

**Vernon Manor Cooperative Apartments
Section II, Incorporated**

505 EAST LINCOLN AVENUE
MOUNT VERNON, NY 10552-3557
TEL: (914) 699-3135 / FAX: (914) 699-1344
manager@vernonmanor2.com

Purchase Application

Date: _____

Your Name: _____

Your Current Address: _____

Soc. Sec. #: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Mobile phone #:(_____) _____ - _____ Work phone #:(_____) _____ - _____

E-Mail Address: _____

Do you own a vehicle: _____ Year/Make/Model: _____

Plate #: _____ Driver License Number: _____

Employer Name & Address: _____

Bank Account Information:

Savings Account: Bank/Branch _____

Account #: _____

Balance: _____

Checking Account: Bank/Branch _____

Account #: _____

Balance: _____

Applicant's Attorney: _____

Attorney's Address: _____

Attorney's E-Mail: _____

Phone #: _____

Fax #: _____

Seller's Attorney: _____

Attorney's Address: _____

Attorney's E-Mail: _____

Phone #: _____

Fax #: _____

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Applicant's Broker's Name: _____

Broker's Cell Number: _____

Broker's Email: _____

Seller's Broker's Name: _____

Broker's Cell Number: _____

Broker's Email: _____

The undersigned thereby offers to purchase _____ shares of capital stock of
Vernon Manor Cooperative Apartments Section II, Incorporation and the Occupancy Agreement
For Apartment # _____ in the building located at
_____, Mount Vernon, New York, on the
following terms and conditions:

Purchase Price: \$ _____ Deposit: \$ _____

Special Conditions (if applicable): _____

Will you be financing this purchase? YES NO

Bank: _____

Amount of Financing: _____

Applicant's Signature

Date