turn. Please include your current address and daytime telephone number.

**Remember** – Cars without Linwood Park issued parking permits will be towed and stored at the vehicle owners' expense.

**INSURANCE REQUIREMENTS SHAREHOLDER & TENANT**

The Shareholder is ultimately responsible to make certain that his subtenant (the Shareholder is the primary tenant) has secured and does maintain, during the term of the subtenancy adequate casualty and property insurance of the apartment in question. The casualty and property insurance shall cover claims arising from either bodily injury or property damage in a single limit of **THREE HUNDRED THOUSAND DOLLARS (\$300,000)**. In no way is the suggestion of \$300,000 deemed to be adequate limits, but rather only the minimum required under the subtenancy. An insurance certificate or other comparable proof of the existence of such insurance coverage must be filed with the Apartment Corporation's management office before the Apartment Corporation will issue a written acknowledgement that the subtenancy is permitted. Without this confirmation, the subtenancy is not permitted. The insurance certificate or alternative proof must reflect the name of the insurer, the named insured, the types and limits under the coverage, as well as the policy dates. The certificate shall also show that notice will be given to the Apartment Corporation in the event this policy is either reduced in the coverage or canceled. Should said coverage expire prior to the end of the term of the subtenancy, it is the Shareholder's responsibility to secure the appropriate renewal and file same with the Apartment Corporation's management office to maintain the continued subtenancy. Should the continuation certificate not be filed, the failure to do so shall be deemed a breach of the Proprietary Lease.

The Shareholder must also insure his personal belongings, contents, improvements that are physically made and fixtures in this apartment, in an amount equal to whatever the Shareholder estimation is of their property, furniture, additions and fixtures within the apartment. The Shareholder shall also have liability insurance in a single limit of **THREE HUNDRED THOUSAND DOLLARS (\$300,000)** In no way is the suggestion of \$300,000 deemed to be adequate limits, but rather only the minimum required. The type of coverage utilized should also be discussed with the insurance professional, seek an HO-6 policy. Make sure the agent understands that this is not a condo, but a co-op, which is insured differently.



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**TO: ALL SHAREHOLDERS AND SUB LESSEES**

**FROM: BOARD of DIRECTORS**

### **MOVE-IN/MOVE-OUT AND DELIVERY PROCEDURES**

The Corporation established, in July 2000, moving procedures for Linwood Park.

#### **THE ALLOWABLE TIMES FOR MOVING-IN/MOVING-OUT AND DELIVERIES ARE:**

<b>MONDAY-FRIDAY</b>	<b>9A.M TO 5P.M.</b>
<b>SATURDAY</b>	<b>10A.M TO 3P.M.</b>

#### **NO MOVES OR DELIVERIES PERMITTED ON SUNDAYS AND HOLIDAYS**

1. A move is considered to be the movement of a significant amount of personal belongings whether or not in boxes or a few large items into or out of the building by using either the staircase or elevator. These items include household furniture and major kitchen appliances.
2. Submit a Move-in/Move-out or Delivery application to the Business Office at 3091 Edwin Avenue no later than 2 days prior to the date upon which you seek to move. Moves will be scheduled on a first come first serve basis. The form can be obtained at the Business Office. For deliveries you can submit a personal check.
3. The occupant (owner or subtenant) is required to submit the form along with a Certified Check or Official Bank Check deposit of \$500, payable to 1170 Apartment Corp. and delivered by mail or hand to the Business Office during business hours no later than 2 days prior to the move date desired. This includes all first floor apartments.
4. A Linwood Park employee, both before and after the move, will inspect the elevator, staircase, and surrounding areas to determine whether damage had occurred.
5. On the day and time of the scheduled move a Linwood Park employee will install elevator padding for the protection of the upgraded elevator and the convenience of the mover, and then remove the padding at the end of the move.
6. Persons moving in or out or have any deliveries who do not comply will be fined \$500. per occurrence (with the amount charged to the shareholder's maintenance bill) irrespective of whether damage had occurred. In the event it is necessary to institute legal action, legal fees and costs will be assessed against the Shareholder and/or Sub lessees.
7. Residents are encouraged to notify the Business Office immediately at 201-944-2038 or 201-944-7135 if unauthorized moving is occurring in their building. This is recognizable by persons moving a significant amount of personal belongings into or out of the building without padding installed in the elevator.

This procedure was approved by the Board of Directors of Linwood Park because it aims to protect the interests of the Shareholders by collecting reimbursement from those persons who cause damage to our property.

REV. 12/00

1170 APARTMENT CORP.

APPLICATION MOVE-IN /OUT/DELIVERIES/REMOVALS/RENOVATIONS

THE ALLOWABLE TIMES ARE:

MONDAY-FRIDAY 9 A.M. TO 5 P.M.

SATURDAY 10 A.M. TO 3 P.M.

**NOTHING PERMITTED ON SUNDAYS AND HOLIDAYS**

Shareholder ☐ Move-In ☐ Furniture Removal ☐

Sub Tenant ☐ Move-Out ☐ Furniture Delivery ☐

Applicant:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Linwood Park Address:

Number / Street \_\_\_\_\_ APT. # \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Current or Forwarding Address:

Number / Street \_\_\_\_\_ APT. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

The Move (circle choice)

I / we plan to (move-in / move-out) on \_\_\_\_\_  
between the hours of \_\_\_\_\_ and \_\_\_\_\_. I / we the undersigned (will hire a professional moving  
company / will not hire a professional moving company) to assist us in the move. It is understood  
and agreed that if my moves causes any damages to any public areas of 1170 Apartment Corp.  
restoration costs will be deducted from my deposit. I / we agree to pay additional damage costs if  
they exceed the amount of the security deposit.

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

This form should be completed and submitted with a Certified Check or Official Bank  
Check of \$500 payable to 1170 Apartment Corp. no later then seven (7) days prior to  
moving. A Linwood Park employee will install elevator padding to protect the elevator. If  
no damages occurred to 1170 Apartment Corp. property the deposit will be returned within  
two (2) weeks.

**\*\*\*ALL SALES AND SUBLETS** Please call the Business Office at 201-944-2038 to  
confirm move-in and move-out dates.\*\*\*

**\*\*\*ALL DELIVERIES AND FURNITURE REMOVAL** Please call the Maintenance  
Office at 201-944-7135 to confirm a date.\*\*\*

**NOTE:** For residents who have multiple moving days and multiple  
delivery days, each day **MUST** be scheduled with the office.

Date Received \_\_\_\_\_ By \_\_\_\_\_



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Rev. 6/20

## REQUEST OF INVESTIGATION

APPLICATION FOR APARTMENT AT 1170 APARTMENT CORP.

Building Address

Apt. No.

First Name: \_\_\_\_\_ M: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Present Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ St: \_\_\_\_\_ Zip \_\_\_\_\_

Rent \$: \_\_\_\_\_ How Long? \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer: \_\_\_\_\_

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

Employer Phone #: \_\_\_\_\_ Years Employed: \_\_\_\_\_ Position: \_\_\_\_\_

Annual Salary \$ \_\_\_\_\_ Supervisor \_\_\_\_\_

If less than 2 years, previous employer \_\_\_\_\_

Phone #: \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_

Supervisor \_\_\_\_\_

I hereby authorize and consent 1170 Apartment Corp. to having all of the information listed above subject to a full and complete credit check and criminal background check, I understand any misrepresentation by me may be a cause for rejection by the corporation.

DATE

SIGNATURE

**THIS PAGE SHOULD BE KEPT SEPARATE FROM THE LEASE**

**VERIFICATION OF VERBAL WINDOW GUARD NOTIFICATION**

This will verify that the below window guard notification was provided verbally at the time of lease signing to the undersigned tenant by the owner, lessor, agent, or other person who manages or controls the unit ("owner/representative") and that the tenant was made aware of his/her right to request installation of window guards and understands this notification.

**WINDOW GUARD NOTIFICATION:**

THE OWNER (LANDLORD) IS REQUIRED BY LAW TO PROVIDE, INSTALL AND MAINTAIN WINDOW GUARDS IN THE APARTMENT IF A CHILD OR CHILDREN 10 YEARS OF AGE OR YOUNGER IS, OR WILL BE, LIVING IN THE APARTMENT OR IS, OR WILL BE, REGULARLY PRESENT THERE FOR A SUBSTANTIAL PERIOD OF TIME IF THE TENANT GIVES THE OWNER (LANDLORD) A WRITTEN REQUEST THAT THE WINDOW GUARDS BE INSTALLED. THE OWNER (LANDLORD) IS ALSO REQUIRED, UPON THE WRITTEN REQUEST OF THE TENANT, TO PROVIDE, INSTALL AND MAINTAIN WINDOW GUARDS IN THE HALLWAYS TO WHICH PERSONS IN THE TENANT'S UNIT HAVE ACCESS WITHOUT HAVING TO GO OUT OF THE BUILDING. IF THE BUILDING IS A CONDOMINIUM, COOPERATIVE OR MUTUAL HOUSING BUILDING, THE OWNER (LANDLORD) OF THE APARTMENT IS RESPONSIBLE FOR INSTALLING AND MAINTAINING WINDOW GUARDS IN THE APARTMENT AND THE ASSOCIATION IS RESPONSIBLE FOR INSTALLING AND MAINTAINING WINDOW GUARDS IN HALLWAY WINDOWS. WINDOW GUARDS ARE ONLY REQUIRED TO BE PROVIDED IN FIRST FLOOR WINDOWS WHERE THE WINDOW SILL IS MORE THAN SIX FEET ABOVE GRADE OR THERE ARE OTHER HAZARDOUS CONDITIONS THAT MAKE INSTALLATION OF WINDOW GUARDS NECESSARY TO PROTECT THE SAFETY OF CHILDREN.

Dated: \_\_\_\_\_

\_\_\_\_\_  
TENANT (Signature)

\_\_\_\_\_  
TENANT (Print Name)

Dated: \_\_\_\_\_

\_\_\_\_\_  
TENANT (Signature)

\_\_\_\_\_  
TENANT (Print Name)

Dated: \_\_\_\_\_

\_\_\_\_\_  
OWNER/REPRESENTATIVE (Signature)

\_\_\_\_\_  
OWNER/REPRESENTATIVE (Print Name)