

**APPLICATION FOR COOPERATIVE HOUSING MEMBERSHIP**

PLEASE PRINT OR  
WRITE OUT CLEARLY

NOTE: Page 2 may be used if additional space is required to answer any question. If the "Co-Applicant" response in Item 2 matches answer given by "Applicant" in Item 1, please indicate answer by writing "SAME".

| 1. APPLICANT   |            |   | 2. CO-APPLICANT  |            |   |
|--|------------|---|--|------------|---|
| NAME   |            | AGE                                       | NAME   |            | AGE                                       |
| OTHER NAMES USED WITHIN LAST 2 YEARS   |            |   | OTHER NAMES USED WITHIN LAST 2 YEARS   |            |   |
| SOCIAL SECURITY NO.  | HOME PHONE | BUSINESS PHONE                            | SOCIAL SECURITY NO.  | HOME PHONE | BUSINESS PHONE                            |
| PRESENT ADDRESS (Street & No., City, State & Zip Code)   |            |   | PRESENT ADDRESS (Street & No., City, State & Zip Code)   |            |   |
| FORMER ADDRESS IF LESS THAN 2 YEARS AT PRESENT ADDRESS   |            |   | FORMER ADDRESS IF LESS THAN 2 YEARS AT PRESENT ADDRESS   |            |   |
| MARITAL STATUS<br><input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (including single, divorced& widowed) |            |   | MARITAL STATUS<br><input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (including single, divorced& widowed) |            |   |
| ARE YOU A CITIZEN OR PERMANENT RESIDENT OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO  |            |   | ARE YOU A CITIZEN OR PERMANENT RESIDENT OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO  |            |   |
| HAVE YOU EVER OBTAINED A LOAN FROM RD? <input type="checkbox"/> YES <input type="checkbox"/> NO  |            |   | HAVE YOU EVER OBTAINED A LOAN FROM RD? <input type="checkbox"/> YES <input type="checkbox"/> NO  |            |   |
| IF "YES", WHEN? _____ WHERE? _____   |            |   | IF "YES", WHEN? _____ WHERE? _____   |            |   |
| ARE YOU PRESENTLY RENTING? (If "Yes," complete next 3 Items) <input type="checkbox"/> YES <input type="checkbox"/> NO  |            |   | ARE YOU PRESENTLY RENTING? (If "Yes," complete next 3 Items) <input type="checkbox"/> YES <input type="checkbox"/> NO  |            |   |
| NAME AND ADDRESS OF LANDLORD   |            |   | NAME AND ADDRESS OF LANDLORD   |            |   |
| HOW LONG HAVE YOU BEEN RENTING?  |            | MONTHLY RENT                              | HOW LONG HAVE YOU BEEN RENTING?  |            | MONTHLY RENT                              |
|  |            | \$ _____                                  |  |            | \$ _____                                  |
| NAME AND ADDRESS OF BANK WITH WHICH YOU CONDUCT BUSINESS   |            |   | NAME AND ADDRESS OF BANK WITH WHICH YOU CONDUCT BUSINESS   |            |   |
| COMPLETE NAME, ADDRESS, AND ZIP CODE OF EMPLOYER   |            |   | COMPLETE NAME, ADDRESS, AND ZIP CODE OF EMPLOYER   |            |   |
| DATE OF EMPLOYMENT   |            | GROSS INCOME (Check One)                  | DATE OF EMPLOYMENT   |            | GROSS INCOME (Check One)                  |
| FROM   | TO PRESENT |   | FROM   | TO PRESENT |   |
| TYPE OF WORK   |            | <input type="checkbox"/> ANNUAL \$ _____  | TYPE OF WORK   |            | <input type="checkbox"/> ANNUAL \$ _____  |
|  |            | <input type="checkbox"/> MONTHLY \$ _____ |  |            | <input type="checkbox"/> MONTHLY \$ _____ |
|  |            | <input type="checkbox"/> WEEKLY \$ _____  |  |            | <input type="checkbox"/> WEEKLY \$ _____  |
|  |            | <input type="checkbox"/> HOURLY \$ _____  |  |            | <input type="checkbox"/> HOURLY \$ _____  |

**3. IF EMPLOYED IN CURRENT POSITION FOR LESS THAN 3 YEARS GIVE PAST 3 YEARS EMPLOYMENT HISTORY**

A = Applicant, C = Co-Applicant

| A<br>OR<br>C | DATE OF<br>EMPLOYMENT<br>(From-To) | NAME AND ADDRESS OF EMPLOYER | TYPE OF WORK | ANNUAL<br>GROSS INCOME | REASON FOR CHANGE |
|--------------|------------------------------------|------------------------------|--------------|------------------------|-------------------|
|              |                                    |                              |              |                        |                   |
|              |                                    |                              |              |                        |                   |
|              |                                    |                              |              |                        |                   |
|              |                                    |                              |              |                        |                   |
|              |                                    |                              |              |                        |                   |

4. AGES OF PERSONS WHO WILL BE LIVING IN THE HOUSEHOLD (Other than applicant/co-applicant) WHO ARE:

| UNDER 18 YEARS |              |     | 18 YEARS OR OLDER WHO ARE FULL-TIME STUDENTS OR DISABLED |              |     |
|----------------|--------------|-----|--|--------------|-----|
| NAME           | RELATIONSHIP | AGE | NAME   | RELATIONSHIP | AGE |
|                |              |     |  |              |     |
|                |              |     |  |              |     |
|                |              |     |  |              |     |
|                |              |     |  |              |     |
|                |              |     |  |              |     |
|                |              |     |  |              |     |
|                |              |     |  |              |     |
|                |              |     |  |              |     |
|                |              |     |  |              |     |

**5. CHILD CARE** (*Minors who are 12 years of age or under for whom you hire a babysitter or leave at child care center*)

|        |      |                                    |
|--------|------|------------------------------------|
| NUMBER | COST | <input type="checkbox"/> PER WEEK  |
|        | \$   | <input type="checkbox"/> PER MONTH |

**6. FOR ELDERLY FAMILY (DISABLED) ONLY** (To qualify for an exemption(s) under this category, the head, spouse, or sole member of the family or at least one of two or more persons who are living together, must be the applicant/borrower, co-applicant/co-borrower, and must be 62 years of age or older, or disabled) INDICATE:

|   |  |  |  |
|---|--|--|--|
| ELDERLY<br><input type="checkbox"/> YES <input type="checkbox"/> NO | DISABLED<br><input type="checkbox"/> YES <input type="checkbox"/> NO | TOTAL MEDICAL EXPENSES NOT COVERED BY INSURANCE FOR PAST 12 MONTHS<br>\$ | TOTAL MEDICAL EXPENSES NOT COVERED BY INSURANCE, EXPECTED FOR NEXT 12 MONTHS<br>\$ |
|---|--|--|--|

**7. FINANCIAL STATEMENTS AS OF DATE OF APPLICATION**

This statement may be completed jointly by Applicant and Co-Applicant if their assets and liabilities are sufficiently joined so that the statement can be meaningfully and fairly presented on a combined basis. Otherwise a separate statement is required.

COMPLETED JOINTLY           NOT COMPLETED JOINTLY

| ITEM   | VALUE<br>A | UNPAID DEBT<br>B | AMOUNT DELINQUENT<br>C | MONTHLY PAYMENT<br>D | FINAL DUE DATE<br>E | NAME AND ADDRESS OF CREDITOR AND ACCOUNT NUMBER<br>F |
|--|------------|------------------|------------------------|----------------------|---------------------|--|
| AUTOMOBILE   |            |                  |                        |                      |                     |  |
| AUTOMOBILE   |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
| CASH ON HAND                                       |            |                  |                        |                      |                     |  |
| OTHER DEBTS (doctor, hospital, credit cards, etc.) |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
|  |            |                  |                        |                      |                     |  |
| TOTAL  | \$         | \$               | \$                     | \$                   |                     |  |

| <b>8. HOUSEHOLD INCOME</b>  | RECEIVED LAST 12 MONTHS |              |              | PLANNED NEXT 12 MONTHS |              |              |
|---|-------------------------|--------------|--------------|------------------------|--------------|--------------|
|   | APPLICANT               | CO-APPLICANT | OTHER ADULTS | APPLICANT              | CO-APPLICANT | OTHER ADULTS |
| TOTAL EARNINGS .....  |                         |              |              |                        |              |              |
| OTHER NON-BUSINESS INCOME ( <i>Social Security, pension, welfare child support, GI, interest and dividends etc.</i> ) ..... |                         |              |              |                        |              |              |
| NET BUSINESS INCOME ( <i>Gross income business expense, Attach latest annual operating statement</i> ) .....                |                         |              |              |                        |              |              |
| ALL OTHER INCOME ( <i>Specify</i> )   |                         |              |              |                        |              |              |
| <b>TOTAL INCOME</b>   |                         |              |              |                        |              |              |

  

| <b>9. HOUSEHOLD EXPENSES</b>  | SPENT LAST 12 MONTHS                                       |  | PLANNED NEXT 12 MONTHS |  |
|---|--|--|------------------------|--|
|   | LIVING<br>( <i>Food, clothing, utilities, etc.</i> ) ..... |  |                        |  |
| TAXES PAID .....  |  |  |                        |  |
| CAPITAL GOODS BOUGHT FOR CASH<br>( <i>Furniture, TV, car, etc.</i> )..... |  |  |                        |  |
| ALL OTHER PAYMENTS ( <i>Specify</i> )                                     |  |  |                        |  |
| <b>TOTAL EXPENSES</b>   |  |  |                        |  |

**10. I (We) certify that the statements made by me (us) in this application are true, complete and correct to the best of my (our) knowledge and belief made in good faith to obtain a loan.**

\*WARNING: Section 1001 of Title 18, United States Code provides, 'whoever, in any matter within the jurisdiction of the executive, legislative, or judicial branch of the Government of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined under this title or imprisoned not more that five years, or both.

|   |      |
|---|------|
| SIGNATURE OF APPLICANT                      | DATE |
| SIGNATURE OF CO-APPLICANT ( <i>If any</i> ) | DATE |

**11. VOLUNTARY INFORMATION FOR MONITORING PURPOSES**

The following information is requested by the Federal Government in order to monitor the Agency's compliance with Federal laws prohibiting discrimination against loan applicants on the basis of race, national origin, and sex. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Agency is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

| APPLICANT  |  | CO-APPLICANT   |  |
|--|--|--|--|
| <b>RACE</b><br><input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE<br><input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER |  | <b>RACE</b><br><input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE<br><input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER |  |
| <b>ETHNICITY</b><br><input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO  |  | <b>ETHNICITY</b><br><input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO  |  |
| <b>SEX</b><br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE  | <b>ARE YOU A VETERAN OR ENTITLED TO VETERAN'S BENEFITS?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><i>(This question not used for monitoring purposes)</i> | <b>SEX</b><br><input type="checkbox"/> MALE <input type="checkbox"/> FEMALE  | <b>ARE YOU A VETERAN OR ENTITLED TO VETERAN'S BENEFITS?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><i>(This question not used for monitoring purposes)</i> |

**TO BE COMPLETED BY DISTRICT DIRECTOR**

|      |                                |   |   |
|------|--------------------------------|---|---|
| DATE | SIGNATURE OF DISTRICT DIRECTOR | DETERMINATION OF ELIGIBILITY<br><input type="checkbox"/> ELIGIBLE <input type="checkbox"/> NOT ELIGIBLE | RACIAL DATA PROVIDED BY<br><input type="checkbox"/> APPLICANT <input type="checkbox"/> RD |
|------|--------------------------------|---|---|