CARRIAGE HOUSE COOPERATIVE MEMBERSHIP APPLICATION PERSONAL DATA Applicant's Name Date of birth SSN Phone Current address: **Co-Applicant's Name** Date of birth SSN Phone Current address HOUSEHOLD COMPOSITION (COMPLETE FOR OTHERS WHO WILL BE LIVING WITH YOU) 1. Name SSN Date of Birth Relationship **Employed** Annual Income 2. Name SSN Date of Birth Relationship **Employed** Annual Income 3. Name SSN Date of Birth Relationship **Employed** Annual Income **EMPLOYMENT INFORMATION Applicant's Current Employer** Employer address How long? Dept. Phone Fax Position: Hourly Annual income: Salary (Please circle) **Co-Applicant's Current Employer** Employer address How long? Phone Fax: Dept. Position: Annual income: Hourly Salary (Please circle)

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FIVE YEAR HOUSING HISTORY - LIST MOST CURENT RESIDENCE FIRST					
Landlord		Address	From/To		
	EMERGENC	Y 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 RE	FERENCES			
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.					

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Has anyone listed on this application ever been convicted of a felony? Yes No When? Have you or any other member of your household lived in a housing Cooperative? Yes No If "Yes" where? Does any of your household have pets? Yes No If Yes, what kind? If No, does anyone anticipate getting a pet? From what source did you learn about our Cooperative?

NOTE: FAILURE TO COMPLETE THIS APPLICATION IN FULL MAY LEAD TO REFUSAL OF THE MEMBERSHIP COMMITTEE TO MEET WITH YOU AT THE SCHEDULED TIME, OR TO THE REJECTION OF YOUR APPLICATION.

I (We) certify that the preceding information is accurate and complete, and acknowledge that inaccuracies and/or omissions may be the basis for immediate cancellation of our application. I (We) also authorize Carriage House Cooperative to make a credit and criminal investigation. I (We) understand that the application fee of \$75.00 which accompanies this application is non-refundable.

Signature of Applicant	Date	Signature of Co-Applicant	Date

Mail application and check for \$75.00 to: Carriage House Cooperative 45889 Kensington Utica, MI 48317-5964

OFFICE USE ONLY				
Date deposit received	Check #	Cancellation		
Date credit check ordered	Date credit check received	Reason		
Date forwarded for review	Date approved			
Date applicant notified of decision	Date disapproved			