

Trump Village Estates

2915 WEST 5TH STREET • BROOKLYN, N.Y. 11224

Annual Verification Form

Fill out each line, please print clearly. Deadline for return: August 15, 2026
Failure to return this form will result in your apartment being inspected

Shareholder(s)Name: _____

Bldg. #: _____ Apt. #: _____ Phone # _____ Email _____

Name of additional occupants in the apartment: _____

1. Total # of Air Conditioners _____ Locations: L.R. ☐ M.B. ☐ 2ndB.R ☐ 3rdB.R ☐
 (LR – living room, BR - bedroom, MB – master bedroom)
2. Do you have a Split Unit Yes ☐ No ☐ How many bedrooms do you have? _____
3. Do you have a dishwasher Yes ☐ No ☐
4. Do you have a washing machine Yes ☐ No ☐
5. Is your proof of Co-op insurance in the amount of \$300,000.00 on file in TV3 office Yes ☐ No ☐
6. Is a smoke alarm installed and functional in your apartment? Yes ☐ No ☐
7. Is a Natural Gas Detector installed and functional in your apartment? Yes ☐ No ☐
8. Do you have dogs in the apartment? Yes ☐ No ☐ If yes, how many _____ (Includes service dogs)
 Dog tag# _____ Dog tag# _____
9. Do you have a storage unit? Yes ☐ No ☐ If yes, what is your Storage Locker number _____
 If no, are you interested in obtaining one? Yes ☐ No ☐

*I hereby verify that the above information is accurate and truthful.

*I have read and acknowledge the Trump Village Estate policy regulations and payments.

Print Name: _____ Sign: _____ Date _____

You may return this form to the management office in person or via email to management@tv3.nyc
or drop the form at the security desk in your building.

Office Use Only:

Insurance on file: Yes _____ No _____ Smoke detector functional: Yes _____ No _____

Total number of A/C's matches business record: Yes _____ No _____ Split Unit: Yes _____

Total number of dogs matches business record: Yes _____ No _____

Dishwasher matches billing: Yes _____ No _____ Storage bin matches billing: Yes _____ No _____

Monthly charges adjusted from \$ _____ to \$ _____ Yes _____ No _____

Inspection scheduled: _____

SHAREHOLDER/RESIDENT CONTACT INFORMATION

Please update the contact information for up to 4 individuals living in your apartment.

Please note if the person is a shareholder or a resident by circling one or the other below.

SHAREHOLDER / RESIDENT #1

Name: _____ Cell #: _____

Home #: _____ Work #: _____

Email Address: _____

Billing Address: _____
(If different from unit address)

SHAREHOLDER / RESIDENT #2

Name: _____ Cell #: _____

Home #: _____ Work #: _____

Email Address: _____

SHAREHOLDER / RESIDENT #3

Name: _____ Cell #: _____

Home #: _____ Work #: _____

Email Address: _____

SHAREHOLDER / RESIDENT #4

Name: _____ Cell #: _____

Home #: _____ Work #: _____

Email Address: _____

EMERGENCY CONTACT INFORMATION

Please provide the name and contact information of the individual to be contacted in the event of an emergency:

Name/Relationship: _____

Address: _____

Phone #: _____ Alternative Phone #: _____

Email Address: _____