MEMBERSHIP APPLICATION

Oakdale Resident's Cooperative

21205 Mendota

Ferndale, Michigan 48220

MANAGER: Tiffany Harris

248-541-6870 Telephone: Email : Oakdalemanager@gmail.net

Cell/Home Phone

APPLICANT INFORMATION

UNIT SIZE Requested: _____

Full Name_____

Date of Birth______Social Security#______Work Phone ______

Driver's License # _____ Emergency Contact:_____

APPLICANT / OCCUPANT INFORMATION

[Each Member must complete a separate Application]

Birth Date:

Age:

Cell/Home Phone

Full	Name_
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 Date of Birth______Social Security #._____Work Phone ______

Driver's License #_____Emergency Contact: _____

Names of Other Persons (Non-Applicants) to Occupy Unit: Social Security Number: 1. 2. 3.

APPLICANT'S RENTAL HISTORY [For the last 3 years]		Have you ever failed to pay rent when due? Have you ever been evicted? Yes No			
CURRENT ADDRESS		Rent \$			
Start date:	Landlord/Mortgage	Phone			
PREVIOUS ADDRESS		Rent \$			
Start / End Date:	Landlord/Mortgage	Phone			
PREVIOUS ADDRESS		Rent \$			
Start / End Date:	_Landlord/Mortgage	Phone			
APPLICANT'S EMPLOYER & INCOME					
PRESENT EMPLOYER		Address			
Phone	_Start Date	Monthly Pay \$Position			
PREVIOUS EMPLOYER		_Address			
Phone	_How long?	_Monthly Pay \$Position			

OTHER SOURCES OF INCOME; List all income to be considered.					
Amount:	Source:		Verifying Document:	Period Covered:	
1.					
2.					
APPLICANT'S CREDIT REFERENCES Have you ever filed for bankruptcy?					
Banks:		City & State:	Type & Number of Account:		
1.					
2.					
Credit References:			Address and/or Phone:		
1.					

COMMENTS:

2.

PLEASE READ THIS CAREFULLY AND SIGN THIS APPLICATION

The purpose of this application is to determine whether I may qualify to be considered for Membership. If my initial application is approved, I understand that I will be required to attend along with all listed occupants an interview / orientation session to complete the application process. After the application process has been completed and approval of my application determined my name will be placed on the waiting list for the requested unit size requested on my initial application. Should my application be denied a letter will be sent to the address listed on the application outlining the reason why and the notice to appeal the decision.

I have paid the required Non-Refundable application Fee. I understand that there is a Membership Fee required prior to move-in and must be paid in the form of a Money Order or Cashier's Check. After approval for Membership and being placed on the waiting list I understand that once a unit becomes available I will be contacted at the last known contact information and offered the available unit. Should I choose not to accept that unit I understand that I may be placed at the bottom of the waitlist or may inform the cooperative that I am no longer interested. I understand that it is my responsibility to provide current contact information while on the waitlist. Should you be offered a unit more than one year after initial acceptance the Cooperative will require reverification of your income, credit and criminal history prior to move in and my move in status will be subject to this verification being in compliance with application guidelines. An additional application fee will be required and is nonrefundable.

I hereby authorize Oakdale Resident's Cooperative to investigate my credit and financial responsibility, income, rental and eviction history, criminal history background and the statements made in this application, and to obtain a consumer credit report on me from a consumer reporting agency that compiles and maintains files on consumers on a nationwide basis. My performance under Occupancy Agreement that I may enter into with the Cooperative may be reported to such reporting agency.

I acknowledge that the Cooperative and the agents and employees thereof represent the interests of the Cooperative, but they also have a duty to treat all parties fairly and in accordance with fair housing law, and to disclose material adverse facts about the property.

I was given the opportunity to review a sample Occupancy Agreement, and the Cooperative bylaws, rules, and regulations. I warrant and represent that I am at least 18 years of age and that all statements herein are true and correct, to the best of my knowledge.

Notice: You may obtain information about the sex offender registry and persons registered with the registry.

Signature of Applicant

Date

FOR OFFICE USE ONLY	Date Received	Accepted Denied
 Photo Identification Social Security Information Birth Certificates 	Credit Report: Rental History: Income Info:	Scheduled for Interview :