

ONE UNION SQUARE EAST CONDOMINIUM  
*a/k/a ZECKENDORF TOWERS*  
*1 Irving Place*  
*New York, New York 10003*  
*Phone: 212-260-5521 Fax: 212-228-8768*

**LEASE RENEWAL EXTENSION REQUIREMENTS**

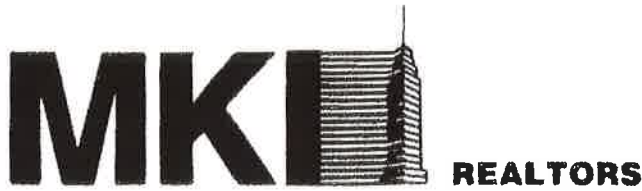
Pursuant to the By-Laws of the Condominium “No Unit Owner may lease his unit” except by complying with the following provisions:

**No less than 30 days prior to the end of an existing lease, the following documents must be fully completed and returned to the Management Office. Please note that failure to return a lease renewal package or vacate the premises at the end of existing lease will result in penalties for each month a package is not returned.**

1. Completed Lease Renewal\* Form Signed by both Unit Owner and Tenant.(Attached)  
(\*Lease Renewal Not to Exceed One Year Term)
2. Move In / Move Out Checklist Signed By All Tenant/s. (Attached)
3. Affidavit Pertaining To The House Rules\* and By-Laws\* signed by all Tenant/s.  
(Attached) \*see below
4. No Smoking Policy Signed By All Tenant/s. (Attached)
5. Completed Emergency Contact Form. (Attached)
6. Dog Policy Form
7. Annual Lease Renewal Fee in the amount of \$250.00 made payable to One Union Square East Condominium.

Executed Lease Renewal Form with requirements listed above must be submitted to:

Maxwell Kates Management Office  
1 Irving Place  
New York, N.Y. 10003  
212-260-5521



Maxwell-Kates, One Irving Place  
New York, NY 10003  
(212) 260-5521  
(212) 228-8768 FAX

LEASE RENEWAL EXTENSION FOR APARTMENT \_\_\_\_\_ TOWER \_\_\_\_\_

Please be advised that I am the owner or legal representative of the above-referenced apartment located at One Irving Place Condominium, One Irving Place, New York, NY 10003. I am requesting an extension of my current lease with my tenant(s), with the information as follows:

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Tenant's Name(s): \_\_\_\_\_

Lease Extended: From: \_\_\_\_\_ To: \_\_\_\_\_

Monthly Rent: \_\_\_\_\_

Additional information:

All of the original terms and conditions of the original lease remains the same.

I HAVE ATTACHED A CHECK IN THE AMOUNT OF \$250.00 PAYABLE TO:

ONE UNION SQUARE EAST CONDOMINIUM

TO THIS FORM REPRESENTING THE LEASE RENEWAL PROCESSING FEE.

I will advise my tenant to contact the Management Office at (212) 260-5521 to schedule a move-out date before the end of this lease.

\_\_\_\_\_  
LANDLORD

\_\_\_\_\_  
TENANT

\_\_\_\_\_  
LANDLORD

\_\_\_\_\_  
TENANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

### Move-In / Move-Out Checklist

Kindly affix your SIGNATURE after each of the following:

1. I understand that moves are only permitted Monday through Friday between the hours of 9:00 A.M. and 5:00 P.M. Moves will not be permitted on the weekend.

X \_\_\_\_\_

2. I must contact the on-site Management office at (212) 260-5521 to schedule any move-in or move-out date, which I must schedule at least four (4) weeks in advance. Morning moves are only available between 9:00 A.M. and 1:00 P.M. and the afternoon moves are only available between 1:00 P.M. and 5:00 P.M. Any move that exceeds the scheduled time slot will be fined accordingly.

X \_\_\_\_\_

3. My desired move-in or move-out date, as well as time slot may not be available. Therefore, I must comply with Management and schedule a date and time that is available. I understand that no two moves are permitted at any one time.

X \_\_\_\_\_

4. Attached please find my certified checks for the following:

- \$1,000.00 Damage Deposit (Refundable)
- \$500.00 Move-in / Move-out Fee (Non-Refundable)

Both checks are to be made payable to **One Union Square East Condominium.**

X \_\_\_\_\_

5. Unless my move-in or move-out is a self-move, I understand that my moving company must submit a Certificate of Insurance one (1) week in advance of the date of my move. I will have my moving company contact the on-site Management office at (212) 260-5521 in order to receive specific instructions on the insurance information that must be submitted.

X \_\_\_\_\_

By signing below, I acknowledge that I (we) have been made aware of my/our responsibilities as new Tenant (s) in the building. I will contact the on-site Management office at (212) 260-5521 located at One Irving Place New York, New York 10003 at least four (4) weeks prior to my desired move-in or move-out date to arrange for an available date and time slot.

I further acknowledge by signing below that my \$1,000.00 Damage Deposit (Refundable) and \$500.00 Move-in / Move-out Fee (Non-Refundable) are due in advance of my moving date and must be submitted as separate checks. It is also understood that both of these checks will be certified checks only and will be made payable to **One Union Square East Condominium.**

In addition to this, I have been informed that in order to avoid last minute confusion, all large deliveries have to be scheduled in advance by contacting the Management office at (212) 260-5521. **For all deliveries, a \$500.00 Damage Deposit (Refundable) is required and must be paid via certified check to One Union Square East Condominium.**

**Signed by Tenant (s):**    X \_\_\_\_\_

**Date:** \_\_\_\_\_

                                  X \_\_\_\_\_

**Date:** \_\_\_\_\_

                                  X \_\_\_\_\_

**Date:** \_\_\_\_\_



**TO: THE BOARD OF MANAGERS --  
One Union Square East Condominium**

**MY/OUR SIGNATURE BELOW INDICATES THAT I/WE HAVE RECEIVED, READ, UNDERSTAND, AND AGREE TO ABIDE BY THE OFFERING PLAN, DECLARATION OF CONDOMINIUM, HOUSE RULES, AS AMENDED FROM TIME TO TIME BY THE BOARD OF MANAGERS AND BY-LAWS OF ONE UNION SQUARE EAST CONDOMINIUM.**

**I/WE ALSO UNDERSTAND THAT UNITS IN THE CONDOMINIUM MAY NOT BE USED FOR BUSINESS PURPOSES. I/WE AGREE TO ABIDE BY THIS RULE.**

**I/WE ALSO UNDERSTAND THAT PRIOR TO MOVING IN, I/WE AGREE TO SIGN THE HEALTH CLUB WAIVER WHICH IS ATTACHED HERETO.**

**SIGNATURE(S): \_\_\_\_\_ DATE: \_\_\_\_\_**  
**\_\_\_\_\_ DATE: \_\_\_\_\_**

**ONE IRVING PLACE**  
**NO SMOKING POLICY**

I, the undersigned, understand that as a lessee, I am not permitted to smoke in One Union Square East Condominium. I agree that all members of my family or household and guests are not permitted to smoke anywhere in the condominium including within the individual apartment unit and any common areas of the building including the main lobby, sky lobby, hallways, stairwells, laundry rooms, health club and sun deck.

The term "smoking" above shall mean inhaling, exhaling, burning or carrying any lighted cigar, cigarette, or other tobacco product in any manner or in any form.

Tenant Signature

Date

Tenant Signature

Date



TO: ALL RESIDENTS  
FROM: MANAGEMENT OFFICE  
RE: EMERGENCY ACCESS  
DATE: \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY, IT IS EXTREMELY IMPORTANT THAT THE MANAGEMENT OFFICE HAVE IMMEDIATE ACCESS TO YOUR APARTMENT. IF WE CANNOT GAIN ACCESS TO YOUR APARTMENT BECAUSE OF THE LACK OF KEYS DURING AN EMERGENCY, THE MAINTENANCE STAFF WILL TAKE ACTION TO GAIN ENTRY WITH THE POSSIBLE DAMAGE BEING THE RESPONSIBILITY OF THE UNIT OWNER. PLEASE CHECK THE OPTION (S) THAT APPLY TO YOU.

NAME: \_\_\_\_\_ UNIT# \_\_\_\_\_

DAYTIME# \_\_\_\_\_ CELL.# \_\_\_\_\_ E-MAIL \_\_\_\_\_

WE CAN BEST PROTECT LIFE AND PROPERTY WHEN MANAGEMENT HOLDS YOUR KEYS OR HAS INFORMATION ON FILE INDICATING THE NEIGHBOR OR FAMILY MEMBER WHO CAN PROVIDE THE NECESSARY ENTRY.

\_\_\_\_\_ MY KEYS ARE FILED WITH THE MAINTENANCE OFFICE OR WILL BE FILED WITHIN THE NEXT THIRTY DAYS.

MY NEIGHBOR/RELATIVE \_\_\_\_\_ RESIDING AT \_\_\_\_\_  
HAS KEYS TO MY APARTMENT. TEL.# \_\_\_\_\_ OFFICE# \_\_\_\_\_

ARE YOU OR ANYONE IN YOUR HOUSEHOLD ON:

LIFE SUPPORT	_____ YES _____	_____ NO _____
USE AN OXYGEN TANK	_____ YES _____	_____ NO _____
DISABLED	_____ YES _____	_____ NO _____
ARE YOU A SENIOR CITIZEN LIVING ALONE	_____ YES _____	_____ NO _____

\_\_\_\_\_ I HAVE A PET: \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT:**

CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATION \_\_\_\_\_

TELEPHONE # (HOME) \_\_\_\_\_

(BUSINESS) \_\_\_\_\_



**DOG FORM**

TOWER:

\_\_\_\_\_

UNIT #:

\_\_\_\_\_

RESIDENT(S) NAME:

\_\_\_\_\_

\_\_\_\_\_

I the undersigned understand that as a lessee, I am not permitted to have a dog in the One Union Square East Condominium. My signature affixed below will confirm the fact that I will abide by this policy.

\_\_\_\_\_  
Resident's Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Resident's Signature

Date: \_\_\_\_\_