

GLEN OAKS COOPERATIVE

1351 Stamford Blvd. Ypsilanti, MI 48198

Phone 734-481-0277 Fax 734-481-1497

www.glenoakskooperative.com

Resident Managers: R. Wadley and Aavon Stewart

Agent: MeadowManagement, Inc

This application should be filled out in its entirety. If a question does not apply to you, please write or type "Not Applicable or NA". Do not leave any blanks. All information provided in this application is subject to third party verification. To complete your application, we may require that you submit proof of claims made. No application will be processed without complete answers and proper documentation. In the event additional paperwork is necessary, we will contact you. If you have any questions, please feel free to call the office number (above) or send an e-mail using the "Contact" option on the Co-op's website. Thank you for considering Glen Oaks.

IT IS REQUIRED THAT YOU SUBMIT ALL OF THE FOLLOWING:

(PHOTOCOPIES ARE ACCEPTABLE FOR APPROPRIATE ITEMS)

- 1. \$25 non-refundable processing fee. (Payable by cashier's check or money order)
- 2. Completed application, including contact number and e-mail address
- 3. Employment Verification & Landlord Verification worksheets for each adult applicant – along with a signed "Release of Information" authorization form.
- 4. Birth Certificate & copy of Driver's License, State I.D. or Passport for each.
- 5. Social Security cards for each resident.
- 6. Letter of Clearance from the Washtenaw County Sheriff's Office for each person over 16 years of age. (2201 Hogback Rd, Ann Arbor 48105 – phone 734-971-8400)

**AS SOON AS YOUR APPLICATION PACKET IS COMPLETE AND HAS BEEN REVIEWED,
WE WILL INFORM YOU OF YOUR ELIGIBILITY STATUS WITHIN 72 HOURS.**

PLEASE WAIT FOR SOMEONE TO CONTACT YOU.

FOR OFFICE USE ONLY:

DATE SENT

APPROVED / DENIED (CIRCLE ONE)

DATE RECEIVED

REASON

DATE COMPLETED

MGRS INITIALS

UNIT SIZE ELIGIBILITY

A B C D

APPLICATION FOR ADMISSION

APPLICANTS NAME (S): _____

CURRENT ADDRESS, CITY, STATE & ZIP: _____

HOME PHONE/WORK PHONE: _____

HOUSEHOLD COMPOSITION & CHARACTERISTICS:

List the head of household and all others who will be living in the unit. Give the relationship of each to the Head of Household.

FULL NAME	RELATIONSHIP	BIRTH DATE	SSN	SEX
	Head			
	Co-Head			

Citizenship (check one) (For statistical purposes only)

American (U. S. Born) Foreign-Born & Country _____

- Yes No Does anyone live with you now who is not listed above? If Yes Explain _____
- Yes No Do you expect a change in your household composition in the next 12-months? If Yes Explain _____
- Yes No Is either the head of household or co-head handicapped or disabled?
- Yes No Are any other household members handicapped or disabled?

RENTAL HISTORY

Name of current landlord: _____

Office address of current landlord: _____

Phone number of current landlord: _____

Dates at current residence From _____ To _____

Reason for leaving: _____

Name of previous landlord: _____

Office address of previous landlord: _____

Phone number of previous landlord: _____

Dates at previous residence From _____ To _____

Reason for leaving: _____

EMPLOYMENT HISTORY

Head of household's present employer: _____

Address of head's present employer: _____

Phone number of present employer: _____

Supervisor's name: _____

Start date at current employer: _____

Annual revenue from this source (estimate OK): _____

Co-head's present employer:

Address of co-head's present employer: _____

 Phone number of co-head's present employer: _____
 Supervisor's name: _____
 Start date at co-head's current employer: _____
 Annual revenue from this source (estimate OK): _____

INCOME, ASSET AND EXPENSE INFORMATION

Please answer each of the following questions. For each "yes" provide details in the grid below (or on a separate page).
In total, are members of the applicant's household earning a monthly income of at least \$1,500?

Check source (s) of income 1-10

- | | | | |
|--------------------------|--------------------------|-----|----------------------------------------------------------------------------------------------------------------------|
| YES | NO | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Work full-time, part-time or seasonally? (List employer below) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Work for someone who pays in cash, rather than paycheck? (List employer below) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Now receive or expect to receive unemployment benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Now receive or expect to receive child support? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Have an entitlement to receive alimony that is not currently being received? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Now receive or expect to receive alimony? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Now receive or expect to receive public assistance? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Now receive or expect to receive social security or SSI disability benefits? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Now receive or expect to receive income from a pension or annuity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Now receive or expect to receive regular contributions from organizations or individuals who do not reside with you? |

Explanations of any "Yes" answers:

Please complete the following grid for each member of your household for each 'yes' answer given above.

APPLICANT NAME	SOURCE OF INCOME	APPROXIMATE ANNUAL INCOME

EXPENSES,

On a monthly basis, please approximate the amount you spend on the following: (Estimates are OK.)

Rent:	\$ _____	Credit Cards:	\$ _____
Vehicle Loan:	\$ _____	School Loans:	\$ _____
Auto Insurance:	\$ _____	Rental insurance:	\$ _____
Childcare:	\$ _____	Other (please list):	\$ _____

PLEASE PROVIDE THE NAME, COMPLETE ADDRESS AND PHONE NUMBER OF THREE PERSONAL REFERENCES. THE THIRD (3RD) NAME LISTED SHOULD BE YOUR NEAREST LIVING RELATIVE.

1. _____
 2. _____
 3. _____

NAME AND ADDRESS OF PERSON TO BE CONTACTED IN CASE OF EMERGENCY:

Name: _____
Address: _____
Phone: _____
Relationship: _____

QUESTIONNAIRE

Please answer the following questions:

1. How did you become aware of Glen Oaks Cooperative?
2. Have you ever lived at Glen Oaks? If yes, when, and at what address? In whose name was the lease/membership?
3. Do you have any relatives that live at Glen Oaks? If so, who?
4. Have you ever previously applied to Glen Oaks Cooperative? If so, when?

APPLICANT CERTIFICATION

I/we certify that if approved for membership and residence at Glen Oaks, the unit I/we will occupy will be my/our primary residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager to verify all information that may be needed for the application. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that submitting false information is a crime.

I/WE CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE AND I/WE AUTHORIZE GLEN OAKS COOPERATIVE TO REQUEST CREDIT REPORTS AND TO CHECK REFERENCES TO VERIFY AND/OR AUTHENTICATE OUR CREDIT WORTHINESS AND MEMBERSHIP ELIGIBILITY.

Applicant Date

Co-Applicant Date

Note: Glen Oaks Cooperative may need to verify claims made in this application. To facilitate this, you will need to complete the following Release of Information and Verification Worksheets. If your application and all information provided herein have been verified and you are approved for membership, you will be offered housing as soon as it becomes available. If you are denied for membership we will contact you as soon as possible of the reasons for your denial.

RECEIVED BY:

RESIDENT MANAGERS: R. WADLEY AND AAVON STEWART

OR MEADOWMANAGEMENT, INC

GLEN OAKS COOPERATIVE

1351 STAMFORD BLVD.
YPSILANTI, MICHIGAN 48198
(734) 481-0277 (734) 481-1497 FAX

RELEASE OF INFORMATION

GLEN OAKS CONSUMER HOUSING COOPERATIVE may require a verification of income for prospective members of its housing units. To meet this requirement, please fill out and sign the attached verification form below and return it with your application (to complete the application).

Thank you for your cooperation,
RICCO WADLEY AND AAVON STEWART
RESIDENT MANAGERS, GLEN OAKS COOPERATIVE

Applicants: Please fill in all areas below this line.

To Whom It May Concern:

I, _____, give my permission for the release of information to Glen Oaks Cooperative for the purpose of employment or income verification, as stated above.

I further understand that a photocopy of this form signed by me may be used in cases where it must be sent to more than one agency or person.

Signature of Applicant

Date

Address of Applicant

City, State, Zip

Social security number

Telephone

GLEN OAKS COOPERATIVE

glenoaks1@att.net

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EMPLOYMENT VERIFICATION

We ask your cooperation in supplying the following information for the person listed below. Your prompt return of this information will be appreciated as we determine eligibility for the applicant named below. A self-addressed stamped envelope has been supplied for your convenience. If you have any questions, you may call the number listed above.

Applicant Name _____
Applicant address _____
City, State, Zip _____
Supervisor _____

Employer Name _____
Address _____
City, State, Zip _____
SSN# _____

Applicants: Please fill in all areas above this line.

Employers: Please fill in all areas below this line.

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE APPLICANT'S EMPLOYMENT

Start Date of Employment _____ Position / Job Title: _____

Gross Earnings: _____ (Please circle one of the following)

HOURLY

WEEKLY

BI-WEEKLY

MONTHLY

ANNUALLY

If hourly, how many hours/week are worked, on average? _____.

Anticipated tips, commissions and/or bonus pay \$ _____ per _____.

Anticipated changes in rate of pay \$ _____ per _____.

Seasonal/Periodic layoff? Yes No If yes, when? _____

Date of termination (if applicable): _____.

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:

Name and Title: _____

Signature: _____ Date: _____

Phone #: _____

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LANDLORD VERIFICATION

To determine eligibility for membership and residency at Glen Oaks, persons applying for membership are asked to supply the following information. Your prompt return of this information by mail, fax or e-mail is greatly appreciated. A self-addressed stamped envelope has been supplied for your convenience. If you have any questions, you may call the number listed above.

Applicant's Name _____ Landlord's Name _____
Applicant's Address _____ Address _____
City, State, Zip _____ City, State, Zip _____
SS # Name _____ Contact phone or e-mail: _____

Applicants: Please fill in all areas above this line. Landlords: Please fill in all areas below this line.

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE APPLICANT'S RENTAL HISTORY:

RENTAL PAYMENTS:

- A. Amount of applicant's monthly rent: _____
- B. Does (Did) the applicant pay rent on time? Yes No
- C. Does (Did) the applicant ever paid rent late? Yes No How often? _____
- D. Have (had) you ever begun or completed an eviction proceeding against this applicant? Yes No
When, or How often? _____
- E. Does the applicant have an outstanding balance? Yes No
If yes, please indicate outstanding balance and if arrangements have been made and kept to clear this balance.

GENERAL:

- A. Did the applicant/tenant commit any lease violations? Yes No If yes, please explain: _____
- B. Does (did) the tenants, family member, or guests interfere with/bother or behave in an abusive manner towards the neighbors, or landlord? Yes No Describe: _____
- C. Has (had) the tenant damaged the unit? Yes No Cost to Repair: _____
Describe Repairs: _____
- D. Would you rent to this tenant again? Yes No If not, why? _____
- E. Has the tenant left the unit in violation of the lease or committed fraud in any way. Yes No
Is the tenant currently on a lease? Yes No Lease expiration: _____
Dates of Tenant's Residency: From: _____ To: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT:

Name of Landlord: (printed) _____

Signature of Landlord: _____

Current Landlord Former Landlord Friend or Relative Relationship _____

Name of on-site contact _____ Phone _____ E-mail _____