

**SEE INSTRUCTION SHEET ON NEXT PAGE BEFORE COMPLETING THIS FORM**

**DISABLED PERSON ELECTION FORM**

For use in New York City which is subject to GBL Section 352-eeee, and for use in municipalities in Nassau, Rockland and Westchester Counties which have adopted GBL Section 352-eee, and to use in municipalities in the State of New York which have adopted GBL Section 352-e(2-a).

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

ADDRESS: \_\_\_\_\_ APT.# \_\_\_\_\_

\_\_\_\_\_

I elect not to purchase my apartment under the offering plan for conversion of the building to a cooperative or condominium.

I certify that:

1. I am a tenant of the apartment listed above.
2. I have an impairment which results from anatomical, physiological or psychological conditions (other than an addiction to alcohol, gambling, or any controlled substance) which (1) is demonstrable by medically acceptable clinical and laboratory diagnostic techniques, (2) is expected to be permanent, and (3) prevents me from engaging in any substantial gainful employment.

I understand that this disabled person election does not preclude me from purchasing my apartment at a later date.

The above statements are true to the best of my knowledge and understanding.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

SIGNED: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

Receipt acknowledged, and copy given to tenant.

SPONSOR/AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

## **INSTRUCTION FOR COMPLETING DISABLED PERSON ELECTION FORM**

State law provides that tenants who are “ELIGIBLE DISABLED PERSONS” cannot be evicted because they did not purchase their apartments.

To qualify as an “ELIGIBLE DISABLED PERSON”, (1) you must be a tenant, (2) you must have a disability as defined on the reverse side of this form, and (3) you must complete the form and return it to the sponsor within 60 days.

### **Who Is Considered A Tenant?**

A tenant for purposes of this form is a person who has signed a lease or, the husband or a wife of a person who has signed a lease.

### **This Form Must Be Returned To The Sponsor**

If you were disabled when you first received the offering plan, you must complete and return this form to the sponsor not more than 60 days later. However, if your disability first occurred after you received the offering plan, then this election may be made up to 60 days after the disability first occurred (unless after the first 60 days but before your election the sponsor has accepted a written agreement to purchase your apartment from a “bona fide” purchaser).

Return the form either by delivering it to the sponsor or the sponsor’s selling agent at the location specified in the plan, or by mailing it by certified or registered mail, return receipt requested, to the sponsor or selling agent at the address specified in the plan.

**WARNING: FAILURE TO RETURN THIS FORM WITHIN 60 DAYS COULD ULTIMATELY RESULT IN YOUR BEING EVICTED!**

- Be sure to sign the form before a Notary Public

### **THE SPONSOR MAY DISPUTE YOUR ELIGIBILITY**

The law allows the sponsor to dispute your eligibility as an “eligible disabled person”. In order to do so, the sponsor must apply to the Department of Law for an eligibility determination within 30 days after the sponsor receives your election form. In case of a dispute, the Department of Law has 30 days to determine your eligibility. If your eligibility is disputed, you will be notified by the Department of Law and given the opportunity to defend your eligibility.