



Beth Israel Medical Center
Beth Israel Brooklyn
Roosevelt Hospital
St. Luke's Hospital
NY Eye and Ear Infirmary

Department of Real Estate Services
Continuum Health Partners
555 West 57th Street, Suite 5-46
New York, NY 10019
Telephone: 212-523-2752
Fax: 212-523-5119

May 16, 2013

Dr. Raman Madan
169 North 6th Street
Bethpage, NY 11714
United States

Dear Dr. Raman Madan:

Welcome to Beth Israel Medical Center housing. You have been assigned to **2 BR Apt. 17F in 353 E. 17th Street, New York, NY 10003** at a monthly rent of **\$2,805.00**. I look forward to working with you as you settle into the Beth Israel Community.

The apartment to which you have been assigned is currently occupied. We do not yet have a move-out date from the current tenant. Once we do, I will contact you to schedule your move-in date. Please complete and return the following items within five (5) days of receipt.

1. Occupancy Agreement- Review the cover sheet for the Occupancy Agreement and sign the signature page. The complete set of terms is provided in the "Occupancy Agreement Form" attachment. Please be aware that you may *not* make any additions, deletions, or modifications to the Occupancy Agreement. Any attempt to do so will invalidate the Occupancy Agreement.
2. Payroll Rent Deduction Authorization Form- This is the form that will be submitted to the Payroll Department to have rent deducted from your bi-weekly paychecks. Please review and sign in the "Tenant's Signature" section at the top-most section of the form.
3. Key Policy- Review and sign.
4. Recycling Rider- Review and sign.
5. Mold Prevention Letter- Review and sign.
6. Bedbug Disclosure- Review and sign.
7. W-9 Form - Complete and sign the appropriate sections. Please be sure to provide your taxpayer I.D. number in the Social Security Number section.
8. Window Guard Form- Complete and sign the appropriate sections.
9. Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards- Please initial section (D) under the "Lessee's Acknowledgement" and then sign as the "Lessee" at the bottom of the form.
10. Lease/Commencement of Occupancy Notice for Prevention of Lead-Based Paint Hazards – Inquiry regarding Child. Check off the appropriate statement, sign below and print your name, address and apartment number.
11. Credit Card Payment Authorization Form- This form should be used if you want to pay your first month's rent and/ or the security deposit by credit card.
12. Security Deposit- A travelers' check, cashier's check, U.S. money order or Credit card authorization in the amount of one month's rent is required. The checks should be made payable to "Beth Israel Medical Center."

13. First month's rent- A travelers' check, cashier's check, U.S. money order or Credit card authorization in the amount of one month's rent is required. The checks should be made payable to "Beth Israel Medical Center".

These documents and payments must be received prior to your move-in date in order for the "Move-in Permit" to be issued, authorizing the release of keys. Our mailing address is Continuum Services, Real Estate Services Department, 555 West 57th Street, Suite 5-46, New York, NY 10019.

If you move into your apartment prior to beginning employment, you must pay in advance the rent due for this initial period. Pro-rated rent is calculated from the day you pick up the apartment and building keys.

Preparing to Move-in

Once the current tenant's move-out date is known and at least 3 days before your move:

- If you are using a professional moving company, please e-mail or fax a Certificate of Insurance to my attention at 212-523-5119. The Certificate should list Beth Israel Medical Center as an "additional insured" and specify your name, assigned hospital, building, apartment number, and the scheduled date of service. A sample Certificate template is available via a hyperlink on the "What to expect when you arrive" page of the Housing section on the GME website.
- Contact the Gilman Doorman at 212-420-4464 to reserve the elevator for move-in day.

Please note the following:

- Real Estate Services (RES) has the final decision on when the apartment is ready for you to move-in. The date the departing tenant indicates he is vacating the unit is not the date you can move in. We require three (3) business days to prepare the unit for the incoming resident. For example, if the unit is vacated on June 30th, the earliest you can plan to move in is July 4th or any time thereafter.
- You can send the departing house staff an email if you have any specific questions about the apartment. Be reminded that the current tenant is not required to respond; any response is a courtesy. All requests need to be mutually acceptable to both parties. The property manager will always be able to answer any questions. The current tenant is **Dr. Sachin Diwadkar** and the email address is **sdiwadkar@chpnet.org**.
- If you are asking to view an occupied apartment, the current tenant must agree to your request and needs to be present on the day you decide to see the unit. The building staff cannot give you access to an occupied apartment.
- If you arrange to purchase furnishings from the departing house staff:
 - The items should be moved to the center of the room so that the contractors can work around them.
 - We are not responsible for the items left behind.
 - We are not responsible to move furniture to clean underneath.
 - RES must be notified of the arrangement in advance so we don't charge the departing house staff for leaving items behind.

On Move Day

- The Move-in Permit will be e-mailed to you when you provide the date you want to pick-up your keys, once the apartment is confirmed to be available and ready for you. Be reminded that pro-rated rent is charged from the day you pick up your keys.
- You can pick up your keys from the Doorman of 353 East 17th Street, Gilman Hall, on the day you move in.
- Contact the Superintendent, Mr. Charles Richardson, at 212-420-4464 with any specific questions or concerns regarding the maintenance of the apartment and the building.

Please do not hesitate to contact me with any other questions or concerns. I can be reached at 212-523-3122 or via e-mail at fvargas@chpnet.org

Sincerely,

A handwritten signature in black ink that reads "Fredalyn Vargas". The signature is written in a cursive, flowing style.

Fredalyn Vargas
Property Manager, Residential Services

OCCUPANCY AGREEMENT

This Occupancy Agreement (the "Occupancy Agreement") is made on the **16th** day of **May** between **Beth Israel Medical Center** (the "Medical Center") and You, **Raman Madan** (the "Occupant").

1. THE PREMISES

The Medical Center agrees to grant you the revocable right to occupy the premises described as Apartment **17F** on the **17** floor of the building located at **353 East 17th Street**, New York, New York (the "Premises") for a term beginning **July 1, 2013** subject at all times to the provisions hereof;

2. MONTHLY CHARGE

Your monthly charge for the Premises is **\$2,805.00** subject to increases from time to time in Owner's sole discretion upon not less than thirty (30) days advance notice to occupant You must pay the Medical Center the monthly charge without deduction or offset, in advance, on the first day of each month either at Medical Center's office or at another place that the Medical Center may inform You of by written notice. You will not seek to apply the Security Deposit to the payment of the last month's occupancy and other fees due the Medical Center. You must pay the first month's monthly charge to the Medical Center when You sign this Occupancy Agreement if the Occupancy Agreement begins on the first day of the month. If the Occupancy Agreement begins after the first day of the month, You must pay when you sign this Occupancy Agreement (1) the part of the monthly charge from the beginning date of this Occupancy Agreement until the last day of the month and (2) the full monthly charge for the next full calendar month. If you move into the apartment prior to the start date of this Occupancy Agreement, you are liable for rent from the day you pick up the keys. If this Occupancy Agreement is a Renewal Occupancy Agreement, the monthly charge for the first month of this Occupancy Agreement need not be paid until the first day of the month when the renewal term begins. If you do not pay the monthly charge when due (or by the 10th of the month), you agree to pay to the Medical Center a late fee of \$25.00.

Anything contained herein to the contrary notwithstanding, You understand, acknowledge, and agree that in the event that the Medical Center shall determine in its sole reasonable judgment that the monthly charge paid by You shall be less than the amount required by Internal Revenue Service (IRS) requirements, IRS code subtitle A, chapter 1B, Part III, section 119(d) or any successor, amended or revised section of like import, then in such event and to the extent that the monthly charge payable by You shall be less than the minimum required by said regulation, the Medical Center shall notify You of such differential and same shall be deemed as income to You. Notification requirements shall be deemed satisfied by furnishing of a Form W2, 1099, or the like which includes the imputed income.

You hereby authorize the Medical Center to deduct from your salary commencing August 1, 2013 the amount of \$2,805.00 per month, which represents the monthly charge payments for the Premises occupied hereunder, as the same may be increased from time to time pursuant to Paragraph 7 of this agreement, and any arrears on the monthly charges and any late fees as may be applicable.

3. SECURITY

You are required to pay the Medical Center the sum of **\$2,805.00** when You sign this Occupancy Agreement as security for the faithful performance by You of all of the terms, conditions and covenants of this Occupancy Agreement, including the proper maintenance of the Premises and the furniture, fixtures and equipment therein contained. Occupant shall provide the Medical Center with an executed W-9 along with its security deposit upon execution of this agreement. The Medical Center will deposit this security in a federally insured deposit bank for the benefit of the Occupant. If you are not in breach of any of the terms and conditions of this Occupancy Agreement and if You vacate the Premises and return the Premises to the Medical Center in the same condition when first occupied by You (including fixtures and equipment), except for ordinary wear and tear, the Medical

ADDITIONAL RULES AND REGULATIONS ARE ATTACHED HERETO AND MADE A PART OF THIS OCCUPANCY AGREEMENT.

The Medical Center and You, as Occupant, have signed this Occupancy Agreement as of the day and year first above written.

BETH ISRAEL MEDICAL CENTER

By:

Kenneth Holden, Sr. VP
Real Estate Services & Facilities

OCCUPANT:

Raman Madan

NAME

SIGNATURE

RENT DEDUCTION AUTHORIZATION FORM

BETH ISRAEL - Petrie

ST. LUKE'S

ROOSEVELT

New Tenant

Vacating Tenant

Transfer

Employee Number: _____

Social Security Number: 063-76-9005

Tenant Name: Raman Madan

Pay Period Ending Date: July 28, 2012

I authorize the Rent Deduction of \$1,402.50 from the first two (2) paychecks each month for Apartment 17F located in 353 E. 17th Street. I understand that this amount represents one-half (1/2) of the regular monthly rent of \$2,805.00. Should there be any arrears or a rent increase, I also authorize that the additional amount.

Tenant's Signature

SLRHC Elements

- CHP Rent - 10 Amsterdam
- CHP Rent - 501 W 113th
- CHP Rent - 515 W 59th

BIMC Elements

- CHP 310 E24th
- CHP Rent 353 E17th
- CHP BRNSTN APTS
- CHP HOUSING LEASED APTS

Arrears / Pro-rated Amount \$ _____

Deduct additional \$ _____ from _____ bi-weekly checks

Deduct additional \$ _____ from _____ bi-weekly checks

Starting PPE _____ Ending PPE _____

Tenant's Signature

Stop Rent Deduction of \$ _____ for Apartment _____ located in _____.

Date of Move-out or Transfer _____

Fredalyn W. Vargas

Real Estate Manager's Signature

212-523-3122

Phone

FOR PAYROLL USE ONLY

PROCESSED BY _____

P/E _____



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REAL ESTATE SERVICES KEY POLICY

Apartment occupants are responsible solely and personally for apartment and mailbox keys.

During business hours, as a courtesy to our tenants who may have locked themselves out or misplaced their keys, the building staff may, upon request and display of identification, provide access to apartment doors or mailboxes.

During an emergency in the building an employee may open any apartment doors. Please make a note that **"EMERGENCY CASES ARE THOSE WHERE DANGER TO LIFE, PROPERTY AND HEALTH ARE IMMINENT IN THE BUILDING. ONLY FIRE, FLOOD AND GAS LEAKS ARE CONSIDERED EMERGENCIES."**

Between the hours of 5:00PM and 9:00AM any tenant who is locked out will have to seek the service of a local locksmith. Should your lock be changed, we require a key to this lock be supplied to the building's Superintendent as per New York City Administrative Code 27-2043 and New York State Multiple Dwelling Law § 51-c. The doorman or security guard is there for your protection and cannot leave his post.

We do not encourage the doorman/security guard to "hold" any keys for any tenant. Please do not ask the doorman/security guard to hold keys for you.

Raman Madan

 OCCUPANT NAME

 OCCUPANT SIGNATURE

353 East 17th Street, Apt. 17F

 BUILDING & APARTMENT #

 DATE



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REAL ESTATE SERVICES RECYCLING

Pursuant to Local Law 19 of the City of New York, the separation of recyclables is mandatory in all New York City residential buildings. Violation of Local Law 19, whereby garbage is commingled with designated recyclables is punishable by summonses and fines issued by the Department of Sanitation: THEREFORE, IN ACCORDANCE WITH LOCAL LAW 19, IT IS REQUIRED THAT ALL TENANTS AND OCCUPANTS, THEIR IMMEDIATE HOUSEHOLDS, AND/OR THEIR EMPLOYEES, COMPLY WITH THIS LAW AND ABIDE BY THE RECYCLING GUIDELINES PROVIDED BELOW AS WELL AS ANY OTHER POSTED OR SUBSEQUENTLY DISTRIBUTED MATERIALS.

IT IS THE OBLIGATION OF THE TENANT OR OCCUPANT TO:

1. Separate all recyclable glass, plastic, metals, newspapers, magazines, mixed paper, and junk mail from all household garbage.
2. Bundle and tie all newspapers and magazines, and bag all mixed paper and junk mail prior to disposing of same.
3. Remove caps from and then rinse all glass, plastic, and metal containers prior to disposing of same.
4. Refrain from throwing cardboard, combustibles, wire hangers, or oversized or inappropriate objects down the chute.
5. Follow information in any posted recycling notice as well as directions, if applicable, for the use of any automated recycling system.

The Medical Center reserves the right where permitted by law, to refuse to collect or accept from Occupant, any waste products, garbage, refuse or trash which is not separated and sorted as required by law; and reserves the right to require Occupant to arrange for such collection at Occupant's sole cost and expense, utilizing a contractor satisfactory to the Medical Center.

Occupant shall pay all costs, expenses, fines, penalties, or damages, which may be imposed on the Medical Center or Occupant, by reason of Occupant's failure to comply with the provisions of this paragraph, and at Occupant's sole cost and expense. Occupant's failure to comply with this paragraph shall constitute a violation of a substantial obligation of the Occupancy Agreement, local statute and the Medical Center's rules and regulations.

I have read, and I understand and agree to abide by the rules contained herein.

Raman Madan

 OCCUPANT NAME

 OCCUPANT SIGNATURE

353 E. 17th Street, Apt. 17F

 BUILDING & APARTMENT #

 DATE



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REAL ESTATE SERVICES MOLD PREVENTION

Dr. Raman Madan:

It is our goal to provide quality rental space in 353 East 17th Street. All populations are susceptible to allergic responses associated with various concentrations and species of mold. We have made every effort to reduce the likelihood of mold and mildew growth. As a tenant in Apt. 17F some of the responsibility for preventing mold and mildew lies with you.

If, at any time, you note or suspect the presence of mold or mildew, please contact the Property/Leasing Manager immediately. **Failure to report problems in a timely manner will not only be detrimental to your health, but is in violation of your lease agreement.**

In the event that mold or mildew is identified in your rental space, we will require immediate remediation. If the mold growth is a direct result of your negligence, you will be required to pay for the remediation. We will permit you to either select a contractor or have our staff conduct the remediation. If the damage is not a direct result of your negligence, we will coordinate remediation as soon as possible. In the event that the area to be remediated is large, a comparable temporary unit will be provided.

Please contact our leasing office at 212-523-2752 or FVargas@chpnet.org if you require further explanation. **Your signature on this letter is required as a condition of the leasing agreement.** You will be provided with a counter-signed copy for your files.

Occupant Signature: _____

Date: _____

Fredalyn M. Vargas

Property Manager Signature: _____

Date: _____

Effective 01/10/06

NOTICE TO TENANT DISCLOSURE OF BEDBUG INFESTATION HISTORY

Pursuant to the NYC Housing Maintenance Code, an owner/managing agent of residential rental property shall furnish to each tenant signing a vacancy lease a notice that sets forth the property’s bedbug infestation history.

Name of tenant(s): **Dr. Raman Madan**

Subject Premises: **353 East 17th Street**

Apt. #: **17F**

Date of vacancy lease: **7/1/2013**

BEDBUG INFESTATION HISTORY

(Only boxes checked apply)

There is no history of any bedbug infestation within the past year in the building or in any apartment.

During the past year the building had a bedbug infestation history that has been the subject of eradication measures. The location of the infestation was on the _____ floor(s).

During the past year the building had a bedbug infestation history on the _____ floor(s) and it has not been the subject of eradication measures.

During the past year the apartment had a bedbug infestation history and eradication measures were employed.

During the past year the apartment had a bedbug infestation history and eradication measures were not employed.

Other: _____ .

Signature of Tenant(s): _____ Dated: _____

Signature of Owner/Agent: *Fredalyn M. Vargas* Dated: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) 353 East 17th Street, Apt.	Requester's name and address (optional)
City, state, and ZIP code New York, NY 10003		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Lead Warning Statement

Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.

Lessor's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) _____ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) *fnv* _____ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) _____ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) *fnv* _____ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Lessee's Acknowledgment (initial)

(c) _____ Lessee has received copies of all information listed above.

(d) _____ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

Agent's Acknowledgment (initial)

(e) _____ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Frederick M. Vargas

Lessor Date Lessor Date

Lessee **Date** Lessee Date

Agent Date Agent Date

LEASE/COMMENCEMENT OF OCCUPANCY NOTICE FOR PREVENTION OF LEAD-BASED PAINT HAZARDS—INQUIRY REGARDING CHILD

You are required by law to inform the owner if a child under six years of age resides or will reside in the dwelling unit (apartment) for which you are signing this lease/commencing occupancy. If such a child resides or will reside in the unit, the owner of the building is required to perform an annual visual inspection of the unit to determine the presence of lead-based paint hazards. **IT IS IMPORTANT THAT YOU RETURN THIS FORM TO THE OWNER OR MANAGING AGENT OF YOUR BUILDING TO PROTECT THE HEALTH OF YOUR CHILD.** If you do not respond to this notice, the owner is required to attempt to inspect your apartment to determine if a child under six years of age resides there.

If a child under six years of age does not reside in the unit now, but does come to live in it at any time during the year, you must inform the owner in writing immediately. If a child under six years of age resides in the unit, you should also inform the owner immediately at the address below if you notice any peeling paint or deteriorated subsurfaces in the unit during the year.

Please complete this form and return one copy to the owner or his or her agent or representative when you sign the lease/commence occupancy of the unit. Keep one copy of this form for your records. You should also receive a copy of a pamphlet developed by the New York City Department of Health and Mental Hygiene explaining about lead-based paint hazards when you sign your lease/commence occupancy.

CHECK ONE:

- A child under six years of age resides in the unit.
- A child under six years of age does not reside in the unit.

_____ (Occupant signature)

Print occupant's name, address and apartment number: _____

(NOT APPLICABLE TO RENEWAL LEASE) Certification by owner: I certify that I have complied with the provisions of §27-2056.8 of Article 14 of the Housing Maintenance Code and the rules promulgated thereunder relating to duties to be performed in vacant units, and that I have provided a copy of the New York City Department of Health and Mental Hygiene pamphlet concerning lead-based paint hazards to the occupant.

Frieda Lopez Vargas

_____ (Owner signature)

RETURN THIS FORM TO: Continuum Health Partners, Real Estate Services

555 West 57th Street, 5th Floor, New York, NY 10019

OCCUPANT: KEEP ONE COPY FOR YOUR RECORDS

OWNER COPY/OCCUPANT COPY



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Real Estate Services & Facilities
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 555 W 57th Street, Suite 5-46
 New York, N.Y. 50019
 Main Tel: 212-523-2752
 Fax: 212-523-5119

CREDIT CARD PAYMENT AUTHORIZATION FORM

Building Address & Apt #	Charge Amount

Today's Date: _____

Tenant Name: _____

I authorize the payment of (Indicate applicable item(s))

- 1st Month's Rent
- Security Deposit

for Apt. _____ to be charged to my credit card account (Visa, MasterCard, Discover or American Express only).

The total amount of \$_____ should be charged once to the following account:

Card # _____

Exp. Date: _____ / _____ Authorized Signature: _____

Cardholder's Name (Print): _____

Please complete and submit to Real Estate Services at fax 212-523-5119 or the address above.