

APPLICATION FOR COOPERATIVE APARTMENT

Date: _____ Bldg. Address: _____

Price: _____ Apt: _____ Rooms: _____

Deposit: _____ Balance: _____

Name: _____ SSN #: _____

Address: _____ Tel. #: _____

Reason for moving? _____ DOB: _____

Spouses Name: _____ S S #: _____

Children: [] yes [] no If yes, how many? _____ Ages: _____

Other Occupants: _____ Relationship: _____

S S #: _____ DOB: _____

Employer: _____ Tel. #: _____

Address: _____ Capacity: _____

Length of affiliation: _____

Spouse's Employer: _____ Tel.#: _____

Address: _____ Capacity: _____

If less than three years, previous employer: _____

Address: _____ Tel.#: _____

Annual income: _____ Spouses Income: _____

Other Income: _____ Source: _____

Bank: _____ Branch: _____

[] Checking Acct. #: _____

[] Checking Acct. #: _____

Credit References: 1. _____
2. _____
3. _____

Present Landlord: _____
Address: _____ Tel. #: _____
Years there: _____

PLEASE SUPPLY THE FOLLOWING DOCUMENTS:

- | | |
|-------------------------------------|---------------------------------|
| 1. Paycheck stub (last three weeks) | 2. Utilities bills |
| 3. Phone bill | 4. Rent receipts (last three) |
| 5. Copy of pictures ID | 6. Copy of Social Security Card |
| 7. Copy of tax returns (last) | |

By signing this application, applicant agrees to allow landlord to check credit and financial information with any agencies that landlord so desires. Applicant understands that if he changes his mind for any reason, he loses his deposit (\$200.00). If the application is rejected, the deposit will be refunded. Landlord has the right to accept or reject this application for any lawful reason. There is a \$20.00 non-refundable application fee.

It is also agreed that this application is subject to acceptance by the Board of directors.

Applicant's signature: _____ Date: _____
Spouse's signature: _____ Date : _____
Co-habitant's signature: _____ Date : _____