

**TOWNHOUSE PLAZA COOPERATIVE**  
 19000 Highlite Dr. South – Clinton Township, MI 48035

**Membership Application**

Personal Information		
<b>Applicants Name:</b>		
Date of Birth:	SSN:	Phone #:
Current Address:		
Email:		
U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, birth country?	
<b>Co-Applicants Name:</b>		
Date of Birth:	SSN:	Phone #:
Current Address:		
Email:		

HOUSEHOLD COMPOSITION (complete for each person who will be occupying residence)		
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**

<b>Applicants Current Employer:</b>			
Employer Address:		Length of employment:	
Department:	Phone:	Fax:	
Position/Title:		Annual/Hourly Income: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	
<b>Co-Applicants Current Employer:</b>			
Employer Address:		Length of employment:	
Department:	Phone:	Fax:	
Position/Title:		Annual/Hourly Income: <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	

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

<b>Emergency Contact</b>
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<b>Applicants Relative Name:</b>
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Relationship:
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Address:	Phone #:
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City:	State:	Zip Code:
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Email:		
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<b>Co-Applicants Relative Name:</b>
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Relationship:
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Address:	Phone #:
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City:	State:	Zip Code:
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Email:
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<b>Credit References</b>
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Institution	Credit Type	Phone #

Are there any unsatisfied judgments against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you declared bankruptcy in the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please explain:
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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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# TOWNHOUSE PLAZA COOPERATIVE MEMBERSHIP APPLICATION

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:	

