

Application for Residency Independence Square Townhouses

Date of Application _____

How did you hear about us? _____ Number of Household Members _____ Unit Size _____

Please print legibly. Answer all questions, leaving no blanks. If the question does not apply please write N/A in the space provided.

Applicant Data

Full Name _____ Other Name(s) Used _____

Current Address _____

Home Phone _____ Mobile Phone _____

Landlord Name, Address and Phone Number _____

Have you ever been convicted or placed on probation for a felony? Y N If yes, please explain _____

Are you or any member of your household subject to a lifetime state sex offender registration in any state? Y N

Have you ever been evicted? Y N If yes, explain _____

Have you ever filed bankruptcy? Y N If yes, explain _____

Household Composition

List everyone that will occupy the unit at least 50% of the time during a 12 month period, including yourself.

Last Name	First Name	MI	Relationship	DOB	Age	Social Security No.	Member or Occupant

2. Will this be your only place of residence? Y N If no, Explain _____

3. Will you have a pet? Y N If Yes how Many? 6 _____
Type _____ Age _____ If dog, Breed _____

Marital Status:

1. Current Marital Status: Single Married (Date _____) Divorced (Date _____)
 Legally Separated (Date _____) Widowed (Date _____)

Residential Information

Beginning with your most recent previous address, list places of residence for the past 3 years.

Previous Address: _____

Landlord or Mortgage Holder: _____

Landlord Address: _____

Landlord Phone #: _____ Length of Time at Address: _____ Rent Amount: _____

Reason for Moving: _____

Previous Address: _____

Landlord or Mortgage Holder: _____

Landlord Address: _____

Landlord Phone #: _____ Length of Time at Address: _____ Rent Amount: _____

Reason for Moving: _____

Previous Address: _____

Landlord or Mortgage Holder: _____

Landlord Address: _____

Landlord Phone #: _____ Length of Time at Address: _____ Rent Amount: _____

Reason for Moving: _____

Please list all of the states where applicant and members of applicant’s household have resided:

Household Income

Please indicate the amount of income anticipated over the next 12 months.

Income Source	Monthly Earnings	Yearly Earnings
Wages or Salaries	\$	\$
Social Security	\$	\$
Supplemental Security Income	\$	\$
Pension, Veterans Benefits	\$	\$
Public Assistance	\$	\$
Military Pay	\$	\$
Child Support	\$	\$
Unemployment Compensation	\$	\$
Income from Insurance Policies	\$	\$
Self-Employment	\$	\$
Regular monetary gifts or contributions	\$	\$
Educational Grants, Scholarships, etc.	\$	\$
Other	\$	\$

Employment History

Please provide current and previous employment.

Current Employer: _____ Position: _____

Start Date: _____ Ending Date: _____ Supervisor Name _____

Monthly Salary \$ _____ Address: _____

Previous Employer: _____ Position: _____

Start Date: _____ Ending Date: _____ Supervisor Name _____

Monthly Salary \$ _____ Address: _____

Member
Bank:
Phone Number:
Address:

Co-Member
Bank:
Phone Number:
Address:

Member
Bank:
Phone Number:
Address:

Co-Member
Bank:
Phone Number:
Address:

Credit References

Company Name	Address	Phone	Monthly Payment

Vehicle Information

Make	Color	Year	License # & State

Emergency Contacts

Name	Relationship	Address	Phone

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Date/Time application Received: _____ / _____

Cooperative Representative _____ Date _____