

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: _____

Move in Date Desired: _____

DL NO. _____

SS NO. _____

Credit Check Fee Submitted _____

Accepted _____ Denied _____

References Checked? _____

(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 #
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Name	Address	City/State/Zip	Phone #
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Name	Address	City/State/Zip	Phone #
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AUTOMOBILES OWNED

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

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

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

Are there any Judgements 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 \$25.00 credit check fee, and understand that it is non-refundable.

Signature/Head _____ Date _____

Signature/Spouse _____
Co-head _____ Date _____

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: _____

- 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 YRS. 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