

WILLIAMSBURG TOWNEHOUSES COOPERATIVE
32115 Harper Ave. | St Clair Shores | MI. 48082
Phone: (586) 293-4709 | Fax: (586) 293-0079

APPLICATION FOR MEMBERSHIP

Applicant & Co Applicant

1.) Name: _____ Circle one
(married, single, divorced, widow)

Address: _____

Phone: _____

Date of Birth: _____ Social Security Number _____

2.) Name: _____

Address: _____

Phone: _____

Date of Birth: _____ Social Security Number _____

3.) LIST DEPENDANTS AND DATES OF BIRTH & SOCIAL SECURITY NUMBERS:

How long have you been at your current address _____

Please list 3 personal references, names, address and telephone (not relatives)

Have you or anyone in your household been convicted of a crime other than traffic violations? Yes _____ No _____ (if yes explain on back)

Employment Information:

(1) Employer Name

(2) Employer Name

Address:

Address

Phone: _____

Phone: _____

Position: _____

Position _____

Annual Income \$ _____

Annual Income\$ _____

Does Income stated include child
support: Yes or No

Does Income stated include child
support: Yes or No

Other Forms of Income (SS or Pension) : _____

How will you be paying for the unit? CASH ____ Or BANK LOAN ____

Banking Information

Name Address Acct #

Name Address Acct #

*All the information I have provided on this application is correct. There is no intentional misrepresentation or criminal connivance or conspiracy. I understand a credit/criminal check will be done and all information shall be confidential.

Signed: _____ date _____

Signed: _____ date _____

*Any false information on this form will constitute fraud and will not be approved for membership.

Please submit application with a \$75.00 money order or cashier's check for processing.

Mail or Fax to:
WILLIAMSBURG TOWNEHOUSES COOPERATIVE
32115 HARPER AVE
ST. CLAIR SHORES, MI 48082
(586) 293-4709
Fax (586) 293-0079



REQUEST FOR VERIFICATION OF EMPLOYMENT

DATE: _____

Employee Name: _____

Employers Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

I hereby request that you furnish information to the Housing Complex regarding my employment. I understand that this information will be kept confidential and will be used only for verification purposes.

Signature: _____

Social Security Number: _____

Part I - Verification of Employment

1. Present Position: 2. Date of employment 3. Probability of continued employment 4. Bonus or Overtime
_____ _____ _____ () yes () no

5. **Current base Pay** Anticipated pay Increase: () yes () no Effective date: _____

_____ (x) yearly

Amount: \$ _____

6. **Earnings Year to Date**

FOR MILITARY PERSONNEL ONLY

\$ _____

Taxable monthly pay \$ _____

7. **Earnings Year to Date overtime:**

Base pay \$ _____ Overtime \$ _____

\$ _____

Flight Pay \$ _____ Pro Pay \$ _____

Rations \$ _____ Clothing \$ _____

8. **Earnings Year to Date bonus:**

\$ _____

Career Off. Pay \$ _____

9. **Earning year to Date tips, comm.:**

\$ _____

Other: (specify): \$ _____

Part II - CERTIFICATION

This form should be completed and signed by a bona fide representative of the employer such as a timekeeper, bookkeeper, or accountant. In no event should it be completed by an employee. Federal Statutes provide severe penalties for any fraud, intentional misrepresentation or criminal connivance or conspiracy.

SIGNATURE /TITLE

PHONE

DATE