MAXWELL-KATES, INC.

20 Plaza Housing Corp. Cooperative Purchase/Sublease Application
20 Plaza Street
Brooklyn, New York 11238

Please forward one original copy of the complete package to the Closing Department at Maxwell-Kates, Inc., 9 East 38th Street, 6th Floor, New York, NY 10016. Please do not submit incomplete packages. Incomplete packages are not processed. (8 x 11 copies are preferred and all information must be legible.) Interview of the applicant(s) is by the Admissions Committee and approval is by the Board of Directors. The Admissions Committee will not schedule an interview with the applicant(s) if any information is missing from the application. The Board of Directors and/or management reserve the right to request additional information at any time during the review and interview process. All proposed shareholders and occupants must be available to interview in person before the Board Admissions Committee.

ALL SOCIAL SECURITY NUMBERS MUST BE BLANKED OUT ON TAX RETURNS.

Fees Due Upon Submission of Package:
1. Check in the amount of $165.00 per individual applicant named on the contract and as a guarantor (if applicable), payable to Maxwell-Kates, Inc. for credit/criminal reports (non-refundable).
2. Application fee from purchaser in the amount of $500.00 payable to Maxwell-Kates, Inc., (non-refundable).
4. Application/Administration Review Fee of $300.00 payable to 20 Plaza Housing Corp from seller (non-refundable).
5. $1,000.00 moving in/out deposit payable to 20 Plaza Housing Corp.

The following documents must be submitted with an application:
1. Completed Application to Purchase Stock or Sublet
2. Contract of Sale (purchase application only)
3. Co-operative Loan Commitment Letter, if financing (purchase application only)
4. Prior 2 years Federal, State and City Income Tax Returns
5. Two most recent monthly statements for all checking, savings, investment, and retirement accounts and all loans.
6. A copy of the sublet agreement (for proposed subtenants only)

IMPORTANT SUBLEASE FEE INFORMATION: If any shareholder subleases their apartment there will be a Sublease Fee of 20% of the monthly maintenance added to your bill for each month of any sublease. Should any shareholder sublet for a third year, the monthly sublease fee will go up to 30% of the monthly maintenance.
$500.00

FEES DUE AT CLOSING: 1) Sellers' Flip Tax Fee = $500.00 per share payable to 20 Plaza Housing Corp.

The seller must be fully paid up on all maintenance charges, assessments and any other obligations to the Corporation prior to any transfer of shares. The proposed owner cannot occupy an apartment and no furniture may be moved in until after the closing.

SPECIAL ESTATE TRANSFER REQUIREMENTS: (Please submit a fee of $500.00 payable to Maxwell-Kates, Inc. for the required review by in-house legal counsel.)

1. Certified copy of Death Certificate
2. Original testamentary letters (within the last (6) six months
3. Copy of the Decedent's Will with attorney Certification
4. Affidavit as to the payments of Debts and Domicile
5. Internal Revenue Service Certificate discharging property subject to Federal Estate Lien.

Please be advised that a Power of Attorney will not be permitted for the Executor. The Executor must attend or have all documents pre-signed. If there is more than one executor, one must be present at the closing and the other(s) must have all documents pre-signed.
APPLICATION TO PURCHASE STOCK OR SUBLET

The undersigned hereby submits this application to ___ purchase shares of stock for or ___ sublet (please check one) apartment ___ at 20 Plaza Street East, Brooklyn, NY.

We hereby acknowledge understanding of the following:

1. Pursuant to the authority granted in the Proprietary Lease and By-Laws of the Corporation, the Board of Directors will use this application to obtain background information regarding proposed purchasers of the corporation's stock or proposed subtenants.

2. The Board of Directors may require additional information and will require that the applicant(s) appear for a personal interview. Other persons who will reside in the apartment may also be required to appear at the interview.

3. The proposed purchase or sublet cannot be consummated without the consent of the Board of Directors.

4. We have read the Proprietary Lease and House Rules, which govern the occupancy of the apartment, and agree to abide by these rules.

5. In no event will the Corporation, the Board of Directors, or their agents be responsible for any liabilities or expenses incurred by an applicant whose application is not approved.

6. While the Board of Directors will attempt to review all applications promptly, the Corporation, the Board of Directors and its agents will not be responsible for expenses or liabilities resulting from any delay in this review.

7. False indication of any of the enclosed information, or omission of material information, may result, without limitation, in the revocation of approval by the Board of Directors and termination of the applicant's proprietary lease or sublease agreement.

8. Review of all applications to purchase or sublet may take up to 60 days to complete.

9. Subtenants are not allowed to house or harbor pets in their apartments.

The undersigned authorizes the Board of Directors or their agents to contact any of the employers, banks, landlords, educational institutions, references, etc. described herein, for information bearing upon this application.

The undersigned hereby makes application to purchase shares of stock in the corporation and to be assigned the proprietary lease for the apartment listed above, or to sublet the above listed apartment.

The undersigned acknowledges that, if this application is accepted, the undersigned WILL NOT, without prior written consent of the Board of Directors:

- pledge the shares of stock of the Corporation's shares;
- make structural alterations to the apartment;
- sublease the apartment;
- permit non-family members to reside in the apartment for more than one month;
- use the apartment for other than residential purposes;
- or violate any provisions of the Proprietary Lease, the House Rules, or By-Laws.

The undersigned acknowledges that the apartment is being acquired in "as is" condition. The undersigned confirms that all information contained in this application is accurate.

Applicant: ________________________________ Date: ________________

Co-applicant (if any): ______________________ Date: ________________
<table>
<thead>
<tr>
<th><strong>APPLICANT GENERAL INFORMATION</strong></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>NAME:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>ADDRESS:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>DATES OF RESIDENCE:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>HOME PHONE NUMBER:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>CURRENTLY OWN OR RENT:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>MONTHLY COST:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>LANDLORD'S NAME, ADDRESS,</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>and PHONE NUMBER:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>SOCIAL SECURITY NUMBER:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>CITIZENSHIP:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>OCCUPATION:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>EMPLOYER:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>EMPLOYER'S ADDRESS:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>BUSINESS PHONE NUMBER:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>NATURE of BUSINESS:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>PERIOD EMPLOYED:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>POSITION HELD:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>CURRENT ANNUAL SALARY:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>SUPERVISOR'S NAME &amp; PHONE #:</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>EDUCATIONAL &amp; PROFESSIONAL</strong></td>
<td>--</td>
</tr>
<tr>
<td><strong>BACKGROUND:</strong></td>
<td>--</td>
</tr>
</tbody>
</table>

*If your residence or employer has changed within the past 5 years, indicate on the back of this page, your prior addresses and dates of residence as well as the name of your prior employers and their addresses and dates of employment.*

10/09/08
PURCHASE INFORMATION

Name(s) in which cooperative stock will be held

<table>
<thead>
<tr>
<th>Total Purchase Price for Apartment: $</th>
<th>**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount to be Financed: $</td>
<td>**</td>
</tr>
</tbody>
</table>

Fixed Interest Rate Loan: _____% Term of Loan: _______ Years

or

Adjustable Interest Rate Loan: _____% Term of Loan: _______ Years
Adjustable every ______ Years
With a cap of ______% per adjustment

Monthly Payment: $____________

Please list the name, address and phone number of the following:

Seller or Subtenant: ______________________________________________________________

Lender: _______________________________________________________

Broker: _______________________________________________________

Applicant's Attorney: ___________________________________________

Seller's Attorney: ___________________________________________

APPLICANT INCOME INFORMATION

<table>
<thead>
<tr>
<th>Amount Received Last Year From:</th>
<th>Applicant</th>
<th>Co-Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Dividends</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Interest</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Rent</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Alimony/Child Support</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Sale of Capital Assets</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other (Itemize separately)</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Please list below:

Amount of Life Insurance: $__________

Beneficiary: ___________________________

** For stock purchase applicants, a copy of the CONTRACT OF SALE and CO-OPERATIVE LOAN COMMITMENT LETTER, if any, must be submitted with this application.

10/30/08
# Balance Sheet on the Last Day of the Month
**Immediately Preceding the Date of Application**

## Assets

<table>
<thead>
<tr>
<th>Item</th>
<th>Applicant</th>
<th>Co-Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Checking Accounts (Note 1)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Savings Accounts (Note 1)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Marketable Securities (Note 2)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Life Insurance Net Cash Value</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Non-Marketable Securities (Note 2)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Real Estate Owned (Note 3)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Automobiles Owned (Note 4)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Vested Interest in Retirement Fund (Note 5)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Net Worth of Business Owned (Note 5)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Value of Furniture/Personal Property</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Notes Receivable</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Other Assets (Note 6)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$_________</td>
<td>$_________</td>
</tr>
</tbody>
</table>

## Liabilities

<table>
<thead>
<tr>
<th>Item</th>
<th>Applicant</th>
<th>Co-Applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Installment Debt Payable (Note 6)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Other Unsecured Loans (Note 5)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Mortgage Loans (Note 6)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Automobile Loans (Note 6)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Annual Life Insurance Premium</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Other Secured Loans (Note 6)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td>Other Liabilities (Note 7)</td>
<td>$_________</td>
<td>$_________</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>$_________</td>
<td>$_________</td>
</tr>
</tbody>
</table>

**Net Worth (Assets minus Liabilities)**: $_________

**Total Liabilities & Net Worth**: $_________

*The Notes on Page 3 are part of this Balance Sheet and MUST be completed by ALL applicants.

All applicants must attach the following documents to this application:

1) Prior 2 years Federal, State and City Income Tax Returns
2) Two most recent monthly statements for all checking and savings accounts
3) For **prepaid applicants**, a copy of the sublet agreement*

10/30/09
<table>
<thead>
<tr>
<th>#</th>
<th>Account #</th>
<th>Name &amp; Address of Banking Institution</th>
<th>Balance</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>2</th>
<th>Number of Shares Owned</th>
<th>Type</th>
<th>Issuer</th>
<th>Market Value</th>
<th>Monthly Div/Inc.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3</th>
<th>Property Address</th>
<th>Property Type</th>
<th>Purchase Price</th>
<th>Market Value</th>
<th>Mortgage/Loan</th>
</tr>
</thead>
</table>

|---|--------------|-----|-------|-----------------|---------|--------------|-----------|------------|-----|--------|

<table>
<thead>
<tr>
<th>4</th>
<th>Year, Make &amp; Model of Vehicle(s) or Pleasure Craft Owned</th>
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<table>
<thead>
<tr>
<th>5</th>
<th>Briefly describe other assets</th>
</tr>
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<table>
<thead>
<tr>
<th>6</th>
<th>Please provide the following information for all debt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creditor's Name and Address</td>
<td>Account Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7</th>
<th>Briefly describe any other liabilities</th>
</tr>
</thead>
</table>

1/2/2008
OTHER INFORMATION

Please answer YES or NO

Applicant

Co-Applicant

1. Do you have any outstanding judgements?

2. Have you been declared bankrupt within the last seven years?

3. Have you had property foreclosed upon or given title or deed in lieu thereof? If yes, when and where?

4. Are you obligated to pay alimony, child support or separate maintenance? If yes, how much?

5. Will any part of your cash payment be borrowed? If yes, how much and what are the terms?

6. Do you or any member of your family have diplomatic status?

7. Do you have pets? If yes, what kind are they?***

8. Do you play a musical instrument? If yes, what is it and do you play or practice at home?

If you have answered yes to any of the above questions, please explain on the bottom of following page.

Please explain below any yes answers to questions 1 through 8 above.

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

***Submarines are NOT allowed to house or harbor pets in their apartments.

10/03/08
**Will any persons be occupying the apartment other than the purchaser(s) or proposed subtenant(s)?**

- Yes  
- No

If you answered yes to the above question, please list the following for all other proposed residents of the apartment in question:

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
<th>AGE</th>
<th>OCCUPATION</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**REFERENCES**

Please list at least three personal references, other than relatives, including someone at your current residence. Include the name, address and phone number for each person listed.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If you know a current resident of 20 Plaza Street, please list their name and apartment number:

________________________________________________________________________

Please list bank and/or Brokerage house references:

________________________________________________________________________

10/30/08
AUTHORIZATION
PLEASE READ CAREFULLY BEFORE SIGNING

I/We authorize a tenant background search or consumer report. I/We authorize the verification of all information in this application and its release to the Landlord/Condominium/Cooperative/Maxwell-Kates, Inc. or other parties connected with the lease/purchase/transfer contemplated herein.

APPLICANT(S) NAME: 1. ___________________________ 2. ___________________________

APPLICANT(S) SIGNATURE 1. ___________________________ 2. ___________________________

ADDRESS: 1. ___________________________ 2. ___________________________

________________________________________

SOCIAL SECURITY #: 1. ___________________________ 2. ___________________________

DATE OF BIRTH: 1. ___________________________ 2. ___________________________

NOTICE UNDER NYCAFS 20-888
The application provided by you may be used to obtain a tenant screening report; the name and address of the consumer reporting agency or agencies that will be used to obtain such report is/are:

CoreLogic Safe Rent
c/o Consumer Relations Department
7300 Westmore Rd, Suite 3
Rockville, MD 20850-5223
Telephone: (866) 333-2413

Pursuant to federal and state law:

1. If the Landlord takes adverse action against you on the basis of information contained in a tenant screening report, the Landlord must notify you that such action was taken and supply you with the name and address of the consumer reporting agency that provided the tenant screening report on the basis of which such action was taken;

2. If any adverse action is taken against you based on information contained in a consumer screening report, you have the right to inspect and receive a free copy of that report by contacting the consumer reporting agency;

3. Every tenant or prospective tenant is entitled to one free tenant screening report for each national consumer reporting agency annually, in addition to a credit report that should be obtained from www.annualcreditreport.com; and

4. Every tenant or prospective tenant may dispute inaccurate or incorrect information contained in a tenant screening report directly with the consumer reporting agency.
MAXWELL-KATES, INC.

August 1, 2013

All Shareholders/Residents
20 Plaza Housing Corp.
20 Plaza Street East
Brooklyn, NY 11238

Re: 20 Plaza Street
Amended Move-In/Out Policy

Dear Shareholders/Residents,

Please be advised that after careful review of the building’s current policy for move-in/out the Board of Directors at 20 Plaza Housing Corp. have revised the building’s Move-In/Out Policy to better accommodate Shareholders/Residents and the use of building’s staff efficiency.

Move In/Out policy:

- Notify Management and the superintendent of proposed move in/out date (Exhibit A) MGarner@maxwellkates.com
- Moves are permitted from Monday through Friday
- Moves are permitted between the hours of 9:00AM-4:00PM.
- Security Deposit of $1,000 payable to 20 Plaza Housing Corp. (refundable), should be sent to Micah Garner at Maxwell-Kates Inc. 9 East 38th Street, 6th Floor, NY, NY 10016
- Certificate of Insurance from Moving Company (Exhibit B)
- Shareholder/Resident are responsible for retaining the services of Command Security Corp. (CSC) to guard the service door located on Vanderbilt Avenue.
  - The hourly rate is established by CSC and will be billed to your credit card (Exhibit C & C1)
  - Command Security Corp. can be reached at: 212-943-0500

Natasha Rasheed  A/R Supervisor
Nrasheed@commandsecurity.com
212-943-0500 Ext. 7009
17 Battery Place
New York, NY 10004

9 East 38th Street, 6th Floor, New York, NY 10016
Tel: 212.684.8282 Fax: 212.684.8077 www.maxwellkatesinc.com
The purpose of retaining a third party security company is to allow new and existing residents to move in/out of the building 5 days a week instead of only 3 days. While at the same time allowing the building staff to focus on their daily chores.

Should you have any questions, please feel free to contact the undersigned.

Very Truly Yours,
Maxwell Kates Inc. a/a/f
20 Plaza Housing Corp.

Neil Levin, Account Executive
Micah Garner, Property Manager
20 Plaza Housing Corporation
20 Plaza Street East
Brooklyn, New York 11238

MOVE-IN / MOVE-OUT POLICY

The Board of Directors of 20 Plaza Housing Corporation has developed this Move-In/Move-Out Policy, Move-In/Move-Out Application Form and Responsibility and Inspection Checklist for all moves into or out of the building or from one apartment to another apartment within the building(s). The Move-In/Move-Out Policy, Move-In/Move-Out Application Form and Responsibility and Inspection Checklist are available from the Managing Agent and the door staff.

The Move-In/Move-Out Application Form must be completed. Please give the Managing Agent as much notice as possible to schedule your move. One week notice is the minimum required.

1. All moves require payment in the amount of $1,000 which is refundable if there is no damage. All or part of the deposit may be retained by 20 Plaza Housing Corp for damages, if any, which occur as a result of the move. You are also responsible for damages, if any, in excess of the deposit.

2. Your moving company must provide a Certificate of Insurance per the attached sample.

3. Only one move will be scheduled per day. **Moves are scheduled from 9:00 am to 4:00 pm, Monday through Friday. Shareholder/Resident is responsible for retaining the services of Command Security Corp. to supervise/guard the backdoor of the building. Moves outside the stated move hours incur a $50 per hour fee to be deducted from the deposit or billed by Management.**

4. (a) Send the completed Move-In/Move-Out Application Form and payment to the Managing Agent at the following address:

   Maxwell-Kates, Inc.
   9 East 38th Street,
   New York, New York 10016
   Attn: Neil Levin & Micah Garner

   Tel No.: (212) 684-8282
   Email: Nlevin@maxwellkates.com
   Mgarner@maxwellkates.com

   (b) Notify the Door staff or Superintendent by telephone of the date and time you are requesting for the move so that the time can be scheduled for your move.

5. Upon receipt of the completed Move-In/Move-Out Application Form and payment, the Managing Agent or Superintendent will notify you if the move can be accommodated on the date requested. If not, the Managing Agent or Superintendent will assist in selecting an alternative date.

6. All moves must be authorized and supervised by **Command Security Corp. Guard.** The Superintendent or other 20 Plaza Housing Corp staff, who will make all of the necessary preparations for the move. Immediately prior to the move, the path of the move from the outside door to the apartment door will be visually inspected for existing damage, including the walls, floors, elevators, etc. Any existing damage will be noted on the attached form. An additional inspection will be conducted at the conclusion of the move.

7. At this current time, all moves are to take place through the back entrance of the building. All food deliveries, dry cleaning, and Fed Ex/UPS packages will be accepted at front door.

8. All refuse must be taken from the building. Ask the Superintendent for instructions.

9. Notify the Managing Agent when the move has been completed. The Managing Agent will return your deposit to you within 30 days of such notification, provided no damage has occurred or charges accrued.

20 Plaza Housing Corp.
Failure to follow these procedures will subject Shareholder to a monetary fine in addition to damages, if any. Shareholders are responsible for infractions of their subtenants.
1. Name(s): ____________________________________________

2. Current Address: ______________________________________

   Home: __________ Business: __________ Cell: __________

4. Date of Move: __________ Day of Week: __________ (minimum one (1) week notice)

5. Start Time: ______________________________________

6. (a) Move-In □  Move-Out □  Apartment No. __________
   (b) Move from one apartment to another within The 20 Plaza Housing Corp
   Move from: Apartment __________ to Apartment __________

7. Enclosed is payment in the amount of $______ (a bank check or money order is required for a move-out) in the form of a:
   □ Personal check
   □ Money order
   □ Bank check

8. I (we) _____________________________________________
   the □ owners, □ buyers, □ renters, of Apartment __________ at 20 Plaza Housing Corp, have
   thoroughly read and understand the Move-In/Move-Out Policy and hereby agree to abide by it.
   Moreover, I (we) hereby agree to hold 20 Plaza Housing Corp (the “Corporation”) harmless against
   any and all claims, damages, suits or causes of action — for damages resulting from injury to people
   or property sustained on or near the property of the Corporation, including, but not limited to, the
   buildings and sidewalks as a result of and during the moving of my/our possessions into, out of or
   within The 20 Plaza Housing Corp.

__________________________  __________________________
Signature of Applicant  Date: ___________________________

__________________________  __________________________
Signature of Applicant  Date: ___________________________
MOVE-IN/MOVE-OUT
RESPONSIBILITIES AND INSPECTION CHECKLIST

20 Plaza Housing Corp
20 Plaza Street East
Brooklyn, New York 11238

1. Supervisor of the Move (person coordinating move on behalf of applicant or the applicant), and The 20 Plaza Housing Corp representative (Superintendent or member of Staff) meet at building entrance and inspect the path of the move for existing damage.

2. Existing damage, if any, is noted below and the Supervisor of the Move and The 20 Plaza Housing Corp Representative sign below acknowledging existing damage.

3. 20 Plaza Housing Corp Representative puts protective coverings in place.

4. Move takes place in accordance with the Move-In/Move-Out Policy.

5. 20 Plaza Housing Corp Representative removes protective coverings.

6. 20 Plaza Housing Corp Representative and Supervisor of the Move inspect the path of the move for additional damage.

7. Additional damage, if any, is noted below and the Supervisor of the Move and the 20 Plaza Housing Corp Representative sign below acknowledging additional damage.

BEGINNING OF MOVE

Date: ________________________________
Time: ________________________________
Damage: ________________________________

COMPLETION OF MOVE

Date: ________________________________
Time: ________________________________
Damage: ________________________________

20 Plaza Housing Corp

By: ________________________________
Print Name: ________________________________
Supervisor of the Move

By: ________________________________

20 Plaza Housing Corp

By: ________________________________
Print Name: ________________________________
Supervisor of the Move
ACORD™ CERTIFICATE OF LIABILITY INSURANCE

PRODUCER
BROKERS NAME & MAILING ADDRESS

FAX & PHONE NUMBER

INSURERS AFFORDING COVERAGE
INSURER A: INSURANCE COMPANY NAME
INSURER B: COMPANY SHOULD HAVE A BEST'S RATING OF A.VIII OR BETTER

INSURED
CONTRACTORS NAME & ADDRESS

COVERAGE

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

<table>
<thead>
<tr>
<th>INSURED LMT. INSURER</th>
<th>TYPE OF INSURANCE</th>
<th>POLICY NUMBER</th>
<th>POLICY EFFECTIVE DATE/MM/DD/YYYY</th>
<th>POLICY EXPIRATION DATE/MM/DD/YYYY</th>
<th>LIMITS</th>
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<tbody>
<tr>
<td>General Liability</td>
<td>General Liability</td>
<td>Each Occurrence</td>
<td>$1,000,000</td>
<td>$100,000</td>
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<tr>
<td>Commercial General Liability</td>
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<td>Claims Made</td>
<td>OCCUR</td>
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<tr>
<td>General Aggregate</td>
<td>$2,000,000</td>
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</table>

AUTOMOBILE LIABILITY

ANY AUTO
ALOOWNED AUTOS
SCHDDLUERD AUTOS
HIED AUTOS
NON-OWNED AUTOS

Garage Liability

ANY AUTO

Excess/Umbrella Liability

OCCUR | CLAIMS MADE
Deductible: RETENTION $2,000,000

Worker's Compensation and Employer's Liability

Any Proprietor/Partner/Executive Officer/Member Excluded?

If Yes, describe under Special Provisions below.

Policy: Date: Date

Maxwell-Kates, Inc. Their respective officers, employees, agents and 20 Plaza Housing Corp., located at 20 Plaza Street East, Brooklyn, NY 11238 (Shareholders(s) Name & APT#) are named as additional insured.

Certificate Holder

20 Plaza Housing Corp. APT# C/O Maxwell-Kates, Inc.
9 East 38th Street, 6th Floor
New York, New York 10016
ATTN: Neil Levin & Micah Garner

ACORD 25 (2001/08)
©ACORD CORPORATION 1988
Security Services Agreement

Agreement made as of (date) between (Shareholder/Tenant name) (hereinafter called Client) having an office/apt. at 20 Plaza Street East, Brooklyn, NY 11238 and COMMAND SECURITY CORPORATION.

This business is licensed by the New York State Department of State, Division of Licensing Services.

This Agreement shall commence on __________ (date) and will remain in effect until either party decides a change is in order.

This agreement covers special on-call services as needed, to secure a doorway during move in/move out to accommodate specific residents of said building who will be responsible for payment via credit card or certified check, at least 48 hours in advance of scheduled work.

There will be a minimum of 6 hours required for these services and 48 hours advance notice for scheduling.

Client (resident) will be billed at $17.00 per hour for regular work days or $25.50 per hour if services are required on any national Holiday, including New Year’s Day, Martin Luther King Jr. Day, President’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

This Billing Rate for Security Officers will commence and remain in effect immediately upon the signing of this Agreement.

Personnel

1 Uniformed Security Officer

Rates

$ 17.00 / hr

TRAINING/DETAILS

The training requirements for 20 Plaza Street Owners comprise access control duties at a loading door, during move in/move out will follow the normal guidelines for Residential Property Management Security Staff and any additional training and details as agreed to between The Client and Command Security Corporation.

__________________________________________
Client Name (Shareholder/Tenant Name & Apt. #)

__________________________________________
Authorized Command Security Corporation Representative
Print Name and Title

__________________________________________
Client Signature Date

__________________________________________
Authorized CSC Representative Signature Date
YES, I would like to pay my balance using my credit card.

Customer Name: ________________________________

Contact Phone #: ________________________________

E-mail address for receipt: ________________________________

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<tr>
<th>What You Are Paying: (or period of coverage)</th>
<th>Invoice Numbers</th>
<th>Amount to Pay</th>
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Total Authorized Payment ______________________________________

Card Type (MC, Visa, AmEx) ________________________________

Card Number: ________________________________

Expiration Date: ____________________________ (Back of Card)
Security No. ________________________________

Name on Card: ________________________________

Address Credit Card Bill is mailed to:

Street or PO Box ________________________________

City ________________________________

State __________________________ Zip ______________________

Please return to: Regina Williams A/R Supervisor
e-mail: rwilliams@commandsecurity.com
fax: 70-543-0631
mail: 512 Herndon parkway suite A
Herndon, VA 20170