

To Whom it May Concern: We received an application for a mortgage on a unit in the project identified below. In order to approve this mortgage application, we request that you fill out the following questionnaire.

Fax the completed questionnaire to:

Questions? Please call:

Client Name	Thomas Cunha	Project Name	10 Park Avenue Tenants Corp
Loan Number	3503296185	Street Address	10 Park Ave
Unit Number	Unit 18K	Borough/County	New York
Shares Allocated to Unit	455	City/State/Zip	New York, NY 10016
Unit Monthly Maintenance Fee	\$2,218.03	Tax/Parcel ID	13-2778561

Project Information

Project Information

Total # of Buildings	1
Total # of Units	268
Total # of Floors	26
Total # of Shares	83,557

Residential Units

	Number of Units	Number of Shares	% of Project
Owner-Occupied Units	224		
Investor Units	42		
Sponsor/Holder Unsold Units	2		
Rent-Controlled Unsold Units	0		
Co-Op Owned Units	0		
Total # of Residential Units	268		

Commercial Units

	Number of Units	Number of Shares	% of Project
Commercial Units	3		
% Commercial Sqft			10,918

Please describe the nature of any commercial usage:

Ground Floor: Cafe, Office

Co-Op Project Questionnaire ROCKET Mortgage

Project Questions

1.	1. Does the project qualify as a cooperative housing corporation under Section 216 of the Internal Revenue Service (IRS) Code?				
	X Yes □ No				
2.	Does the	co-op hav	e 100% ownership of all amenities and common areas?		
	X Yes	□No			
3.	Does the	co-op allo	w for year-round occupancy?		
	X Yes	No			
4.	Does the	project ind	clude any of the following characteristics? Please provide an answer for each type.		
	Yes	X No	Timeshare/Fractional/Segmented Ownership Real estate developments in which a purchaser can buy the exclusive right to occupy a specified period of time each year.		
	Yes	X No	Common Interest Apartment Projects owned by several owners as tenants-in-common (TIC), or by an association where the unit occupants have an undivided interest in the entire building and land, and have the exclusive right to occupy a specific apartment.		
	Yes	⊠ No	 Hotel-Like Amentities Daily short-term rentals Hotel/motel/resort amentitites, or Mandatory/optional rental pooling agreements 		
	Yes	X No	Unit ownership is characterized and promoted as an investment opportunity, or the property has documents on file with the Securities and Exchange Commission (SEC).		
5.	5. Does the co-op have an elevator?				
	X Yes □ No				
6.	6. Is the co-op subject to a leasehold?				
	Yes No				
7.	7. Is the co-op 100% complete?				
	X Yes	□ No			

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8.	8. Is the co-op subject to further annexing or additional phasing?				
	☐ Yes ☑ No				
9.	Year the co-op acquired title:				
	1972 (YYYY)				
10.	Year sponsor relinquished co	ntrol to Board of Directors:			
	1972 (YYYY)				
11.	Does any single entity own m	ore than 10% of the units within the pr	oject?		
	Yes X No				
,	If yes, please complete the in				
	Name of owner	How units are used	# of Units		
Fin	ancial Information				
12.	How many units are delinque	nt on monthly assessments for 60 day	s or more?		
	0 Units				
13.	Does the co-op project have a	an underlying mortgage?			
	X Yes □ No				
	If yes, please complete the following:				
	Maturity Date:/ MM/YYYY)				
Lender: People's United Bank Note Rate: 4.24 %					
14. Is there a flip tax in effect in the co-op project?					
X Yes □ No					
	If yes, please complete the following:				
	Flip Tax amount: Stamp tax fee of \$.05 cents per share				
	Flip tax calculated as: Flat Fee Fee per share % of value Fee per room				

Co-Op Project Questionnaire ROCKET Mortgage

15. Which of the following financial controls are in place to ensure proper management of the co-op's			
funds? Check all that apply.			
2 board members are required to sign any checks written from reserve account.			
The reserve fund is kept seperate from the operating account.			
$oxed{ extstyle X}$ The bank in which the funds are deposited to sends monthly statements directly to the Board.			
The management company maintains separate accounts for the co-op that it services and does	s		
not have the authority to draw checks or transfer funds from the reserve account.			
16. Has the co-op filed a public report/sponsor disclosure amendment?			
Yes No			
If yes, please answer the questions below:			
a) Date of last public report/sponsor disclosure amendment:/(MM/YY	YY)		
b) Has the sponsor been current on obligations for the past 12 months?	No		
c) What is the total amount of rent collected on owned units?			
d) What is the total amount of financial obligations paid by sponsor?			
e) Does the sponsor have loans against their units?	No		
f) Is the sponsor actively marketing unsold units?	No		
Legal Information			
17. Does the co-op have any environmental considerations or issues?			
Yes X No			
If yes, please explain:	_		
18. If a ground lease exists, are there any monetary or non-monetary defaults under the terms of the lease?			
☐ Yes ☐ No N/A			
If yes, please explain:			
<u> </u>	_		

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19. Is the co-op subject to current litigation?
☐ Yes ☒ No
If yes, indicate the nature of the litigation and attach related litigation documents:
Non-monetary, involving neighborhood disputes or noise complaints Co-op is plaintiff in a foreclosure action Other - please describe
20. Do the project's legal documents include any of the following legal restrictions? Please check all that apply.
No legal restrictions First Right of Refusal Age Restrictions Income Restrictions Occupancy Restrictions Resale Price Restrictions Community Land Trust Material amendments that must be agreed to by 51% of shareholders Limits on the free transferability of title Other – please describe:
21. What is the expiration date of the Proprietary Lease or Occupancy Agreement:
<u>09 / 2100</u> (MM/YYYY)
22. Are there any active or pending special assessments in the project?
If yes, What is the reason for the special assessment?PLEASE SEE LETTER ATTACHED

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If yes, What is the total amount assessed? \$	
If yes, What are the repayment terms?	PLEASE SEE LETTER ATTACHED
If there is an outstanding special assessment for th	nis unit, please provide the amount. \$

Insurance Information

Please provide the following information regarding the insurance policies the co-op carries:

Carrier Name	Coverage	Phone Number
Genatt V LLC	PLEASE SEE COI	Zach Genatt (516) 869-8666

I certify that all information provided on this document is true to the best of my knowledge.

Your name (please print):	Date:
DESIREE NIEVES	05/05/2022
Signature:	Title:
(2N)	TRANSFER DEPT ADMIN
Phone Number:	
646 329-1191	
Email Address:	
DNIEVES@AKAM.COM	