

Liberty Landing Cooperative

Addition to Member Household

All information must be filled out completely. Incomplete applications will be returned to the applicant(s). If a question does not apply, place "n/a" in the space provided. Please print all information legibly.

Applying for: _____ (Address)

Member Name(s): _____

Applicant: _____ Phone _____ Email _____

(*If more than one applicant, please ask for an additional application.)

Current address (street, city, state, zip): _____

Length of time at this address: _____

Current Landlord: _____ Phone: _____

If fewer than three (3) years at current address, list previous addresses:

Address 1 (street, city, state, zip): _____

Landlord: _____ Phone: _____

Address 2 (street, city, state, zip): _____

Landlord: _____ Phone: _____

Applicant employer: _____ Phone: _____

Address: _____

Total number of persons who plan to occupy home: _____

Are you or any Members of your household required to register as a sex offender?

Yes No

Please list three personal references who can speak to your likelihood to obey the Community Rules, and be a good Cooperative Member.

References may not include relatives.

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

3. Name: _____ Phone: _____

Relationship: _____

Please read the following information before signing this application:

To join **Liberty Landing Cooperative**, I/we understand that I/we may not move in until approved. I/we understand that this application in no way guarantees my/our acceptance into the Co-op/community. I/we authorize the Co-op to obtain information from current/former employers, friends and current/previous landlords. I/we hold harmless the Co-op and its employees and tenants from any action arising from these inquiries.

The Co-op does not discriminate based on race, color, religion, sex, disability, family status, national origin, sexual orientation, marital status, lawful source of income, age, or ancestry in the approval of its members.

If any information in this application is found to be false, it is immediate grounds for denial of Membership.

Disclaimer: I/We understand that should I/we be accepted as a Member of the Co-op, misrepresentation of information on this Application for Membership may be grounds for Member expulsion according to the Co-op Bylaws. Such expulsion would result in the loss of Membership. Loss of Membership/expulsion would result in the loss of voting privileges, loss of Member credit toward rent, and may lead to eviction. By signing this application, I/we attest that this is accurate and true information to the best of my/our knowledge. I/We understand that this application for addition to a member household includes conducting a national criminal background check, to which I/we give my/our consent.

Applicant signature: _____ **Date:** _____

NOTE: Applications that are incomplete, illegible, or are not accompanied by the proper documentation will be returned to the applicant(s).