



WILLIAMSBURG TOWNE HOUSES COOPERATIVE

Cooperative Living

APPLICATION PACKET

WILLIAMSBURG TOWNE HOUSES

32115 HARPER AVE

ST CLAIR SHORES MI 48082 | 586-293-4709



Dear Applicant(s),

Thank you for your request for membership in our housing cooperative. Upon receipt of your application and application fee. We will complete a credit check; criminal background history and proof of household income this is all used to determine your eligibility. This must be completed before meeting with Williamsburg Towne Houses Cooperative Board for final approval. After your application has been board approved, you will be placed on the approved buyer list. If your application is not approved for any reason, you will be notified by mail.

Cooperative living is worth waiting for and we hope that you will be patient. Once your name is on the approved buyer list, we will notify you of membership sales for the size townhouse you requested. Those who require a Share Loan for purchase please contact National Cooperative Bank and research the process to get a preapproval letter.

Feel free to visit our web page at williamsburgtownehouses.com for more information. Please inform us directly of any phone number or address changes. If for any reason your plans should change, and no longer interested, notify the office to have your application withdrawn.

Sincerely,

Williamsburg Towne Houses Cooperative Staff

APPLICATION FORM

Persons wishing to become members must submit a completed APPLICATION FOR MEMBERSHIP to the TowneHouse Office, signed by all over the age of 18 years. Applicant must submit copies of picture Identification. A non-refundable application fee is to accompany all applications (in the form of a cashier check or money order).

INCOME REQUIREMENTS PER FAMILY SIZE

Minimum Annual income requirement as follows:

1 person	\$27,000.00	5 persons	\$37,000.00
2 persons	\$30,000.00	6 persons	\$39,000.00
3 persons	\$33,000.00	7 persons	\$41,000.00
4 persons	\$35,000.00	8 persons	\$43,000.00

Occupancy of units is based on family size max. of 2 persons per bedroom per unit.

RESIDENCE

Be advised that if approved your unit is to be your primary residence. Also, this cooperative does not sublease or take any application for persons wishing to use the units as subleases or rentals incomes, per our Occupancy Agreement/By-Laws.

Any false information submitted during the application process will constitute fraud and will not be approved for membership.

SHARE LOAN PRE-APPROVAL @ 1/800-322-1251

How to get a Share-Loan: NCB—National Cooperative Bank offers share loans. This process could take 35-45 days. We require 20% down of appraised value to bank at closing

UTILITES

Monthly carrying charges include Property Taxes, Heat/Gas, Water, indoor and outdoor basic maintenance (except painting) and Liability insurance on the building and grounds. Members pay for electricity, internet and have renter/condo insurance for personal property.

VEHICLES

Only ONE motorized vehicle per each licensed driver will be allowed. All vehicles MUST be registered with the office and have a visible parking tag.

NEARBY SCHOOLS

Lake Shore School district K-12, preschools, and some parochial schools also.

Restricted Dog Breeds: Akita , Alaskan Malamute, American staffs, American Bully, St Bernard, Chow Chow, Doberman Pinscher, Rottweiler, German Shepherd, Great Dane, Pit Bull, The Perro de Presa Canarios (Canary Dog), (other exclusions may apply.)

PERSONAL INFORMATION

	APPLICANT	CO-APPLICANT
First Name		
Middle Name		
Last Name		
Street Address		
City, State, Zip Code		
Phone Number		
Cell Number		
Email		
Date of Birth		
Social Security #		
Photo ID #		

APPLICANT: Background information for person over 18 years old

Ever been convicted of a crime? ☐ NO ☐ YES If yes: describe offense

Other state you have resided:

Any member of your household subject to a lifetime state offender registration program in any state ☐ NO ☐ YES

CO-APPLICANT: Background information for person over 18 years old

Ever been convicted of a crime? ☐ NO ☐ YES If yes: describe offense

Other state you have resided:

Any member of your household subject to a lifetime state offender registration program in any state ☐ NO ☐ YES

FULL NAME of Additional Occupant #1	Birthdate:	Social Security #	Phone # (if applicable)
Is address the same as applicant	<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Enter Address		
Address, city, state Zip code			
Over 18 years old	<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Enter BACKGROUND INFORMATION REQUIRED BELOW		
Ever been convicted of a crime?	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:		
Ever been convicted of a felony?	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:		
Other stated you have resided:			
Any member of your household subject to a lifetime state offender registration program in any state			<input type="checkbox"/> YES <input type="checkbox"/> NO

FULL NAME of Additional Occupant #2	Birthdate:	Social Security #	Phone # (if applicable)
Is address the same as applicant	<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Enter Address		
Address, city, state Zip code			
Over 18 years old	<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Enter BACKGROUND INFORMATION REQUIRED BELOW		
Ever been convicted of a crime?	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:		
Ever been convicted of a felony?	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:		
Other stated you have resided:			
Any member of your household subject to a lifetime state offender registration program in any state			<input type="checkbox"/> YES <input type="checkbox"/> NO

FULL NAME of Additional Occupant #3		Birthdate:	Social Security #	Phone # (if applicable)
Is address the same as applicant	<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Enter Address			
Address, city, state Zip code				
Over 18 years old	<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Enter BACKGROUND INFORMATION REQUIRED BELOW			
Ever been convicted of a crime?	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:			
Ever been convicted of a felony?	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:			
Other stated you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state				<input type="checkbox"/> YES <input type="checkbox"/> NO

FULL NAME of Additional Occupant #4		Birthdate:	Social Security #	Phone # (if applicable)
Is address the same as applicant	<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Enter Address			
Address, city, state Zip code				
Over 18 years old	<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Enter BACKGROUND INFORMATION REQUIRED BELOW			
Ever been convicted of a crime?	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:			
Ever been convicted of a felony?	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:			
Other stated you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state				<input type="checkbox"/> YES <input type="checkbox"/> NO

FULL NAME of Additional Occupant #5		Birthdate:	Social Security #	Phone # (if applicable)
Is address the same as applicant	<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Enter Address			
Address, city, state Zip code				
Over 18 years old	<input type="checkbox"/> YES <input type="checkbox"/> NO If No, Enter BACKGROUND INFORMATION REQUIRED BELOW			
Ever been convicted of a crime?	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:			
Ever been convicted of a felony?	<input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:			
Other stated you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state				<input type="checkbox"/> YES <input type="checkbox"/> NO

*If more than 5 additional household members attach additional sheet.

Residence History						
	Management or Mortgage Co.	Phone Number	Address	Date of residency From/To	Rental Amount	Reason for Leaving
Present Landlord						
Previous Landlord						

Baking Information

Branch:		Account #:
Address:		
How will you be paying for Towne Home?	Cash <input type="checkbox"/> YES <input type="checkbox"/> NO	Share Loan <input type="checkbox"/> YES <input type="checkbox"/> NO BOTH <input type="checkbox"/>

Personal Requirements

Does your household require any accessible features? <input type="checkbox"/> NO <input type="checkbox"/> YES Describe:
Does your household have any reasonable accommodation requests? <input type="checkbox"/> NO <input type="checkbox"/> YES Describe:
Do you have a pet? <input type="checkbox"/> NO <input type="checkbox"/> YES Describe(type, breed, weight, age):

Personal References

Please list two personal references.

Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	
Full Name: _____	Relationship: _____
Company: _____	Phone: _____
Address: _____	

EMPLOYMENT Information/Source of Income

	Name of Member/Occupant	Source of Income/Employer	Phone Number	Occupation/Position	Date From/To	Monthly Income
1 st Source						\$
2 nd Source						\$
3 rd Source						\$
4 th Source						\$

Upon signing below, I certify that the answers are true and complete to the best of my knowledge. Federal Statutes provide severe penalties for any fraud, intentional misrepresentation or criminal connivance or conspiracy.

Additional Supplemental Income:

	YES	NO	If yes source; _____
Such as Social Security, alimony, or pension?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
	YES	NO	If yes source; _____
Additional Income from Child support?	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

How did you hear about our community?

Newspaper <input type="checkbox"/>	Housing Guide <input type="checkbox"/>	Realtor <input type="checkbox"/>
Internet <input type="checkbox"/>	Drive by <input type="checkbox"/>	Other <input type="checkbox"/> : _____

What type of townhome are you interested in purchasing?

1-Bedroom no basement <input type="checkbox"/>	2-Bedroom no basement <input type="checkbox"/>	3-Bedroom no basement <input type="checkbox"/>
2-Bedroom with basement <input type="checkbox"/>	3-Bedroom with basement <input type="checkbox"/>	4-Bedroom with basement <input type="checkbox"/>

Agreement & Authorization Signature/s

I the undersigned certify that my answers are true and complete to the best of my knowledge.

All the information I have provided on this application is correct, I understand that false or misleading information in my application or interview may result in denial of membership. There is no intentional misrepresentation or criminal connivance or conspiracy. I understand and authorize Williamsburg Towne Houses Cooperative to investigate and confirm the information through various means including a credit/criminal check and all information shall be confidential.

Signature:		Date:	
Signature Co-Applicant:		Date:	
Occupant #1 (if over 18)		Date:	
Occupant #2 (if over 18)		Date:	
Occupant #3 (if over 18)		Date:	
Occupant #4 (if over 18)		Date:	
Occupant #5 (if over 18)		Date:	
Occupant #6 (if over 18)		Date:	

Provide a Copy of Applicants Driver's License(s) and all Occupants Social Security Card.

***Please submit for processing a \$75.00 made out to WILLIAMSBURG TOWNEHOUSES it can be a money order or cashier's check with this application.**

FOR OFFICE USE ONLY

DATE	APPLICATION UPDATES	MONIES DELVIVER WITH THIS APPLICATION	
		APP FEE	\$
		OTHER	

Management Signature		DATE RECEIVED	
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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: _____

Part I - Verification of Employment – BELOW IS TO BE COMPLETED BY EMPLOYEE ONLY

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 \$ _____

8. **Earnings Year to Date bonus** Rations \$ _____ Clothing \$ _____

\$ _____ 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, book keeper, 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