

ASH STREET

# COOPERATIVE MARKET APPLICATION

Size townhome desired:

Desired Move-in Date:

(Please Print)	APPLICANT	CO-APPLICANT
First Name		
Middle Name		
Last Name		
Street Address		
City, State, Zip Code		
Contact Number		
Email		
Date of Birth		
Social Security #		
Photo ID #		
Vehicle Make/Model		

FULL NAME of ADDITIONAL OCCUPANT #1	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				

FULL NAME of ADDITIONAL OCCUPANT #2	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				

FULL NAME of ADDITIONAL OCCUPANT #3	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				

FULL NAME of ADDITIONAL OCCUPANT #4	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				

FULL NAME of ADDITIONAL OCCUPANT #5	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				



<b>FULL NAME of ADDITIONAL OCCUPANT #6</b>	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				

<b>FULL NAME of ADDITIONAL OCCUPANT #7</b>	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				

\*If more than 7 additional household members, attach additional sheet.

	Name of Member/Occupant	Source of Income	Phone number	Occupation	Monthly Income
1 <sup>st</sup> Source					
2 <sup>nd</sup> Source					
3 <sup>rd</sup> Source					
4 <sup>th</sup> Source					
5 <sup>th</sup> Source					
6 <sup>th</sup> Source					
7 <sup>th</sup> Source					

\*If more source of income, attach additional sheet

RESIDENCE HISTORY						
	Management or Mortgage Co.	Phone Number	Address	Date of Residency From/To	Rental amount	Reason for Leaving
Present Landlord						
Previous Landlord						

Does your household require any accessible features?  NO  YES Describe:

Does your household have any reasonable accommodation requests?  NO  YES Describe:

PETS  NO  YES If so, please specify: (type, breed, weight, age)



EMERGENCY CONTACT			
Name	Telephone	Relationship	Email

Applicant has submitted the sum of \$ \_\_\_\_\_ which is a nonrefundable payment for a credit check and/or criminal conviction check.  
 \_\_\_\_\_  
 (Applicant Initials)

How did you hear about our Community?

Newspaper     
  Apartment Guide     
  Referred by : \_\_\_\_\_  
 Internet     
  Drive by     
  Other: \_\_\_\_\_

Obligation of Receiving Party: Receiving Party shall hold and maintain the Confidential Information in this application in the 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 any 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 if Disclosing Party requests, it in writing.



**AGREEMENT & AUTHORIZATION SIGNATURE/S**

By signing this application, the undersigned hereby authorizes \_\_\_\_\_ to investigate and confirm the information stated by the person/s signing this form. The undersigned understands and agrees that said investigation may include but not be 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
_____ Occupant #5 Signature (If over 18)	_____ Date
_____ Occupant #6 Signature (If over 18)	_____ Date
_____ Occupant #7 Signature (If over 18)	_____ Date
_____ Management Signature.....	_____ Date

**We are an equal housing opportunity provider. We provide housing without discrimination in accordance with any/all local, state, and federal civil rights and fair housing legislation.**

FOR OFFICE USE ONLY

APPLICATION UPDATES		MONIES DELIVERED W/ THIS APPLICATION	
DATE	NEW INFORMATION		
		Membership fee	\$
		Application fee	\$
		Pet Fee/Deposit	\$
		Other	\$



EMPLOYMENT VERIFICATION FORM

To: (Employer) \_\_\_\_\_ Date: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code) Fax: \_\_\_\_\_

Re: \_\_\_\_\_  
Applicant Name

S.S. # \_\_\_\_\_

\_\_\_\_\_ has applied for membership in the Ash Street Cooperative, a not-for-profit housing corporation. Please supply the following information on **company letterhead**. You may **mail** the form to: **Ash Street Cooperative, 137 Ash Street, Park Forest, IL 60466** or you may **fax** this form to **708-747-9693**.

Applicant's Signature: \_\_\_\_\_  
(For Release of Information)

.....  
(Employer Only)

1. Length of employment: \_\_\_\_\_
2. Present yearly salary: \_\_\_\_\_
3. Future term of employment with your company  
    A) Long Term  
    B) Short Term
4. Number of hours per week: \_\_\_\_\_
5. Number weeks per year: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MORTGAGE/RENTAL VERIFICATION FORM**

To: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Regarding: (Applicant's Name): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**The above party is in the process of applying for a membership at the Ash Street Cooperative. Please complete the information below and return this form to our office as soon as possible.**

**You may fax this information to 708-747-9693. Thank you for your cooperation.**

Sincerely,  
Ash Street Cooperative

Applicant's Signature: \_\_\_\_\_  
(For Release of information)

**This document is to be completed by mortgage holder, landlord or Management Company ONLY.**

Mortgage History	Rental History
Date of Mortgage:	Date of Move-In:
Present Mortgage Amount:	Lease Expiration:
Monthly Payment:	Monthly Rent Rate:
Present Unpaid Balance:	Present Unpaid Balance:
Credit History for past 24 Months:	Credit History for past 24 Months:

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SUPPLEMENT TO COOPERATIVE MARKET APPLICATION  
CRIMINAL BACKGROUND AND CREDIT HISTORY RELEASE**

Please print legibly and complete the entire form.  
(All adults in the household 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? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHEN, WHERE, AND NATURE OF THE OFFENSE: \_\_\_\_\_

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO A CURRENT SEX OFFENDER  
REGISTRATION REQUIREMENT IN ANY STATE? YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE PROVIDE A LIST OF STATES WHERE YOU AND ANY OF YOUR HOUSEHOLD MEMBERS HAVE  
RESIDED: \_\_\_\_\_

BY SIGNING THIS APPLICATION, THE UNDERSIGNED HEREBY AUTHORIZES \_\_\_\_\_  
\_\_\_\_\_ 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/OCCUPANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



Rev. 01.20