

APPLICANT ELIGIBILITY CRITERIA

PURPOSE

The purpose of these procedures is to establish objective guidelines for determining whether an applicant is eligible and qualifies for membership at VILLAGE TOWNHOUSES COOPERATIVE.

ELIGIBILITY

The following areas will be checked to determine whether the applicant is eligible for membership at VILLAGE TOWNHOUSES COOPERATIVE.

<u> X </u>	Federal/State Requirement
<u> X </u>	Minimum Income Level
<u> X </u>	Household Size
<u> X </u>	Credit History/Credit Score
<u> X </u>	Landlord References
<u> X </u>	Criminal Conviction History
<u> X </u>	Landlord/Tenant Court History
<u> </u>	Home Visit
<u> X </u>	Misinformation/Fraud

Detailed criteria for those areas checked are contained in the Member Selection Criteria binder available for my review in the Cooperative office.

I understand that my/our application can be denied if it does not meet or fulfill all areas checked.

Applicant's Signature

Date

Applicant's Signature

Date

PERSONAL (Please Print)					
APPLICANT Last Name	First Name	Middle Initial	Address: City/State/Zip Code		
Phone Number	Email		Date of Birth	Social Security Number	
Driver's License #		Vehicle Make / Model	Color/Year		
APPLICANT: BACKGROUND INFORMATION FOR PERSONS OVER 18 YEARS OLD					
Ever been convicted of a crime?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes: describe offense:			
		Other states you have resided:			
Is any member of your household subject to a lifetime state sex offender registration program in any state?				<input type="checkbox"/> YES	<input type="checkbox"/> No
CO-APPLICANT Last Name	First Name	Middle Initial	Address: City/State/Zip Code		
Phone Number	Email		Date of Birth	Social Security Number	
Driver's License #		Vehicle Make / Model	Color/Year		
CO-APPLICANT: BACKGROUND INFORMATION FOR PERSONS OVER 18 YEARS OLD					
Ever been convicted of a crime?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes: describe offense:			
		Other states you have resided:			
Is any member of your household subject to a lifetime state sex offender registration program in any state?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
OCCUPANT #1: Name (including middle initial)	Birthdate	Relationship	Social Security #	Phone # If Applicable	
Is Address The Same As Applicant? <input type="checkbox"/> Yes or <input type="checkbox"/> No If No Enter Address /City/State/Zip Code					
Address: _____					
OCCUPANT #1: BACKGROUND INFORMATION FOR OCCUPANT #1 IF OVER 18 YEARS OLD					
Ever been convicted of a crime?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes: describe offense:			
		Other states you have resided:			
Any member of your household subject to a lifetime state sex offender registration program in any state?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
OCCUPANT #2: Name (including middle initial)	Birthdate	Relationship	Social Security #	Phone # If Applicable	
Is Address The Same As Applicant? <input type="checkbox"/> Yes or <input type="checkbox"/> No If No Enter Address /City/State/Zip Code					
Address: _____					
OCCUPANT #2: BACKGROUND INFORMATION FOR OCCUPANT #2 IF OVER 18 YEARS OLD					
Ever been convicted of a crime?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes: describe offense:			
		Other states you have resided:			
Any member of your household subject to a lifetime state sex offender registration program in any state?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
OCCUPANT #3: Name (including middle initial)	Birthdate	Relationship	Social Security #	Phone # If Applicable	
Is Address The Same As Applicant? <input type="checkbox"/> Yes or <input type="checkbox"/> No If No Enter Address /City/State/Zip Code					
Address: _____					



APPLICATION

OCCUPANT #3: BACKGROUND INFORMATION FOR OCCUPANT #3 IF OVER 18 YEARS OLD						
Ever been convicted of a crime?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes: describe offense:			
			Other states you have resided:			
Any member of your household subject to a lifetime state sex offender registration program in any state?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
OCCUPANT #4: Name (including middle initial)	Birthdate	Relationship	Social Security #	Phone # If Applicable		
Is Address The Same As Applicant? <input type="checkbox"/> Yes or <input type="checkbox"/> No If No Enter Address /City/State/Zip Code						
Address:						
OCCUPANT #4: BACKGROUND INFORMATION FOR OCCUPANT#4 IF OVER 18 YEARS OLD						
Ever been convicted of a crime?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes: describe offense:			
			Other states you have resided:			
Any member of your household subject to a lifetime state sex offender registration program in any state?				<input type="checkbox"/> YES	<input type="checkbox"/> NO	
INCOME (If more than 3 sources of income, attach additional sheets)						
	Place of Employment	Phone Number	Address	Occupation	Employment Dates FROM/TO	Monthly Income
1st Source						
2nd Source						
3rd Source						
RESIDENCE HISTORY Provide 7 years of Residence History						
	Management or Mortgage Company	Phone Number	Address	Dates of Residency From/To	Rental Amount	Reason for Leaving
Present Landlord						
Applicant Landlord						
In Case of Emergency		Telephone	Relationship:	Email:		
NAME:						
Does your household require any accessible features? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe:						
Does your household have any reasonable accommodation requests? <input type="checkbox"/> YES <input type="checkbox"/> NO Describe:						
How Did you hear about Our Community?				Any Pets? If so, please specify: (type, breed, weight, age):		
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Apartment Guides	<input type="checkbox"/> Referred By _____				
<input type="checkbox"/> Internet	<input type="checkbox"/> Drive By	<input type="checkbox"/> Other _____				
Applicant has submitted the sum of \$ _____ which is a nonrefundable payment for a credit check and/or criminal conviction check. _____ (Applicant Initials)						



APPLICATION

I hereby deposit \$ N/A with Management as a good faith deposit in connection with the application. If application is approved and tenancy is taken, this deposit shall apply to initial move-in costs in accordance with the terms of the lease/occupancy agreement. I understand I may cancel this application by written notice within 72 hours and receive a full refund of this good faith deposit. If application is denied, Management will refund the good faith deposit in full. I understand that it may take up to 30 days for me to receive a refund if I cancel within 72 hours or if my application is denied. I hereby agree to the above terms and conditions. N/A (Applicant Initials)

What size apartment home or townhome are you interested in? _____

Date you would like to move in? _____

Agreement & Authorization Signature/s

By signing this application, the undersigned hereby authorizes Village Townhouses Cooperative to investigate and confirm the information stated by the person signing the form. The undersigned understands and agrees that said investigation may include, but is not limited to, obtaining a standard credit report and criminal background investigation. To the best of my knowledge, the above information is true and accurate:

Applicant Signature _____	Date _____
Co-Applicant Signature _____	Date _____
Occupant 1 Signature (If over 18) _____	Date _____
Occupant 2 Signature (If over 18) _____	Date _____
Occupant 3 Signature (If over 18) _____	Date _____
Occupant 4 Signature (If over 18) _____	Date _____
Management Agent Signature _____	Date _____

Application Updates For Office Use Only:		MONIES DELIVERED W/ THIS APPLICATION	
Date:	New Information:	Deposit	\$ _____
		Credit Check Fee	\$ _____
		Pet Fee / Deposit	\$ _____

We are an equal housing opportunity provider. We provide housing without discrimination on the basis of race, color, religion, sex, physical or mental handicap, familial status, national origin, or other protected classes.

Obligations of Receiving Party: Receiving Party shall hold and maintain the Confidential Information in strictest confidence for the sole and exclusive benefit of the Disclosing Party. Receiving Party shall carefully restrict access to Confidential Information to employees, contractors, and third parties as is reasonably required and shall require those persons to sign nondisclosure restrictions at least as protective as those in the Agreement. Receiving Party shall not, without prior written approval of Disclosing Party, use for Receiving Party's own benefit, publish, copy, or otherwise disclose to others, or permit the use by others for their benefit or to the detriment of Disclosing Party, and Confidential Information. Receiving Party shall return to Disclosing Party any and all records, notes, and other written, printed or tangible materials in its possession pertaining to Confidential Information immediately if Disclosing Party requests it in writing.



CRIMINAL HISTORY VERIFICATION AND RELEASE

Please print legibly and complete entire
form.

(All adults must complete a separate form.)

Full Name: _____

Social Security Number: _____ Date of Birth: _____

Full Address: _____
(Street, Apartment Number) (City, State, Zip Code)

Have you ever been convicted of a crime? _____ If yes, when, where, and nature of
the offense: _____

Are there any felony charges or warrants pending against you? _____

Are you or any member of your household subject to a lifetime state sex offender registration
program in any State. Yes _____ No _____

Please provide a list of States where you have resided: _____

By signing this application, the undersigned hereby authorizes _____
_____ to investigate and confirm the information stated by
the person signing this form.

The undersigned understands and agrees that said investigation may included, but is not
limited to, obtaining a standard credit report and criminal background investigation.

To the best of my knowledge the above information is true and correct.

Applicant's Signature

Date



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To the best of my knowledge the above information is true and correct.

Applicant's Signature

Date



Village Townhouses Cooperative
5937 Haverhill Drive
Lansing, Michigan 48911
Office: (517) 882-3461 Fax: (517) 393-5140
www.villagetownhouses.com

TO: _____ (Landlord)

Date: _____

RE: PERMISSION TO RELEASE RENTAL HISTORY FOR:

(Applicant's printed name followed by signature)

(Address of landlord's property where applicant resided)

The above identified person(s) has applied for residency at our property, and has indicated to us that you had this person/family as a tenant at your property. As indicated by the signature above, the tenant consents to the release of information pertaining to their rental history. We would greatly appreciate your cooperation in completing the applicable areas below:

1. How long has/did the above tenant(s) reside at this address? _____
2. What was the monthly rent? _____ Size of unit? _____
3. Has the tenant ever been behind in the payment of monthly rent? _____
If yes, how many times? _____ Was legal action taken? _____
4. Does the tenant get along with other tenants or the neighbors in the area? _____
5. Is/Was the tenant destructive to the apartment or surrounding public area? _____
6. Does/Did the tenant maintain desirable living conditions? _____
7. The tenant's overall conduct while residing on my property would best be described as:
_____ Excellent _____ Good _____ Fair _____ Poor
8. If this tenant moved and re-applied for housing from you in the future, would you rent to him or her again?

9. Additional comments: _____

Signed _____ Title _____

Phone _____

Landlord: Please complete and return this form in the enclosed envelope or by fax.

Village Townhouses Cooperative
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_____ Excellent _____ Good _____ Fair _____ Poor
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Landlord: Please complete and return this form in the enclosed envelope or by fax.

Village Townhouses Cooperative
5937 Haverhill Drive
Lansing, MI 48911

Annual Gross Household Income

All household income is included for all household members that are 18 years of age and older. This includes students.

Provide:

Copy of 2017 filed Federal Income Tax form (page 1 & 2).

For those who are self-employed you must include a copy of **Schedule C**.

DO NOT USE/PROVIDE MICHIGAN INCOME TAX FORMS

Provide: documents for CHILD SUPPORT, ADOPTION AND FOSTER CHILDREN
SUBSIDY

OR

If you do not file income tax returns:

Provide:

Current document(s) showing the amount of income that is received from each source of income, for example, the benefit statement letter from Social Security Administration detailing what the current monthly benefit amount is. Same applies for pensions, etc.

**Please call the office at 517-882-3461 if you have any questions
on what document you should provide.**

Checklist for Household Composition and Eligibility

A separate checklist must be completed by each adult member of the household (age 18 or older). Failure to comply could result in denial of assistance.

Last Name	First Name	M.I.
-----------	------------	------

Yes No Answer Yes or No to Each Item:

General

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have a child away at school who will live at my residence during school recesses. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is temporarily absent from the home due to employment. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is temporarily absent from the home due to military service. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is temporarily absent from the home due to placement in foster care. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is absent due to a temporary placement in nursing home or hospital. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is permanently confined in a nursing home. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently expecting a baby and have a due date of: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I am in the process of adopting a child(ren). |
| <input type="checkbox"/> | <input type="checkbox"/> | I am in the process of taking a foster child(ren) into my home. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am in the process of obtaining custody of a child(ren). |
| <input type="checkbox"/> | <input type="checkbox"/> | I have joint custody of the following children: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I claim as exemptions on my income tax the children listed in my joint custody agreement. |
| <input type="checkbox"/> | <input type="checkbox"/> | There is a live-in attendant in my household for whom I have a doctor's verification. |
| <input type="checkbox"/> | <input type="checkbox"/> | The authorized live-in attendant in my household is a relative. |
| <input type="checkbox"/> | <input type="checkbox"/> | There is a foster child(ren) or adult(s) in my household. |
| <input type="checkbox"/> | <input type="checkbox"/> | There is a child of a live-in attendant or foster child/adult in my household. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently receiving Federal housing assistance. Name the location. _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | I have another residence which I will continue to maintain. Name the location. _____ |

Unauthorized Live-ins:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have been advised <u>and understand</u> that I may not move any person into my unit without the prior written approval of the owner/management company. |
|--------------------------|--------------------------|---|

Social Security Numbers:

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am able to document Social Security numbers for all members of my family age 6 or older. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have applied for legalization under the Immigration Reform and Control Act of 1986 (IRCA), and will supply the Social Security numbers for my family members that have been assigned to us by the INS. |
| <input type="checkbox"/> | <input type="checkbox"/> | I need the allotted period of 60 days to obtain and supply documents to verify my Social Security number or the Social Security numbers of any of my dependents under the age of 18. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have supplied the attached certification that a Social Security number has not been assigned to me or to one of my dependents under the age of 18. |

CERTIFICATION

I certify that the best of my knowledge, all statements made on this checklist form are true and complete. I understand that false or incomplete statements made on this form could result in denial or could result in my monthly rate being raised by 10% to the surcharge rate.

Signature

Date

Checklist for Household Composition and Eligibility

A separate checklist must be completed by each adult member of the household (age 18 or older). Failure to comply could result in denial of assistance.

Last Name	First Name	M.I.
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Yes No Answer Yes or No to Each Item:

General

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| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is temporarily absent from the home due to employment. |
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| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is temporarily absent from the home due to placement in foster care. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is absent due to a temporary placement in nursing home or hospital. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is permanently confined in a nursing home. |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently expecting a baby and have a due date of: _____ |
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| <input type="checkbox"/> | <input type="checkbox"/> | The authorized live-in attendant in my household is a relative. |
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Unauthorized Live-ins:

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have been advised <u>and understand</u> that I may not move any person into my unit without the prior written approval of the owner/management company. |
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Social Security Numbers:

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| <input type="checkbox"/> | <input type="checkbox"/> | I am able to document Social Security numbers for all members of my family age 6 or older. |
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| <input type="checkbox"/> | <input type="checkbox"/> | I need the allotted period of 60 days to obtain and supply documents to verify my Social Security number or the Social Security numbers of any of my dependents under the age of 18. |
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CERTIFICATION

I certify that the best of my knowledge, all statements made on this checklist form are true and complete. I understand that false or incomplete statements made on this form could result in denial or could result in my monthly rate being raised by 10% to the surcharge rate.

Signature

Date

APPLICANT'S HOUSEHOLD COMPOSITION DECLARATION SHEET

ALL APPLICANT'S MUST FILL OUT THIS FORM, RETURN IT WITH THE APPLICATION

Please remember that you cannot move anyone into your home without prior approval FROM Management.

NAME: _____ ADDRESS: _____

YOU MUST LIST ALL HOUSEHOLD OCCUPANTS INCLUDING YOURSELF (any one staying in the household more than 14 day in a calendar year must be listed).

Name:		Relationship to Head of Household	Birth Date	Place of Birth	Provide Social Security #'s for all who are 18 years of age and older
Last	First M.I.				

I/We certify that the information given above is accurate account of all persons residing in our household. I/We understand that false information will place me/us in violation of the terms of the Application/Occupancy Agreement and render my/our application for denial

Head of Household Signature _____ Date _____ Co-Head of Household Signature _____ Date _____

Home/Cell Phone #'s _____ Email Address _____

AGENCY DISCLOSURE STATEMENT
DISCLOSURE REGARDING AGENCY RELATIONSHIPS

Before you disclose confidential information to a real estate licensee regarding a real estate transaction, you should understand what type of agency relationship you have with that licensee.

Michigan law requires real estate licensees who are acting as agents of sellers (lessors/owners) or buyers (tenant/lessee) of real property to advise the potential seller (lessors/owners) or buyers (tenant/lessee) with whom they work of the nature of their agency relationship.

LESSOR'S/OWNER'S AGENT

A lessor's/owner's agent acts solely on behalf of the lessor/owner of the property. An owner can authorize a lessor's/owner's agent to work with subagents, tenant or lessee agents and/or transaction coordinators. A subagent is one who has agreed to work with the lessor's/owner's agent, and who, like the lessor's/owner's agent, act solely on behalf of the lessor/owner. Lessor's/owner's agents and subagents will disclose to the lessor/owner all known information about the tenant/lessee which may be used to the benefit of the lessor/owner.

TENANT'S/LESSEE'S AGENTS

A tenant's/lessee's agent, under an agency agreement with the tenant/lessee, acts solely on behalf of the tenant/lessee. Tenant's/lessee's agent and subagents will disclose to the tenant/lessee known information about the lessor/owner which may be used to benefit the tenant/lessee.

DUAL AGENTS

A real estate licensee can be the agent of both the lessor/owner and the tenant/lessee in a transaction, but only with the knowledge and informed consent, in writing, of both the lessor/owner and the tenant/lessee.

In such a dual agency situation, the licensee will not be able to disclose all known information to either the lessor/owner or the tenant/lessee.

In obligations of a dual agent are subject to any specific provisions set forth in any agreement between the dual agent, the lessor/owner and the tenant/lessee.

LICENSE DISCLOSURE

I hereby disclose that the agency status I/we have with the lessor/owner and/or the tenant/lessee is:

- Lessor/owner's Agent
- Tenant/lessee's Agent
- Dual Agent
- None of the above

Further, this form was provided to them before disclosure of any confidential information.



LICENSEE

04-11-2018

Date

By signing below, the parties confirm that they have received and read the information in this agency disclosure statement and that this form was provided before the disclosure of any confidential information specific to the potential owner/lessor or tenant/lessee.

Applicant/Member

Date

Applicant/Member

Date

Village Townhouses Cooperative
5937 Haverhill Drive
Lansing, Michigan 48911
(517) 882-3461

Waterbeds are not allowed within the townhouses.

If you are found in violation, your occupancy shall be terminated.

I have received and read the application package and move-in procedures.
I also understand that should I have any questions concerning the move-in
procedure, I can ask the Village office for assistance.

Please sign and date below:

Applicant's Signature Date

Applicant's Signature Date

Village office staff initials _____ Date _____

I have received a copy of the
Village Townhouses Cooperative
Move-In Procedure

Applicant's Signature

Date

Applicant's Signature

Date