

## Lorentchia Housing Cooperative

### Membership Application

1

Please note that all information here is strictly for use of the Co-op in evaluating your request for membership and will be kept confidential. Your application is kept on file for one year and it is your responsibility to reapply once the year is passed.

Answer the following form completely and in as much detail as possible.

<b>Applicant Name:</b>	
<b>Address:</b>	
<b>Home Phone:</b>	
<b>Work/Cell Phone:</b>	

<b>Co-Applicant Name:</b>	
<b>Address:</b>	
<b>Home Phone:</b>	
<b>Work/Cell Phone:</b>	

#### **OCCUPANT INFORMATION** (Complete for all members of the household including Applicant and Co-Applicant)

<b>Surname</b>	<b>First Name</b>	<b>Date of Birth (YYYY-MM-DD)</b>

Do you have any health problems and/or special needs which affect your housing requirements?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain \_\_\_\_\_

---

**Lorentchia Housing Cooperative**  
**Membership Application**

2

**APPLICANT REFERENCES (No Relatives):**

Name	Address	Phone Number

**CO-APPLICANT REFERENCES (No Relatives):**

Name	Address	Phone Number

**PARTICIPATION**

All Co-op members are expected to participate in some aspect of the co-op's management/daily running. These committees will be headed by a board member, and will be to help the daily running of the Co-op. Please indicate your areas of interest:

Membership Committee: Applicant\_\_\_\_\_ Co-Applicant\_\_\_\_\_  
Finance Committee: Applicant\_\_\_\_\_ Co-Applicant\_\_\_\_\_  
Maintenance Committee: Applicant\_\_\_\_\_ Co-Applicant\_\_\_\_\_  
Communication: Applicant\_\_\_\_\_ Co-Applicant\_\_\_\_\_

Do you have any special skills or interests that you could contribute to the Co-op? Please specify:

---

---

---

Have you ever been involved in any other Co-op or any organization run by volunteers? If yes, please specify:

---

---

---

**Lorentchia Housing Cooperative**  
**Membership Application**

3

Do you have any family or relations currently residing at Lorentchia Housing Co-op?

Applicant: YES \_\_\_\_\_ NO \_\_\_\_\_

Co-Applicant: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please state who and what

relation: \_\_\_\_\_

**EMPLOYMENT INFORMATION**

	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
Occupation		
Employer's Name		
Length of Time Employed		
May we use them as a reference?		

**FINANCIAL INFORMATION**

	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
Income (before taxes)		

Other sources of Income (List below)	<b>APPLICANT</b>	<b>CO-APPLICANT</b>
	\$	\$
	\$	\$
	\$	\$
Total Income:	\$	\$

**Lorentchia Housing Cooperative  
Membership Application**

4

**OTHER INFORMATION**

APPLICANT	CO-APPLICANT
-----------	--------------

Bank		
Bank Address		

Present Landlord		
Address		
Phone Number		
Length of Stay		
Current Rent Price		
Reason for Leaving		
May we use them as a reference?	YES or NO	YES or NO

Previous Landlord		
Address		
Phone Number		
Length of Stay		
Rent Price		
Reason for Leaving		
May we use them as a reference?	YES or NO	YES or NO

**Lorentchia Housing Cooperative**  
**Membership Application**

5

I/We understand that the Lorentchia Housing Co-operative LTD is formed for the purpose of providing housing at a cost to its members and that membership indicates responsibility to participate in the management and maintenance of the co-op.

**I/We understand the accommodation in Lorentchia Housing Co-operative LTD depends on being accepted for membership in the co-op and that I/We will be interviewed for membership at a later date.**

I/We declare that all information in this application is correct and hereby authorize the co-op to verify any or all of the information contained herein and to perform a credit check at the discretion of the co-op.

I/We understand that I/We may be required to provide written income verification for each of the household who received an income.

I/We understand that if accepted there will be a one time membership fee of \$5.00.

I/We understand that the information contained in this application will be made available to the following: President, Vice President, Treasurer, Secretary, Maintenance Chair, Membership Chair, Bookkeeper, Auditor, and any person who holds a legal job (for example, lawyer or police) if needed.

I/We understand that our application will be kept for one (1) year on file. After that time, the application will be destroyed.

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

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Interviewed By: \_\_\_\_\_

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

Board Approval: \_\_\_\_\_

Membership Fee: \_\_\_\_\_ Damage Deposit: \_\_\_\_\_ Acct Information: \_\_\_\_\_

**Lorentchia Housing Cooperative**  
**Membership Application**