

Boston Towne Houses Co-op

20427 Fifteen Mile Road
Clinton Township, MI 48035

Telephone 586.791.0430

Facsimile 586.791.0345

Type of Unit Desired 1 Bdrm _____ 2 Bdrm _____ 3 Bdrm _____ 4 Bdrm _____

Applicant's Name _____

Current Address _____

City, State, Zip Code _____

Telephone Home _____ Work _____ Cell _____

Age _____ D.O.B. _____

Social Security No. _____

Co-Applicant's Name _____

Age _____ D.O.B. _____

Social Security No. _____

Telephone Home _____ Work _____ Cell _____

Applicant's Marital Status Married ___ Single ___ Divorced ___ Separated ___

Co-Applicant's Marital Status Married ___ Single ___ Divorced ___ Separated ___

Applicant's Driver's License No. _____ Co-Applicant's Driver's License No. _____

| | | |
|----------------------|-------|----|
| Do Not Write Below | | |
| For Office Use Only | | |
| Approved | Y | N |
| Rejected | Y | N |
| Reason(s) | _____ | |
| Applicant Notified | Yes | No |
| Date | _____ | |
| Application Canceled | Yes | No |
| Date | _____ | |
| Unit Offers | _____ | |
| Date(s) | _____ | |

Names of Persons who will reside in Cooperative along with the Member(s) of Record

Name of Additional Resident _____ Age _____ Relationship to Member _____

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Name of Additional Resident _____ Age _____ Relationship to Member _____

Nearest Relative Not Living with Applicant:

Name: _____ Address: _____ City: _____ State _____

Zip Code _____ Telephone No. _____ Relationship to Applicant _____

Previous Residence (Give at least three year history):

| Landlord / Mortgage Company | Address | Telephone No. | Mo. Pymt | Date From - To |
|-----------------------------|---------|---------------|----------|----------------|
|-----------------------------|---------|---------------|----------|----------------|

Employment History (Give at least five year history):

| Applicant's Employers | Address | Telephone No. | Date | From | To |
|-----------------------|---------|---------------|------|------|----|
|-----------------------|---------|---------------|------|------|----|

| Co-Applicant's Employers | Address | Telephone No. | Date | From | To |
|--------------------------|---------|---------------|------|------|----|
|--------------------------|---------|---------------|------|------|----|

Applicant's Income YTD _____ Applicant's Income Last Calendar Year _____

Co-Applicant's Income YTD _____ Co-Applicant's Income Last Calendar Year _____

Other Income _____ Source of Other Income _____

Automobiles owned which will be parked daily on the property

Make Year Financed By Address Amount Owed Mo. Payment Owner

Credit History

Name of Creditor Address Acct. # Total Owed Mo. Pymt

Banking Institutions

Name of Bank Branch or Address

Personal References (Not Relatives)

Name Address Occupation Known Since Telephone

Have you ever applied for membership or lived in a Cooperative before this date?

Yes ____ No ____ If yes, which Cooperative _____

Understanding of Pet Policy

Boston pet policy only permits two 'fur bearing, cat or dogs per unit. By submitting this Application, and signing below, I / We agree to abide by all Pet Rules and Regulations should my / our Membership Application be approved.

Cat ____ Dog ____ Breed: _____

Applicant's Signature Date Co-Applicant's Signature Date

Certification

I / We certify that the preceding information is accurate and complete and I / We acknowledge that inaccuracies and / or omissions may be the basis for immediate cancellation of this application by the Cooperative. I / We also authorize the Cooperative to make a thorough investigation of my / our credit and criminal background, if any.

Applicant's Signature Date Co-Applicant's Signature Date

Date Application Completed _____ Time Rec'd _____

Credit Processing Fee Rec'd _____ Check No. _____

Received By: _____ Signature _____

Applicant was referred by: _____