

List any others: i.e. children where other parent has custody or dependent parents who may make their home with you part of the time.

| | | | |
|-------|------|----------|-----|
| First | Last | Relation | Age |
|-------|------|----------|-----|

| | | | |
|-------|------|----------|-----|
| First | Last | Relation | Age |
|-------|------|----------|-----|

Do you have any pets?_____List kind and number of each:_____

Were you referred to Cedarwood by anyone currently living in Cedarwood? YES_____NO_____

Give name, address and relationship

| | | |
|------|---------|--------------|
| Name | Address | Relationship |
|------|---------|--------------|

| | | |
|------|---------|--------------|
| Name | Address | Relationship |
|------|---------|--------------|

What is your present address? [] Rent [] Mortgage Monthly Payment \$_____

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

| | | |
|----------------------------|----------------|-------------------------------|
| Phone No. (give area code) | Landlord Phone | How long have you lived there |
|----------------------------|----------------|-------------------------------|

| | | |
|-----------------|---------|------------------|
| Mortgage Holder | Address | City, State, Zip |
|-----------------|---------|------------------|

Reason for moving

| | |
|-----------------------------------|-------|
| Previous Landlord/Mortgage Holder | Phone |
|-----------------------------------|-------|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

How long at this address_____Reason for moving_____

FINANCIAL INFORMATION-INCOME

| | |
|--------------------------|-------|
| Name of present employer | Phone |
|--------------------------|-------|

| | | | |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

| | | |
|----------|-------------------|-----------------|
| Position | Length of service | Starting Salary |
|----------|-------------------|-----------------|

| | | |
|--------|-------------------|------------------------|
| Duties | Supervisor's name | Present monthly salary |
|--------|-------------------|------------------------|

If employed less than five years at above position, list previous employers and go back at least five years or to completion of schooling.

Last previous employer Phone

Address City State Zip

Supervisor's name Length of Service

Reason for leaving

List information for other employers (if needed) on another sheet.

Employment Information for spouse if two income family.

Name of present employer Phone

Address City State Zip

Position Length of service Starting salary

Duties Supervisor's name Present monthly salary

If employed less than five years at above position, list previous employers and go back at least five years or to completion of schooling.

Last previous employer Phone

Address City State Zip

Supervisor's name Length of service

Reason for leaving

List information for other employers (if needed) on another sheet.

Other sources of income (list disability or retirement income, interest, rents, etc.)

| | Monthly Income | Taxable Yes | No |
|-------|----------------|-------------|-----|
| _____ | \$ _____ | [] | [] |
| _____ | \$ _____ | [] | [] |
| _____ | \$ _____ | [] | [] |

Identify the source of the funds required for your equity payment, i.e. will proceeds from sale of home be used to purchase equity or will you be securing a loan?

What bank, savings and loan or credit union accounts do you have?

| Name of Institution | Type of Account | Present Balance |
|---------------------|-----------------|-----------------|
|---------------------|-----------------|-----------------|

Average balance in checking accounts _____

\$ _____

What is the value of your personal property? _____

Insured _____

What real estate do you

own? _____

Do you have a tenant's homeowner

policy? _____

Name of insurer, address and/or

phone _____

FINANCIAL INFORMATION—OBLIGATIONS

Credit information: List all debts, charge accounts, doctor bills, etc.

| Name and Address | Account No. | Monthly payment |
|------------------|-------------|-----------------|
|------------------|-------------|-----------------|

What motorized vehicles do you own? Give make, model, year, and plate number.

| Make | Model | Year | Plate number |
|------|-------|------|--------------|
|------|-------|------|--------------|

| Make | Model | Year | Plate number |
|------|-------|------|--------------|
|------|-------|------|--------------|

Is there a balance owing on the above? Yes _____ No _____ If yes, amount \$ _____

Have you ever had a *judgment* against you? Yes _____ No _____

Have you ever declared *bankruptcy*? Yes _____ No _____ in the last 10 years? Yes _____ No _____

If yes to either, explain, giving dates::

Have you or any of the undersigned ever been convicted of a crime, placed on probation/parole/supervision, is there a current warrant for your arrest, or are you currently involved in any criminal activity? Yes_____No_____

Explain:_____

Has your driver's license ever been revoked or suspended? Yes_____No_____

Emergency number and address of caretaker for children of working parents:_____

The undersigned hereby represents to Cedarwood Cooperative, Inc. that neither the undersigned, nor any member of the undersigned's household or guests thereof, will (a) engage in any quasi-criminal or criminal activity as defined by local, state, or federal laws, (b) engage in any act intended to facilitate any quasi-criminal or criminal activity, (c) obstruct or resist law enforcement against criminal activity, or (d) permit or allow the dwelling unit or any other property of Cedarwood Cooperative, Inc. to be used for or to facilitate any quasi-criminal or criminal activity. The undersigned further understands that a criminal background check will be completed on applicants and all adult dependent children (18 years and older).

The undersigned further represents that all of the information in this document is true to the best of his or her knowledge. The undersigned understands that Cedarwood Cooperative, Inc. will rely on these representations in determining whether to accept the undersigned as a member of Cedarwood Cooperative, Inc. and that if the undersigned has made any misrepresentations in this document, Cedarwood Cooperative, Inc. may immediately revoke the undersigned Membership Certificate and Occupancy Agreement and that such revocation shall not affect any of Cedarwood Cooperative's other rights against the undersigned. The undersigned further understands that any misrepresentation may subject him or her to eviction action by Cedarwood Cooperative, Inc.

The undersigned understands that Cedarwood Cooperative, Inc. supports the integration maintenance policies of the Village of Park Forest.

Signature (Applicant) Date

Signature (Applicant) Date

Signature (Dependent) Date

Signature (Dependent) Date

It is the responsibility of the applicant to provide the Cooperative with verification requirements as requested. The entire APPLICATION must be filled out (no blanks), copies of three (3) months of pay check stubs and most recent W-2's are required to process. Incomplete applications will be returned. Approved applications shall be valid for sixty (60) days following our credit and criminal history investigation. After 60 days, a ten dollar (\$10.00) fee and updated paycheck stubs will be required to update the application.

Signature (Applicant) Date

Signature (Applicant) Date

Date of review by Admissions Committee:_____

_____ Approved _____ Disapproved

WHAT CONVINCED YOU TO APPLY AT CEDARWOOD?
(Please check all that apply)

1. Curb Appeal_____
2. Credit Criteria_____
3. Improvements_____
4. Location_____
5. Carrying Charges_____
6. Friendly Staff_____
7. Model_____
8. Pet Allowance_____
9. How did you hear about Cedarwood? _____
10. What is the name of the Realtor that you are using? _____
11. Other _____

Name_____

Date_____