

Townhouse Plaza Cooperative

19000 HIGHLITE DR. SOUTH – CLINTON TOWNSHIP, MI 48035
(586) 791-0370 / (586) 791-7636 FAX

MEMBERSHIP APPLICATION

Personal Information		
Applicants Name:		
Date of Birth:	SSN:	Primary Phone #: ()
Address:		Alternate Phone #: ()
City:	State:	Zip Code:
Email:		
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, birth country?	

HOUSEHOLD COMPOSITION (complete for each additional person who will be occupying residence)	
1. Name:	SSN:
Relationship:	Date of Birth:
2. Name:	SSN:
Relationship:	Date of Birth:
3. Name:	SSN:
Relationship:	Date of Birth:
4. Name:	SSN:
Relationship:	Date of Birth:

TOWNHOUSE PLAZA COOPERATIVE MEMBERSHIP APPLICATION

Employment Information	
Company Name:	
Employer Address:	Length of employment:
Department:	Phone #:
Position/Title:	Fax #:
Annual/Hourly Income: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	If hourly, please provide average hours per week:

Five Year Housing History (List most current first)			
Landlord	Address	From-To Years	Monthly Payment

Credit References		
Institution	Credit Type	Phone #
Are there any unsatisfied judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you declared bankruptcy in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please explain:		
Are you a co-signer or a grantor on any loan or contract? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Emergency Contact		
Contact Name:		
Relationship:	Primary Phone #: ()	
Address:	Alternate Phone #: ()	
City:	State:	Zip Code:
Email:		

General Questions
Has anyone listed on this application ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:
Have you or any other member of your household lived in a housing Cooperative? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?
Does anyone in your household have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what kind?
Does anyone anticipating obtaining a pet? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what kind?
How did you hear about Townhouse Plaza COOP? <input type="checkbox"/> Advertisement <input type="checkbox"/> Referral <input type="checkbox"/> Internet <input type="checkbox"/> Other:

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NOTE: FAILURE TO COMPLETE THIS APPLICATION IN FULL MAY RESULT IN REFUSAL OF THE COOPERATIVE TO APPROVE YOUR APPLICATION.

I (We) certify that all the information on this application is accurate and complete and I (We) acknowledge that inaccuracies and or omissions may be the basis for immediate cancellation of my (our) application for Townhouse Plaza Cooperative membership. I (We) further understand, the application fee of \$80.00 which must be included with this application, *is non-refundable*.

Signature of applicant

Date

Return application with application fee to:
(check/money order (only), NO cash)

Townhouse Plaza Cooperative
19000 Highlite Drive South
Clinton Township, MI 48035

Office Use Only	
Date application and deposit received:	Check #:
Date background/credit check ordered:	
Date results received:	
Date submitted for approval:	
Date approved/disapproved:	
Date applicant notified of decision:	