

HYDE PARK OWNERS CORP.
137-07 Jewel Avenue
Flushing, NY 11367
(718) 263-9680

**MOVE IN
POLICY AND ACKNOWLEDGMENT FORM**

The following is the move in policy for Hyde Park Gardens. These rules apply to owners and/or their subtenants.

1. **Approval Needed:** Any move in must be approved in advance and scheduled with the property's Managing Agent, who may be reached at the above address.
2. **Deposit Required:** The Corporation requires a deposit of \$500.00 of which \$100.00 will be held for an administration fee, from anyone moving into the property, including move ins resulting from subletting. Acceptable forms of payment are: money order, bank check, or certified check. ***Personal checks will not be accepted.***

The check or money order should be made payable to Hyde Park Owners Corp. The check or money order, ***together with a signed copy of this acknowledgment*** must be delivered to the Managing Agent before the move out.

2. **Inspection of Premises/Removal of Bulk Garbage:** After the move in has taken place, the individual moving must request that the Managing Agent make the necessary apartment/building inspection to ascertain if any damage has occurred as a result of the move. Repair of any damage, or cleaning, if necessary, will be ordered by the Managing Agent. Payment for such work will be deducted from the deposit. If the deposit is insufficient to cover damage, the shareholder will be liable for the uncovered amount.

If bulk garbage has been left behind as a result of the move, the Managing Agent will arrange to have the garbage removed. The cost of this work will be deducted from the deposit.

In accordance to the House Rules all residents must have 80% of each room including passageways and stairways (other than kitchens and bathrooms) carpeted (with wall to wall carpeting or area rugs) with padding or covered with other similarly effective noise reducing material.

All new residents must comply with the carpeting rules within 30 days after taking occupancy. Move in Deposits will not be refunded until residents are in compliance.

3. **Refund of Deposit:** The deposit refund will be available within two (2) weeks of the Managing Agents receipt of the inspection report. If there have been no damages the deposit, less the \$100.00 administration fee, will be returned in full. If repair/clean up expenses have been incurred a refund check, less those expenses, will be returned.

5. **Approved Hours for Move:** All moves are to be conducted between the hours of 8:00 a.m. and 6:00 p.m. **ONLY.** Moves attempted at any other time will result in forfeiture of the move in deposit and penalties to the owner.

4. **Authorization Form:** Please fill out the authorization form attached and present it to the Managing Agent along with a completed resale or sublet package. This form will be signed by the Managing Agent and a copy will be returned to you.

7. Violators of the Corporation's move out policy will be assessed a fine of \$1,000.00 per violation.

8. This move in policy has been added to the corporation's house rules. The mandatory obligations in this policy shall be deemed additional rent.

The completed and signed form must be available for inspection by any representative of Hyde Park Owners Corp., including its security patrol.

By signing below, I acknowledge that I have read the move in policy and agree to abide to its terms and conditions.

Signature: _____ Date: _____

Print Name: _____

Current Address: _____

Phone Number: _____

Address where you will be moving into: _____

HYDE PARK OWNERS CORP.
MOVE IN AUTHORIZATION FORM

PLEASE HAVE THIS FORM AVAILABLE DURING MOVE IN

Name of individual/family moving: _____

Address of where you are moving in/out of: _____

Apt.# _____

Home phone: _____ Business phone: _____

If you are subletting your apartment, please supply the Owners Name and telephone number

Name of Owner: _____

Telephone Number: _____

Signature of Applicant

Date

=====
For office use only:

Deposit received

APPROVED NOT APPROVED

BY: _____
HYDE PARK OWNERS CORP.

Date

Property Inspected By: _____

Date: _____

Damages if any: _____

amount to be deducted, if any \$ _____

Violations to Policy: _____

amount to be deducted, if any \$ _____

Deposit amount on account:
Administrative Fee
Total amount of refund from deposit:

\$500.00
-100.00
\$ _____

Date of refund _____

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**MOVE OUT
POLICY AND ACKNOWLEDGMENT FORM**

The following is the move-out policy for Hyde Park Gardens. These rules apply to owners and/or their subtenants.

5. **Approval Needed:** Any move out must be approved in advance and scheduled with the property=s Managing Agent, who may be reached at the above address.

2. **Deposit Required:** The Corporation requires a deposit of \$500.00 of which \$250.00 will be held for an administration fee, from anyone moving out of the property, including move outs resulting from subletting. Acceptable forms of payment are: money order, bank check, or certified check. ***Personal checks will not be accepted.***

The check or money order should be made payable to Hyde Park Owners Corp. The check or money order, ***together with a signed copy of this acknowledgment*** must be delivered to the Managing Agent before the move out.

3. **Inspection of Premises/Removal of Bulk Garbage:** After the move out has taken place, the individual moving must request that the Managing Agent make the necessary apartment/building inspection to ascertain if any damage has occurred as a result of the move. Repair of any damage, or cleaning, if necessary, will be ordered by the Managing Agent. Payment for such work will be deducted from the deposit. If the deposit is insufficient to cover damage, the shareholder will be liable for the uncovered amount.

If bulk garbage has been left behind as a result of the move, the Managing Agent will arrange to have the garbage removed. The cost of this work will be deducted from the deposit.

4. **Refund of Deposit:** The deposit refund will be available within two (2) weeks of the Managing Agent=s receipt of the inspection report. If there have been no damages the deposit, less the \$250.00 administration fee, will be returned in full. If repair/clean up expenses have been incurred a refund check, less those expenses, will be returned.

5. **Approved Hours for Move:** All moves are to be conducted between the hours of 8:00 a.m. and 6:00 p.m. **ONLY.** Moves attempted at any other time will result in forfeiture of the move out deposit and penalties to the owner.

6. **Authorization Form:** Please fill out the authorization form attached and present it to the Managing Agent along with a completed resale or sublet package. This form will be signed by the Managing Agent and a copy will be returned to you.

9. Violators of the Corporation=s move out policy will be assessed a fine of \$1,000.00 per violation.

10. This move out policy has been added to the corporation=s house rules. The mandatory obligations in this policy shall be deemed additional rent.

The completed and signed form must be available for inspection by any representative of Hyde Park Owners Corp., including its security patrol.

By signing below, I acknowledge that I have read the move out policy and agree to abide to its terms and conditions.

Signature: _____ Date: _____

Print Name: _____

Current Address: _____

Phone Number: _____

Please provide below the new address and telephone number of the location to which you are moving, as well as any other name that may appear in the new mailing address, if necessary:

Name _____

Address _____

City, State, Zip Code _____

Area Code & Phone # _____

**HYDE PARK OWNERS CORP.
MOVE OUT AUTHORIZATION FORM**

PLEASE HAVE THIS FORM AVAILABLE DURING MOVE OUT

Name of individual/family moving: _____

Address of where you are moving in/out of: _____

Apt.# _____

Home phone: _____ Business phone: _____

If you are subletting your apartment, please supply the Owners Name and telephone number

Name of Owner: _____

Telephone Number: _____

Signature of Applicant

Date

=====
For office use only:

Deposit received

APPROVED NOT APPROVED

BY: _____
HYDE PARK OWNERS CORP.

Date

Property Inspected By: _____

Date: _____

Damages if any: _____

amount to be deducted, if any \$ _____

Violations to Policy: _____

amount to be deducted, if any \$ _____

Deposit amount on account:
Administrative Fee
Total amount of refund from deposit:

\$500.00
-250.00
\$ _____

Date of refund _____