

PARK FOREST COOPERATIVE IV AREA E

APPLICATION FOR MEMBERSHIP

To be filled in by salesperson:

2-bedroom _____ 3-bedroom _____

Today's Date _____

Date preferred M.I. _____

Name of Salesperson _____

Date must M.I. _____

Source _____

APPLICANT NAME: _____

(LAST)

(FIRST)

(MIDDLE)

***IF MARRIED, GIVE THE NAME OF THE PRINCIPAL WAGE EARNER**

Social Security # _____

Birthdate _____

Spouse's S.S. # _____

Birthdate _____

OCCUPANTS: List all proposed occupants for this unit, INCLUDING APPLICANT.

NAME	RELATION	AGE

List any pets now owned or anticipated:(Age) _____ (Breed) _____ (Weight) _____

RESIDENCE

PRESENT ADDRESS: _____

Street _____

City/State/Zip _____

Phone _____

Length of Residence: _____

Own or Rent _____

Monthly Amount _____

Mortgage/Landlord: _____

Address _____

City/State/Zip _____

Phone Number _____

If less than 3 years at present address, give previous address, and phone: _____

EMPLOYMENT

Employer _____ **Position** _____
Address _____ **Length of Empl.** _____
City/State/Zip _____ **Yearly Income** _____
Phone Number _____ **Fax Number** _____
Is your employment subject to lay-off? Yes _____ No _____

If employed less than five years at the above position, list previous employer, address, phone number, position, length of employment, and yearly income: _____

List other education, work or military experience in the last five years: _____

SPOUSE

Employer _____ **Position** _____
Address _____ **Length of Empl.** _____
City/State/Zip _____ **Yearly Income** _____
Phone Number _____
Is your employment subject to lay-off? Yes _____ No _____

OTHER INCOME: List other sources of income (including child support, alimony, part-time work, pension, government):

<u>Description of Income</u>	<u>Received From</u>	<u>Monthly Amount</u>
_____	_____	_____
_____	_____	_____

CREDIT: OPEN ACCOUNTS- Include auto and other loans and department store charges.

<u>NAME</u>	<u>ACCOUNT #</u>	<u>MONTHLY PAYMENT</u>	<u>BALANCE</u>
1.			
2.			
3.			
4.			
5.			

ASSETS: Automobiles _____ \$ _____
Make & Year _____ **Value** _____
 Automobiles _____ \$ _____
Make & Year _____ **Value** _____

BANKING:

<u>NAME</u>	<u>ADDRESS</u>	<u>CHECKING/ SAVINGS ACCOUNT #</u>
_____	_____	_____
_____	_____	_____

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 and possibly social media.

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 _____

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