



Real Estate Management, Leasing & Sales

Prime Locations, Inc. - Refinance Application 75% Maximum Loan

Dear Unit Owner:

Enclosed is your Refinance Application. Please complete and forward the application, along with all required documents, to Prime Locations, Inc. ("PLI") for processing.

Please complete the following information.

Name:_____ **Cell Phone #:**_____

Home Phone #:_____ **Business Phone #:**_____

Current

Address:_____

**Address/apt# of unit to be
refinanced:**_____

Sincerely,
Management
914-963-7400

pliservice@PLImanagement.com

Revised 8//20



Our Cooperative is committed to equal housing opportunity. We do not discriminate based on race, color, national origin, religion, sex, disability, familial status, sexual orientation, lawful source of income, marital status, age, military status, or other characteristics protected by local fair housing laws.

Due to the sensitive and personal information contained in this application we require that you redact (Black Out) all but the last 4 digits of Social Security Numbers and Bank Account Numbers on all pages of the submitted application except on the Credit Report/Background Check Authorization Form.

If you do not blackout the information as directed, your application will be returned to you.

PLEASE PROVIDE THE FOLLOWING DOCUMENTS

- Mortgage Commitment Letter (signed and dated)
- Copy of Recent Appraisal
- Current Mortgage Statement (including any home equity lines)
- Federal Tax Returns (past 2 years) – including your signature and all schedules
- W-2 forms or if self-employed, 1099 form
- Two (2) most recent paystubs from employer
- Credit Report/Background Check Authorization Form (FULL SOCIAL SECURITY NUMBER REQUIRED)
- Acknowledgement Form (must be signed and dated)

Fee payable with application submission

\$225.00 Non-Refundable Refinance Application Processing/Credit Check fee

Payable to PRIME LOCATIONS, INC. Payment must be in a form of a Certified Bank

Check or Money Order.

Credit Report / Background Check Authorization Form

Name: _____
(Last) (First) (Middle)

Current Address: _____
(Street)

(Apt. #, P.O. Box #, Suite #, Etc.)

(City) (State) (Zip Code)

Previous Address: _____
(Street)

(Apt. #, P.O. Box #, Suite #, Etc.)

(City) (State) (Zip Code)

Social Security Number: _____

Date of Birth: _____

Current Employer: _____

Please Sign the Acknowledgement Below

I understand that the information given on this form will be used to obtain a credit report from one or more credit reporting agency, as well as a check of any court and criminal records. This information will be used to determine my creditworthiness relating to this application.

Signature: _____

Date: _____

Credit Report / Background Check Authorization Form

Name: _____
(Last) (First) (Middle)

Current Address: _____
(Street)

(Apt. #, P.O. Box #, Suite #, Etc.)

(City) (State) (Zip Code)

Previous Address: _____
(Street)

(Apt. #, P.O. Box #, Suite #, Etc.)

(City) (State) (Zip Code)

Social Security Number: _____

Date of Birth: _____

Current Employer: _____

Please Sign the Acknowledgement Below

I understand that the information given on this form will be used to obtain a credit report from one or more credit reporting agency, as well as a check of any court and criminal records. This information will be used to determine my creditworthiness relating to this application.

Signature: _____

Date: _____

Acknowledgement

Please sign this acknowledgement

I (we) hereby acknowledge that all fees paid pursuant to this purchase application are non-refundable, unless otherwise noted, and hereby authorize you or your agents to obtain a credit report and related information and contact any references or employers listed herein.

I (we) understand that this application contains a lot of sensitive personal information and to help prevent identity theft, I (we) have per your instructions redacted (blacked out) all but the last four digits of social security numbers and account numbers on all pages of the submitted application with the exception of the Credit Report / Background Check Authorization Form. In doing so by signing below we hereby release Prime Locations Inc., its employees, the Co-op Board of Directors, Co-op Corporation and Admissions Committee from all liability associated with the information contained in this application.

Applicant Signature

Co-Applicant Signature

Date

Date