



WINFIELD VILLAGE COOPERATIVE APPLICATION FOR HOUSING



PLEASE PRINT
Full Name

First _____ Middle _____ Last _____

Present Address

Street _____ City _____ State _____
Business Phone _____ Zip _____
E-mail _____

Home Phone: _____

PERSONS TO RESIDE IN UNIT

Name	Relationship to Head	Date of Birth	Sex	Social Security #	Student of Higher Education?
	Head				

Present Housing: Rental Home Owner Other (explain): _____
 No. of Bedrooms _____ Monthly Rent or Carrying Charge \$ _____ Utilities \$ _____

List Rental History for past 5 years (use additional paper if necessary):

Present Landlord: Name _____ Address _____ City _____ State _____ Zip _____
 Fax # _____

Present Landlord Phone: _____ Occupancy Since: _____ Lease Expires: _____

Previous Address: _____ Tenant For: _____ yrs. _____ mos.

Previous Landlord: Name _____ Address _____ City _____ State _____ Zip _____

Have you ever been evicted from present or previous housing? Yes No If yes, please explain _____

Are you currently residing in subsidized housing (Section 8, Section 236, Section 221(d) (3)? Yes No
 Has your rental assistance ever been terminated? Yes No
 Do you currently own a pet? Yes No How many? _____

INCOME INFORMATION

Please answer each of the following questions for everyone in household age 18 or older. HUD provides for penalties of up to \$10,000 or 5 years imprisonment for failure to disclose all household income.

Wages / Salary Who _____ How Much \$ _____ per month Fax # _____
 Employer Name & Address _____

Wages / Salary Who _____ How Much \$ _____ per month Fax # _____
 Employer Name & Address _____

Wages / Salary Who _____ How Much \$ _____ per month Fax # _____
 Employer Name & Address _____

Public Assistance Who _____ How Much \$ _____ per month
 Agency and Address _____

Social Security Child Support Who _____ How Much \$ _____ per month
 Who _____ How Much \$ _____ per month
 Agency and Address _____

Alimony Who _____ How Much \$ _____ per month
 Payor Name and Address _____

Pension/Retirement Who _____ How Much \$ _____ per month
 Benefit Name and Address _____

Other Income Who _____ How Much \$ _____ per month
 Nature of Income _____

ASSET INFORMATION

PLEASE LIST ALL ASSETS HELD BY YOU, including checking, savings, trusts, stocks, bonds, Treasury Bills, certificates of deposit, money market funds, IRA, Keogh accounts, retirement, personal property, etc. :

Checking Account	Who _____ Address _____	Bank Name _____ Acct. No. _____
Checking Account	Who _____ Address _____	Bank Name _____ Acct. No. _____
Savings Account	Who _____ Address _____	Bank Name _____ Acct. No. _____
Savings Account	Who _____ Address _____	Bank Name _____ Acct. No. _____
CD	Who _____ Address _____	Bank Name _____ Acct. No. _____
CD	Who _____ Address _____	Bank Name _____ Acct. No. _____
Other Account	Who _____ Address _____	Bank Name _____ Acct. No. _____
Other Account	Who _____ Address _____	Bank Name _____ Acct. No. _____

Do you own Real Estate? Yes No If yes, give name and address of mortgage Company _____ Account # _____ Approximate Value \$ _____

Have you sold or disposed of any assets in the past two years? Yes No
If yes, what was the market value of the asset? \$ _____

Automobile(s) owned:

1. Make & Model _____	License Plate # _____	State _____
2. Make & Model _____	License Plate # _____	State _____

Do you pay out of pocket expenses for child care in order to work, seek work, or attend school? Yes No
If yes, give name and address of child care provider _____

Does any member 18 or older attend an institution of higher education, either part-time or full-time? Yes No

Is any household member over age 62 or handicapped or disabled? Yes No
If yes, give name of household member _____

List out of pocket medical expense this person(s) incurs(use additional sheet of paper if more room is needed):

Doctor name and address: _____	Amount \$ _____
Pharmacy name and address: _____	Amount \$ _____

A \$25.00 non-refundable application fee is paid at the time of application to cover processing costs. If the application is approved, applicant(s) agree to execute a written occupancy agreement, pay the first month's housing charges, and pay all membership and equity fees. The filing of this application does not bind Winfield Village Corporation to reserve or assign a housing unit to the applicant.

Winfield Village Cooperative does not discriminate on the basis of race, color, religion, sex, handicap, familial status, or national origin in its granting of admission into the Cooperative or access to its federally assisted programs and activities.

The undersigned Applicant(s) has examined the statements made on both sides of this application form and hereby certifies that they are true, correct and complete, and that all family income has been listed above. The statements are made to induce Winfield Village Cooperative to enter into an occupancy agreement with Applicant(s) for a housing unit in Win-field Village. Applicant(s) agrees that inquires may be made to verify the statements made in this application, and gives permission for Winfield Village Cooperative to conduct a credit check.

Signed _____	Date _____
Signed _____	Date _____
Signed _____	Date _____

For Office Use Only

Date of Application _____ Anticipated Move-in _____
 Type of Unit Desired: 1 BED. APT. 2 BED. APT. 2 BED. TWN. 3 BED. TWN.