

GEORGETOWN PLACE COOPERATIVE  
*APPLICATION CHECK SHEET*

PROOF OF CITIZENSHIP: \_\_\_\_\_  
(BIRTH CERTIFICATE, NATURALIZATION CERTIFICATE, GREEN CARD)

SOCIAL SECURITY CARD: \_\_\_\_\_  
(FOR ALL PERSONS ON APPLICATION)

PICTURE ID: \_\_\_\_\_  
(FOR ALL ADULTS OVER 18)

VERIFICATION OF ALL INCOME: \_\_\_\_\_  
(APPLICANT MUST SHOW MONTHLY INCOME GREATER THAN OR EQUAL TO  
TWO TIMES THE MONTHLY CARRYING CHARGE AMOUNT)

CREDIT REPORT: \_\_\_\_\_  
(FEE \$35.00)

COPIES TO BE TAKEN BY OFFICE STAFF

DATE, TIME AND SIGNATURE OF APPLICANT

# GEORGETOWN PLACE COOPERATIVE

## APPLICATION FOR MEMBERSHIP

(Please Print or Type)

Name \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL AGE DRIVERS LICENSE NO

Name of Spouse or  
Co-Head \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL AGE DRIVERS LICENSE NO

Marital Status:  Single  Married  Divorced  Separated  Widowed  
(If Divorced or Separated, Please State the Legal Date)

Locality of Such Action \_\_\_\_\_  
DATE LOCATION

Current Address Information:

STREET ADDRESS APT NO CITY STATE ZIP PHONE NO YEARS THERE?

Landlord/Owner \_\_\_\_\_

Address & Phone Number \_\_\_\_\_ Present Rent \_\_\_\_\_

Previous Address Information:

STREET ADDRESS APT NO CITY STATE ZIP PHONE NO YEARS THERE?

Landlord/Owner: \_\_\_\_\_

Address & Phone Number \_\_\_\_\_ Present Rent \_\_\_\_\_

### FOR OFFICE USE ONLY

Unit Size Desired: \_\_\_\_\_

DL NO. \_\_\_\_\_

Credit Check Fee Submitted \_\_\_\_\_

References Checked? \_\_\_\_\_

Move in Date Desired: \_\_\_\_\_

SS NO. \_\_\_\_\_

Accepted \_\_\_\_\_ Denied \_\_\_\_\_

(If So, Denial Letter Sent?) \_\_\_\_\_

PLEASE LIST THE NAMES OF ALL PERSONS (INCLUDING YOURSELF) WHO WILL BE RESIDING WITH YOU:

| Name | Relationship to Head | Sex | Social Security Number | Date of Birth | Currently Employed? | Full Time Student? |
|------|----------------------|-----|------------------------|---------------|---------------------|--------------------|
|      |                      |     |                        |               |                     |                    |
|      |                      |     |                        |               |                     |                    |
|      |                      |     |                        |               |                     |                    |
|      |                      |     |                        |               |                     |                    |
|      |                      |     |                        |               |                     |                    |
|      |                      |     |                        |               |                     |                    |

Must Include Employment of all Family Members

Present Employer : \_\_\_\_\_  
(Head) Place of Employment Position Phone # How Long?

Address Phone No Monthly Gross Salary

Present Employer : \_\_\_\_\_  
Place of Employment Position Phone # How Long?

Address Phone No Monthly Gross Salary

Other Income: \_\_\_\_\_  
Type/Source Monthly/Annual Amount

Banking Information: \_\_\_\_\_  
Name/Address of Institution Type of Account/Acct. #

PERSONAL REFERENCES:

Name Address City/State/Zip Phone #

Name Address City/State/Zip Phone #

Name Address City/State/Zip Phone #

**AUTOMOBILES OWNED**

| Make | Year | License Plate Number | Name & Address of Finance Company | Monthly Pymt. |
|------|------|----------------------|-----------------------------------|---------------|
|      |      |                      |                                   |               |
|      |      |                      |                                   |               |
|      |      |                      |                                   |               |

PLEASE LIST ALL CREDITORS AND COMMERCIAL LOANS (use add'l page if necessary)

| Creditor | Open/Close | Name Account is Under | Balance | Account No. |
|----------|------------|-----------------------|---------|-------------|
|          |            |                       |         |             |
|          |            |                       |         |             |
|          |            |                       |         |             |
|          |            |                       |         |             |

Are there any Judgments against you? \_\_\_\_\_ Have you ever been Evicted? \_\_\_\_\_  
(If the answer to any of these questions is yes, please attach a separate sheet of paper explaining.)

By signature below, I/We authorize the agents of Georgetown Place to investigate my references and credit history and employer to evaluate my application for membership. I hereby certify that the information is accurate and complete. I/We also understand that False/Incomplete information on this application may result in the denial of the membership request. I/We have also included the \$35.00 credit check fee, and understand that it is non-refundable.

Signature/Head \_\_\_\_\_ Date \_\_\_\_\_

Signature/Spouse \_\_\_\_\_ Date \_\_\_\_\_  
 Co-head \_\_\_\_\_

**NOTICES:**

The Board of Directors and Management of Georgetown Place Cooperative have every intention of maintaining a drug -free environment. The use, sale, or manufacture of any illegal drug on Cooperative property is strictly forbidden. Violators will be Prosecuted and evicted.

IMPORTANT - PLEASE READ  
 IN ORDER TO PROCESS YOUR APPLICATION, WE MUST OBTAIN WRITTEN VERIFICATION OF ALL ITEMS IN THE LIST  
 BELOW WHICH YOU HAVE CHECKED (YES).

VERIFICATION CHECK LIST

Name: \_\_\_\_\_

| Question  | Yes/No? | (If Yes) Description |
|---|---------|----------------------|
| 1. I receive income from employment                                 | ___/___ |                      |
| 2. I receive support from parents or relatives                      | ___/___ |                      |
| 3. I receive periodic payments from Workers' Compensation           | ___/___ |                      |
| 4. I receive Veterans Administration benefits                       | ___/___ |                      |
| 5. I receive disability or death benefits                           | ___/___ |                      |
| 6. I receive Social Security  | ___/___ |                      |
| 7. I receive Supplemental Security Income (S.S.I.)                  | ___/___ |                      |
| 8. I receive Public Assistance (excluding Medicaid and Food Stamps) | ___/___ |                      |
| 9. I receive educational grants or scholarships                     | ___/___ |                      |
| 10. I receive unemployment benefits                                 | ___/___ |                      |
| 11. I receive child support or alimony                              | ___/___ |                      |
| 12. I receive periodic payments from trust or annuities             | ___/___ |                      |
| 13. I receive periodic payments from insurance policies             | ___/___ |                      |
| 14. I receive periodic payments from retirement funds or pensions   | ___/___ |                      |
| 15. I receive interest or dividend income                           | ___/___ |                      |
| 16. I receive income from rental property or real estate            | ___/___ |                      |
| 17. I have real estate, land contracts or mobile homes              | ___/___ |                      |
| 18. I have checking account(s)                                      | ___/___ |                      |
| 19. I have savings account(s)                                       | ___/___ |                      |
| 20. I have time certificates  | ___/___ |                      |
| 21. I have stocks   | ___/___ |                      |
| 22. I have bonds  | ___/___ |                      |
| 23. I have a retirement plan - name and amount                      | ___/___ |                      |

ANSWER THE FOLLOWING QUESTIONS (in addition to those above)  
ONLY IF YOU ARE HANDICAPPED OR 62 YEARS OR OLDER.

|   |         |
|---|---------|
| 1. I pay Medicare premiums  | ___/___ |
| 2. I pay Medicare insurance premiums other than Medicare  | ___/___ |
| 3. I have medical, dental, optical, prescription expenses (only portion not covered by insurance) | ___/___ |
| 4. I need a two (2) bedroom unit for medical reasons (Applies to single persons only)             | ___/___ |

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ARE TRUE AND THAT WHEN CIRCUMSTANCES CHANGE, I WILL NOTIFY THE MANAGEMENT OFFICE FOR POSSIBLE RECERTIFICATION.

Your Signature

Management Representative

Date