

CARRIAGE HOUSE COOPERATIVE MEMBERSHIP APPLICATION

PERSONAL DATA

Applicant's Name

Date of birth	SSN	Phone
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Current address:

Co-Applicant's Name

Date of birth	SSN	Phone
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Current address

HOUSEHOLD COMPOSITION (COMPLETE FOR OTHERS WHO WILL BE LIVING WITH YOU)

1. Name	SSN	Date of Birth
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Relationship	Employed	Annual Income
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2. Name	SSN	Date of Birth
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Relationship	Employed	Annual Income
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3. Name	SSN	Date of Birth
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Relationship	Employed	Annual Income
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EMPLOYMENT INFORMATION

Applicant's Current Employer

Employer address	How long?
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Dept.	Phone	Fax
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Position:	Hourly Salary <i>(Please circle)</i>	Annual income:
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Co-Applicant's Current Employer

Employer address	How long?
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Dept.	Phone	Fax:
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Position:	Hourly Salary <i>(Please circle)</i>	Annual income:
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FIVE YEAR HOUSING HISTORY - LIST MOST CURENT RESIDENCE FIRST		
Landlord	Address	From/To
EMERGENCY CONTACT		
Applicant's Nearest Relative's Name		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		
Co-Applicant's Nearest Relative's Name		
Address:	Phone:	
City:	State:	ZIP Code:
Relationship:		
CREDIT REFERENCES		
Name	Address	Monthly Payment
Are there any unsatisfied judgments against you?	Yes	No
Have you declared bankruptcy in the last seven years?	Yes	No
Please explain.		
Are you a co-signer or guarantor on any loan or contract?	Yes	No
Please explain.		

