

ADDITIONAL INFORMATION:

Marital Status: _____ Single _____ Married
 _____ Widowed _____ Separated
 _____ Divorced

- If divorced, do you pay alimony or child support? _____
- If yes, how much per month? _____

Driver's License Number: _____

Do you own a home? _____
If yes, will home loan be paid off before move-in? _____

Have you had a home loan that resulted in foreclosure? _____

Have you or your spouse ever filed bankruptcy _____
If yes, Month _____ Year _____ State _____ County _____

Have you or spouse had any suits? _____ Judgements? _____ Repossessions? _____

Collections? _____ If yes, explain: _____

EMERGENCY CONTACT: (In case of emergency contact next of kin)

Name _____ Relation _____ Phone _____
Address _____ City _____ State _____

STATEMENT & SIGNATURE:

I certify that the information I have given on this application is true and complete. False and incomplete information are grounds for disapproval of my application or eviction. I understand that this information will be used in checking my credit and background check through a credit agency.

I understand that membership approval is substantially based upon: 1) meeting minimum requirements, 2) meeting minimum standards set for weekly net income after meeting fixed expenses, 3) good credit record, 4) job and residence stability, 5) savings.

I will not move anything into any dwelling unit of Park Forest Cooperative Village Homes until I have been approved by the Cooperative and complete all transactions.

Signature _____ Date _____
Signature _____ Date _____

UNIT PURCHASE PRICE

The Cooperative must ascertain the Member's source of the unit purchase price if the Member is to be approved for Membership.

Please complete the following information:

BANK LOAN: Yes _____ No _____
Financial Institution _____
Address _____
Approximate amount to be borrowed _____
Approximate monthly payment _____
Approximate number of months _____

SAVINGS ACCOUNT: Yes _____ No _____
Financial Institution _____
Address _____
Telephone Number _____
Approximate Amount to be withdrawn _____

OTHER SOURCE: Yes _____ No _____
Name _____
Address _____
Telephone Number _____
Approximate amount to be borrowed _____
Approximate monthly payment _____
Approximate number of months _____

SOURCE FOR EARNEST MONEY: (25% of purchase price, if a bank loan is needed;
10% of purchase price, if a bank loan is not needed)

Financial Institution _____
Checking/ Savings # _____
Other _____
Earnest Money \$ _____

I CERTIFY THAT THE INFORMATION I HAVE GIVEN ON THIS APPLICATION IS TRUE AND COMPLETE. FALSE AND INCOMPLETE INFORMATION ARE GROUNDS FOR DISAPPROVAL OF MY APPLICATION.

I UNDERSTAND THAT THIS INFORMATION WILL BE USED IN CHECKING THE ABOVE REFERENCES.

Signature _____ Date _____
Signature _____ Date _____

PARK FOREST COOPERATIVE IV AREA E
66 Fir Street, Park Forest, IL 60466 Phone: (708) 748-9005

RE: _____

To Whom This May Concern:

The above party is in the process of applying for a home at Park Forest Cooperative IV Area E. Would you please complete the information below, and return this form to our office as soon as possible.

A stamped, self-addressed envelope is enclosed for your convenience. Thank you for your cooperation.

Sincerely,

PARK FOREST COOPERATIVE IV AREA E

Applicant's Signature _____

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MORTGAGE HISTORY

Date of Mortgage _____
Present Mortgage Amount _____
Monthly Payment _____
Present Unpaid Balance _____
Credit History _____

RENTAL HISTORY

Date of Move-In _____
Lease Expiration _____
Monthly Rental Rate _____
Present Unpaid Balance _____
Credit History _____

AUTHORIZING SIGNATURE _____

PARK FOREST COOPERATIVE IV AREA E
66 Fir Street, Park Forest, IL 60466 Phone:(708) 748-9005

RE: _____

AUTHORIZING SIGNATURE _____

To Whom This May Concern:

The above party is in the process of applying for a home at Park Forest Cooperative IV Area E. The applicant has the following accounts with you:

Savings Account Numbers _____
Certificates of Deposit Numbers _____
T- Bill Numbers _____
Money Market Account Numbers _____
Other _____

Would you please verify that our applicant can provide the needed funds as listed below from your institution.

Down payment of \$ _____ **Yes** _____ **No** _____
Full payment of \$ _____ **Yes** _____ **No** _____

Employee Signature _____
Title

Please return this form to our office as soon as possible. Note that we have received proper authorization from our applicant for the release of this information.

Sincerely,

PARK FOREST COOPERATIVE IV AREA E

PARK FOREST COOPERATIVE IV AREA E
66 Fir Street, Park Forest, IL 60466
Phone: (708) 748-9005
Fax: (708) 748-7004

I, _____, hereby authorize release of any pertinent information relating to my employment to Park Forest Cooperative IV Area E. I have applied for Membership in the Cooperative, a not-for-profit housing corporation.

_____ **Date** _____ **Signature**

=====

TO BE COMPELETED BY EMPLOYER:
We need the following information in order to process this application.

Employee's Name _____

Length of Service _____

Present Salary _____

Future Term of Employment with your Company: Long Term _____ Short Term _____

Number of Hours per Week _____ Number of Weeks per Year _____

If you have any questions, please call 708-748-9005. Thank you for your cooperation.

Employer

Address of Employer

City, State, Zip Code

Telephone Number

_____ **Date** _____ **Authorized Name (print)** _____ **Authorized Signature**