

**EXHIBIT 3**

**Real Estate Division –**  
The Mount Sinai Medical Center  
1249 Park Avenue,  
1<sup>st</sup> Floor New York, NY 10029  
Tel: (212) 659-9630 Fax: (212) 831-3093

**TENANT “AS IS” AGREEMENT**

**Current** Tenant Name: (Please Print) \_\_\_\_\_

**Future** Tenant Name: (Please Print) \_\_\_\_\_

Building: 50 East 98<sup>th</sup> Street Suite: 9A Room: \_\_\_\_\_

Move-In Date: \_\_\_\_\_

I understand that I am accepting the above apartment in the “AS-IS” condition in order to move in early. I agree to waive all necessary renovations, painting, cleaning and repairs prior to moving in. If accepting responsibility of any items / properties from current tenant please specify items in detail. **I agree to take over the room with its current paint color and the responsibility to restore the room back to the original color once I transfer or vacate the apartment.**

Comments:

Paint Color –Yellow

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** Please indicate condition of apartment and if the new tenant is accepting any items from the previous tenant. (ie: furniture, carpet, wallpaper, wall shelves, etc.)

Current Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Future Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_