



# WINFIELD VILLAGE COOPERATIVE APPLICATION FOR HOUSING



PLEASE PRINT

Full Name \_\_\_\_\_

Present Address \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### PERSONS TO RESIDE IN UNIT

Name	Relationship to Head	Date of Birth	Sex	Social Security #	Occupation
	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** 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 _____	Bank Name _____	Address _____	Acct. No. _____
Checking Account	Who _____	Bank Name _____	Address _____	Acct. No. _____
Savings Account	Who _____	Bank Name _____	Address _____	Acct. No. _____
Savings Account	Who _____	Bank Name _____	Address _____	Acct. No. _____
CD	Who _____	Bank Name _____	Address _____	Acct. No. _____
CD	Who _____	Bank Name _____	Address _____	Acct. No. _____
Other Account	Who _____	Bank Name _____	Address _____	Acct. No. _____
Other Account	Who _____	Bank Name _____	Address _____	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 \_\_\_\_\_

**EXPENSE INFORMATION**

Do you pay out of pocket expenses for child care ?  Yes  No  
If yes, give name and address of child care provider \_\_\_\_\_  
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 Winfield Village. Applicant(s) agrees that inquiries may be made to verify the statements made in

Signed \_\_\_\_\_ Date \_\_\_\_\_  
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Signed \_\_\_\_\_ Date \_\_\_\_\_  
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Signed \_\_\_\_\_ Date \_\_\_\_\_  
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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.