

# Liberty Landing Cooperative

## Application for Membership

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)

Current owner(s): \_\_\_\_\_

**Applicant:** \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Co-applicant:** \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

(\*If more than two applicants, please ask for an additional application.)

**Name(s) to be listed on deed/title:** \_\_\_\_\_

**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: \_\_\_\_\_

**Co-applicant employer:** \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please list all *monthly* household income of all applicants:

**Applicant income:**

Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_

**Co-applicant income:**

Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Source: \_\_\_\_\_

**Total monthly income: \$ \_\_\_\_\_**

**Total monthly income: \$ \_\_\_\_\_**

**Anticipated monthly expenses:**

Mortgage(s): \_\_\_\_\_  
Electricity: \_\_\_\_\_  
Cable/Internet: \_\_\_\_\_  
Gas: \_\_\_\_\_  
Other: \_\_\_\_\_

Car Payment(s): \_\_\_\_\_  
Auto Insurance: \_\_\_\_\_  
Homeowners Ins.: \_\_\_\_\_  
Phone(s): \_\_\_\_\_

**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 pay your rent in a timely manner, 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 are aware that a Membership fee of \$350 must be paid before I/we occupy the home. I/we understand that I/we may not move in until approved. I/we understand that the home must be occupied by the family/household who purchased ***it and cannot be rented out unless in clear cases of hardship as determined by the Co-op Board of***

**Directors.** 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.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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