

# **APPLICATION CONTENTS**

## **1. PURCHASE AGREEMENT**

**(Executed Offer to Purchase)**

**TRANSFER OF MEMBERSHIP**

**2. PROSPECTIVE BUYER (APPLICANT) INFORMATION**

**3. FINANCIAL INFORMATION**

**4. VERIFICATION OF BANK ASSETS**

**5. VERIFICATION OF EMPLOYMENT**

**6. CREDIT REPORT AND SCORE WITH NAME**

**7. VERIFICATION OF EMPLOYMENT**

**8. PRIOR MORTGAGE VERIFICATION**

**9. VERIFICATION OF TENANT OCCUPANCY**

**10. 4 REFERENCE LETTERS**

**11. 3 YEAR TAX RETURNS**

**12. PICTURE ID**

## **APPLICATION PROCESS**

Once you have reached an agreement on the purchase price, you are required to complete (or obtain), and submit the following documents to the Site-Office:

1. **PURCHASE AGREEMENT: (Executed Offer to Purchase):**

The agreement provides the price, terms and conditions of the purchase. *(Forms may be available from your realtor.)*

**TRANSFER OF MEMBERSHIP:**

Please complete all requested information and have all required parties sign the form. *(Form is enclosed)*

2. **PROSPECTIVE BUYER (APPLICANT) INFORMATION:**

Please complete the form in its entirety, both the applicant and co-applicant, if applicable. *(Form is enclosed)*

3. **FINANCIAL INFORMATION:**

Please complete the form in its entirety, by both the applicant and co-applicant, if applicable. *(Form is enclosed)*

4. **BANK VERIFICATION OF ASSETS:**

This form provides the type of account, age of account and balances. You will complete, sign, date the top of the form and provide it to your Financial Institution for completion.

The Financial Institution will complete the remaining information, sign, date, and mail the form to Town Square Cooperative's site-office. *(Form is enclosed. Additional copies are available at the site-office)*

5. **VERIFICATION OF EMPLOYMENT:**

The form provides your position, length of employment, and salary. You will complete, sign, date the top of the form, and provide it to your employer for completion.

Your employer will complete the remaining information, sign, date, and must mail the form to Town Square Cooperative's site-office. *(Form is enclosed additional copies are available at the site-office)*

If self-employed, complete form and submit copies of your two most recent (certified) profit and loss statements, along with your two most recent W-2 forms and IRS 1040 tax submissions.

If retired, complete form and submit verification of social security and/or pension statements.

## **APPLICATION PROCESS** *(continued)*

6. **CREDIT REPORT:**

Please request and submit original report(s), for both the applicant and co-applicant *(if applicable)*.

7. **PROOF OF INCOME:**

If employed, please submit 2 years of your most recent Federal income tax returns, along with the corresponding W2 forms.

If self-employed, submit copies of your two most recent (certified) profit and loss statements, along with your 2 most recent W -2 forms and IRS 1040 tax submissions.

If retired, submit verification of social security and/or pension statements.

8. **PRIOR MORTGAGE VERIFICATION AND/OR TENANT OCCUPANCY:**

Please complete, sign, date the top of the Mortgage Payment History form, and provide it to your Financial Institution for completion. The Financial Institution will complete the remaining information, sign, date, and must mail the form to Town Square Cooperative's site-office. *(Form is enclosed; additional copies are available at the site-office.)*

If you are renting (or leasing), please complete, sign, date the top of the *Verification of Prior Tenant Occupancy* and provide it to your property owner. The property owner will complete the remaining information, sign, date, and must mail the form to Town Square Cooperative's site-office. *(Form is enclosed; additional copies are available at the site-office)*

9. **REFERENCE LETTERS:**

Please provide the enclosed Personal Reference Letters to four persons for completion and submission to the site-office.

## **OFFER TO PURCHASE**

1. This is a MEMORANDUM OF AGREEMENT entered into this \_\_\_\_\_ day of \_\_\_\_\_ 2020, by and between Town Square Cooperative, Inc. (hereinafter referred to as "**SELLER**"), and \_\_\_\_\_ (hereinafter referred to as **PURCHASER**).
  
2. For \$1.00 and other good and valuable consideration, paid in hand by the **PURCHASER** to the **SELLER**, receipt of which is hereby acknowledged, and for the mutual promises herein, the parties agree as follows:
  
3. **SELLER** hereby offers to grant, sell, transfer, and assign to **PURCHASER** all of **SELLERS BOND** right, title and interest in the members share and its apartment premises located at \_\_\_\_\_. **PURCHASER** hereby accepts said grant, sale, transfer, assignment; such grant, sale, transfer, and assignment being subject to the terms and conditions of this Agreement and the following specifications:
  - A. The terms and conditions of the Occupancy Agreement specifically relating to said premises between the **SELLER** and Town Square Cooperative executed prior to this Agreement;
  - (B) Copy of "Assignment of Member" and the "Membership Certificate" specifically relating to said premises and acknowledging **SELLER'S** membership in Town Square Cooperative executed prior to this Agreement;
  - (C) Said premises shall include all the fixtures affixed thereto, and the following personal property:
  
4. **PURCHASER** shall pay **SELLER** a purchase price of \_\_\_\_\_ (\$ \_\_\_\_\_), payable as follows:
  - A. An initial sum of \_\_\_\_\_ (\$ \_\_\_\_\_) by cashier's check, payable and delivered to the Town Square Cooperative, Inc. Management Office upon the execution of this Agreement; and
  - B. A balance of \_\_\_\_\_ (\$ \_\_\_\_\_) in cash, by certified or cashier's check, payable to such parties as shall be determined by **SELLER**, to be delivered upon closing of the aforesaid grant, sale, transfer and assignment.
  
5. The effective date of purchase of the premises shall be on or before \_\_\_\_\_, 2020. Maintenance or carrying charges, or other charges which shall have become due and payable under the provisions of the aforesaid Occupancy Agreement, shall be apportioned between the **PURCHASER** and **SELLER** as of said effective date of purchase.
  
6. The date of closing is of essence to this contract and shall be on or before \_\_\_\_\_, 2020.

7. Documents necessary to perfect said closing, pursuant to this Agreement, shall be delivered to the office of **Town Square Cooperative, Inc., 1071 Chene, Detroit, MI 48207.**

8. At the time of said closing, **SELLER** shall deliver to **PURCHASER** any and all documents necessary pursuant to Town Square Cooperative By-Laws, and pursuant to documents specified in paragraphs 3 (a) and 3 (b) hereof, to perfect said closing. In the event **SELLER** cannot produce said documents, **SELLER** will sign appropriate affidavits attesting to their loss.

9. **SELLER** agrees that possession of the premises shall be transferred to **PURCHASER** on date of closing.

10. This Agreement shall be null and void, and the parties hereby waive any cause of action of one party against the other party, arising out of this Agreement, except than the Broker shall return to the **PURCHASER** any deposit received from the **PURCHASER**, subject to paragraph 13 below, should any of the following conditions occur prior to said closing:

A. The **SELLER**, after taking reasonable efforts in good faith to do so, shall fail to deliver documentation specified in paragraph 8 hereof, pursuant to the terms thereof. Default in obligation by **SELLER** to said third party cooperative shall not excuse said failure.

B. Said premises are damaged in excess of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_), of appraised damage due to fire after execution of this Agreement and prior to the closing.

C. Prior to the date of closing, the Occupancy Agreement shall have been canceled or terminated, or notice given by Town Square Cooperative of intent to terminate same.

D. Prior to closing, **SELLER**, after reasonable good faith effort, shall have been unable to secure from Town Square Cooperative, the consent to assignment and sale to **PURCHASER**.

E. If this Agreement is not executed by both parties on or before the \_\_\_\_\_.

11. The **SELLER** agrees to pay any and all brokerage commissions and fees, and to save **PURCHASER** harmless from any and all claims relating to brokerage commissions and fees.

12. The **SELLER** represents that the entire annual charges of the aforementioned Town Square Cooperative, relating to the aforesaid premises, for the year immediately preceding the date of this Agreement, does not exceed \_\_\_\_\_ Dollars (\$ \_\_\_\_\_) Annually.

The current assessment is \_\_\_\_\_ Dollars ( \_\_\_\_\_ )  
Monthly

13. If the **PURCHASER** fails to carry out and consummate the aforementioned purchase, excepting any of the conditions outlined in paragraph 10 and 18, pursuant

to this Agreement, the deposit made, pursuant to paragraph 4 (A), shall not be returned to the **PURCHASER**, and shall be divided equally between **SELLER** and Broker; and shall be deemed liquidated damages.

14. This Agreement is made in the State of Michigan, and shall be construed to the laws thereof.

15. The current Post Office residential address of the **PURCHASER** is:

16. Any notice to be given by either party to the other party, shall be directed to the **SELLER**, unless otherwise specified by **SELLER** herein as 1071 Chene, Detroit, MI 48207.

17. The **SELLER** will pay Town Square Cooperative, Inc. a Resale Fee of \$1,000. at closing.

18. This Offer to Purchase is contingent upon the **PURCHASER** being approved by the BOARD OF DIRECTORS.

19. This Agreement contains the entire understanding between the parties hereto.

**SELLER PHONE IN THE PRESENCE OF**

**Signature:** \_\_\_\_\_

**TOWN SQUARE COOPERATIVE'S ACKNOWLEDGEMENT OF DEPOSIT**  
Management hereby acknowledges receipt of deposit money above mentioned in the amount of \$ \_\_\_\_\_  
**TOWN SQUARE COOPERATIVE, INC.**

**PURCHASER'S RECEIPT OF ACCEPTED OFFER**  
The undersigned **PURCHASER** hereby acknowledges the receipt of **SELLERS'** signed acceptance of the foregoing Purchase Agreement this \_\_\_\_\_ day of \_\_\_\_\_ 2020.

# TRANSFER OF MEMBERSHIP STATEMENT

Date of Completion: \_\_\_\_\_

## 1. OFFER TO PURCHASE:

The undersigned (hereinafter called "**PURCHASER**") hereby offers and agrees to purchase the membership share and apartment housing.

**Unit #** \_\_\_\_\_ **in Town Square Cooperative**, located in Detroit, Wayne County, MI, and being more particularly located at (or known as): \_\_\_\_\_, **Detroit Michigan 48207**. The offer and agreement are subject to terms and conditions of **Town Square Cooperative**.

The interest being purchased hereunder consists of the following:

- a. Membership Certificate in **Town Square Cooperative**, a non-profit organization (hereinafter called, "**Corporation**")
- b. All rights of the **SELLER**, under the **Occupancy Agreement** between the **Corporation** and **SELLER** or a prior occupant grant the right of occupancy of said cooperative unit.
- c. All of the following personal property:

## 2. PURCHASE PRICE:

**PURCHASER** hereby offers to pay a purchase price of \$ \_\_\_\_\_ in the following manner:

- a. \$ \_\_\_\_\_ as a deposit on the purchase price, payable at the time of the submission of the within offer, to **SELLER**, to be retained by it under the provisions of the statutes of the State of Michigan, and to be a credit upon the purchase price of the sale is completed.
- b. \$ \_\_\_\_\_ is payable at the closing to **SELLER**, and/or the **Corporation** in accordance with their instructions, such payment (or payments) to be in cash, certified check or cashier check.

## 3. WARRANTY OF SELLER:

**SELLER**, by accepting the foregoing offer, warrants that he/she is the owner of the said Membership Certificate, all rights of an occupancy of the said unit as set forth in the said Occupancy Agreement, and all personal property being sold hereunder; that all of the foregoing are free and clear of an liens or mortgages on the real property, buildings and improvements of which the said unit is a part; that the **SELLER** is not in default in the performance of his obligations under the said Occupancy Agreement, or that any such default may be satisfied out of the purchase price at the time of the closing, or assumed by **PURCHASER** with a corresponding reduction in the said purchase price.

## 4. ACKNOWLEDGEMENT BY PURCHASER:

**PURCHASER** acknowledges that -

- a. He/She inspected the said unit and agrees to take the unit in its present condition, except for subsequent normal wear and tear, and removal of personal property not included in this sale, and except for the following repairs to be made by the **SELLER** or

by the **Corporation**: those repairs which are demanded by the Buildings and Grounds Committee by authorization of the Board of Directors.

b. He/She examined the **Occupancy Agreement, Articles of Incorporated, and By-Laws of the Corporation**, is familiar with the terms thereof, and agrees to comply therewith following consummation of sale.

5. **CLOSING:**

The delivery of all documents required hereunder, the payment of the balance of the purchase price, and the making of adjustments shall take place within 10 days **after PURCHASER** has been notified that the written consent or **Membership Certificate** referred to in paragraph 6 (d) hereof is available for the closing.

6. **DOCUMENTS DELIVERED TO PARTIES:**

At or before the closing, the **SELLER** shall deliver the following to the **PURCHASER**:

a. Said **Membership Certificate** and an assignment thereof to **PURCHASER**; (A \$25.00 dollar charge for lost certificates is payable at closing)

b. Said **Occupancy Agreement**, such assignment as may have been necessary to transfer the interest of the occupant named therein to **SELLER** and an assignment to **PURCHASER** of all **SELLER's** interest thereunder.

c. If the **SELLER** shall be fiduciary, all documents reasonably required for making the transfers referred to in subparagraphs (a) and (b) hereof, including, but not by way of limitation, tax waivers and certified copies of probate court proceedings and documents.

d. Written consent of the **Corporation** to the transfers of the said **Membership Certificate** and **Occupancy Agreement** to **PURCHASER** or, in the alternative, a certificate by an officer of the **Corporation** that such consent is on file with the **Corporation**.

In addition thereof, the parties hereto shall execute and deliver any other documents or endorsements that may be reasonably required by the **Corporation** in connection with transferring the **Membership Certificate** and **Occupancy Agreement** to **PURCHASER**. (A \$25 dollar charge for lost cooperative documents, i.e., ownership manual, membership handbook, is payable at closing.)

7. **ADJUSTMENTS:**

Assessments and other charges, which shall have become due and payable under the provisions of the **Occupancy Agreement**, shall be apportioned as of the closing date.

8. **REFERENCES:**

The **PURCHASER** shall submit to the **Corporation**, or the managing agent, forthwith after the execution hereof, adequate personal and financial references and shall cooperate in any way reasonably required by the **Corporation**.



9. **POSSESSION:**

Said unit shall be vacated on or before **immediate**, and all possessions and keys shall be made available to **PURCHASER** at that time. **SELLER** agrees to pay to **PURCHASER** a usage fee of \$ \_\_\_\_\_ per day from the closing date to the date of vacating the said unit.

10. **TERMINATION OF AGREEMENT:**

This **Agreement** shall become null and void, and neither party shall have any rights against the other, except that the **SELLER** shall return to the **PURCHASER** the amount paid on the execution hereof, should either of the following conditions occur prior to the dosing:

- a. If prior to closing, the **Corporation** shall elect to cancel and terminate the **Occupancy Agreement** under any option or privilege reserved or contained within.
- b. If **PURCHASER** shall comply with the provisions of paragraph 8 of this **Agreement**, but the **SELLER** shall be unable to obtain consent or officer's certificate pursuant to paragraph 6 (d) hereof.

11. **DEFAULT BY PURCHASER:**

If **PURCHASER** shall fail to pay balance of purchase price and adjustments at the closing, for any reason other than the **SELLER'S** default under any of the terms of this **Agreement**, or if the **PURCHASER** shall fail to comply with paragraph 8 hereof, the amount paid as the deposit, pursuant to paragraph 2 (a) hereof may, at **SELLER'S** option, be retained by **SELLER** as liquidated damages, in which event neither party hereto shall have any further rights against the other party hereto with respect to this **Agreement**. The foregoing privilege shall not, however, unless so specifically exercised by **SELLER**, be exclusive of any right or claim that **SELLER** shall have against **PURCHASER** because of any such default.

12. **MONTHLY ASSESSMENT OF CARRYING CHARGES:**

**SELLER** represents that the monthly assessment payable under said **Occupancy Agreement**, at the date hereof, is \$ \_\_\_\_\_, which does not include charges for the following utilities: electricity and gas

13. **ENTIRE AGREEMENT:**

This Agreement contains the entire agreement between the parties hereto, and either party has made no representation, promise or agreement relating thereto, but not expressed herein has been made by either party hereto.

14. **SITUS:**

This Agreement shall be governed by the Laws of the State of Michigan

15. **ASSIGNMENT:**

**PURCHASER** shall not assign this **Agreement of PURCHASER'S** rights hereunder prior to closing without **SELLER'S** written consent. Subject to the foregoing limitation, the covenants herein shall be binding upon and for the



# PROSPECTIVE BUYER INFORMATION FORM

Date of Completion: \_\_\_\_\_

The information provided herein is true and may be relied upon by the **SELLER** (member), Real Estate Agent and Board of Directors in connection with review/decision for resident/membership

<b>General Information</b>	
<b>Applicant:</b>	Social Security No.: _____
Marital Status:	Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Driver's License No. _____ Widow/Widower <input type="checkbox"/>
Present Address:	City: _____ State: _____ Zip Code: _____
Rent <input type="checkbox"/> Lease <input type="checkbox"/> Own <input type="checkbox"/>	Telephone No. (Home): _____
<b>Co-Applicant:</b>	Social Security No.: _____
Marital Status:	Cooperative <input type="checkbox"/> Agent <input type="checkbox"/> Driver's License No.: _____ Agent <input type="checkbox"/> Agent <input type="checkbox"/>
Number of Persons to Occupy Unit:	Adults: _____ Children: _____
List name(s)	Relationship to Applicant: _____

Name of Nearest Relative (not living with you):	Phone Number: _____
Present Address:	City: _____ State: _____ Zip Code: _____
<b>Employment Information:</b>	Occupation: _____
Address:	City/ST: _____ Zip Code: _____ Telephone No. _____
Position:	Number of Years Employed: _____ Annual Income: _____
Previous Employer:	Position: _____ Years Employed _____
Life Insurance (Amount in Force)	Personal _____ Group _____

<b>Co-Member's Employer:</b>	Occupation: _____
Address:	City/ST: _____ Zip Code: _____ Telephone No. _____
Position:	Number of Years Employed: _____ Annual Income: _____

Please indicate any other relevant data on a separate sheet of paper, which will assist in evaluating the above information: *Submit form showing proper ID*

# FINANCIAL INFORMATION

Date of Completion \_\_\_\_\_

Member's Name: \_\_\_\_\_ Co-Member's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Indicate combined assets of above Member(s), including contributions by other members of the family.**

### Assets:

Bank (Checking and Saving Accounts) Balance: \$ \_\_\_\_\_  
Deposits: Balance: \$ \_\_\_\_\_  
Cash on Hand (other than above): Balance: \$ \_\_\_\_\_

### Investments:

Net Worth in Member's Business: \$ \_\_\_\_\_  
Cash Value of Life Insurance: \$ \_\_\_\_\_  
Marketable Securities: \$ \_\_\_\_\_  
Stocks/Bonds: \$ \_\_\_\_\_  
Real Estate/Equity: \$ \_\_\_\_\_

### Personal Property -Automobiles (indicate year, make, model of each vehicle):

Year	Make	Model	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
<b>Total Assets:</b>			<b>\$ _____</b>

Have you ever had a judgment against you? Yes  No   
Amount of Income Taxes (paid last year): \$ \_\_\_\_\_  
Derogatory matters that you are aware of? Yes  No   
Have you ever been foreclosed upon? Yes  No   
Does this information accurately reflect your current status? Yes  No

### References (Personal and/or Business, please include city, state and zip code):

Name	Address	Telephone No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Annual Income:

Yearly Salary: Member: \$ \_\_\_\_\_  
Co Member: \$ \_\_\_\_\_

**Business Income:** \$ \_\_\_\_\_

**Investments(s) Income:**

Dividends \$ \_\_\_\_\_

Interest: \$ \_\_\_\_\_

Rentals \$ \_\_\_\_\_

**List from Other Sources:**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Annual Income** \$ \_\_\_\_\_

**Against Charges Income:**

Against Charges Income: \$ \_\_\_\_\_

Income Taxes (annually): \$ \_\_\_\_\_

Real Estate Taxes (annually): \$ \_\_\_\_\_

Mortgage or Rent (monthly): \$ \_\_\_\_\_

Utilities (monthly): \$ \_\_\_\_\_

Insurance/Real Estate (annually): \$ \_\_\_\_\_

Insurance/Life (annually): \$ \_\_\_\_\_

Installments/Accounts Payable (monthly): \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Liabilities**

Type	Balance	Monthly Payment	Current
------	---------	-----------------	---------

Automobile:	\$ _____	_____	\$ _____
-------------	----------	-------	----------

Automobile:	\$ _____	_____	\$ _____
-------------	----------	-------	----------

Credit Cards:	\$ _____	_____	\$ _____
---------------	----------	-------	----------

Bank Loans:	\$ _____	_____	\$ _____
-------------	----------	-------	----------

Other Loans or Accounts:	_____	_____	_____
--------------------------	-------	-------	-------

_____	\$ _____	_____	\$ _____
-------	----------	-------	----------

_____	\$ _____	_____	\$ _____
-------	----------	-------	----------

_____	\$ _____	_____	\$ _____
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**Total Liabilities** \$ \_\_\_\_\_

**Net Worth** \$ \_\_\_\_\_

Signatures Member: \_\_\_\_\_ Co-Member: \_\_\_\_\_



## VERIFICATION OF BANK DEPOSITS/PROOF OF PURCHASE FUNDS

**Applicant:** *Please complete only Section 1 and submit to the Financial Institution*

### Section 1: Authorization Information

<b>Applicant:</b> Present Address		Telephone No:	
	City:	State:	Zip Code:
<b>Applicant Statement</b> My signature below authorizes the bank (or other depository) herein named to furnish the information requested below to Town Square Cooperative, Inc. Your response is solely a matter of courtesy to which no responsibility is attached to the banking institution or to any of the officers.			
<b>Applicant Signature:</b>		<b>Date:</b>	
<b>BANK OR DEPOSITORY ACCOUNT NUMBERS</b>			
<b>Name:</b>			
<b>Address:</b>	City:	State:	Zip Code:
<b>Account Numbers:</b>			
<b>Telephone No.:</b>			

### Section 2: Requested Information

1.	Does applicant have any outstanding loans?	Yes	χ	No	χ
	If Yes, please specify the type of loan:	Secured	χ	Unsecured	χ
	Amount of monthly payment (for above) is:	\$ _____		Current Balance:	\$ _____
	Payment experience for the above is:	Favorable	χ	Unfavorable	χ
	If <b>UNFAVORABLE</b> , please specify/explain: _____				
2.	Types of other accounts applicant(s) has with the bank:				
	Checking	Yes	No	χ	Balance: \$ _____
	Savings	Yes	No	χ	Balance: \$ _____
	Certificate of Deposit	Yes	No	χ	Balance: \$ _____
	<b>Signature of Bank Depository Official:</b>				<b>Date:</b>
	Title	_____			_____

## VERIFICATION OF EMPLOYMENT

**Applicant:** *Please complete only Section 1 and submit directly to your employer for completion of Section 2*

### Section 1: Authorization Information

<b>Applicant:</b>		Telephone No:	
<b>Present Address:</b>	City:	State:	Zip Code:
<b>Applicant Statement</b>			
My signature below authorizes my employer herein named to furnish the information requested below to Town Square Cooperative, Inc. Your response is solely a matter of courtesy to which no responsibility is attached to the banking institution or to any of the officers.			
<b>Applicant Signature:</b>	<b>Date:</b>		

<b>COMPLETE NAME AND ADDRESS OF EMPLOYER:</b>			
<b>Address:</b>	<b>Name:</b>		
	City:	State:	Zip Code:
	<b>Telephone No.:</b>		

### Section 2: Requested Information

1.	Do you presently employ the applicant?	Yes	χ	No	χ
2.	If Yes, what is his/her position/job title?				
3.	Date of hire:				
4.	Is applicant likely to continue employment?	Favorable	χ	Unfavorable	χ
5.	Base pay is: \$	Annually χ	Monthly χ	Hourly χ	Other χ
6.	Total earnings in the past 12 months	\$	Regular hours worked weekly		\$
			Overtime pay (annually)		\$
			Other earnings (annually)		\$
	<b>Signature of Employer:</b>			<b>Date:</b>	
	<b>Title</b>				



## REQUEST FOR MORTGAGE PAYMENT HISTORY

**Applicant:** *Please complete only Section 1 and provide directly to the bank or other depository for completion of Section 2.*

**Section 1: Authorization**

<b>To:</b> _____	<b>Name:</b> _____
_____	<b>Loan ID#</b> _____
<b>Attn:</b> _____	_____
<b>Applicant's Statement</b>	
My signature below authorizes the bank (or other depository) herein named to furnish the information requested below to Town Square Cooperative, Inc. Your response is solely a matter of courtesy, to which no responsibility is attached to your institution or any of the officers	
<b>Applicant's Signature:</b> _____	<b>Date:</b> _____

**Section 2: Requested Information**

<b>Address of Property:</b> _____	
<b>Date Loan Opened:</b> _____	
Amount of monthly payments?	\$ _____
1. Does the loan ID# match with that of the account	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Is the account currently delinquent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Has the account been delinquent (previously)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of times late	___ Months
Date(s) of last delinquency:	___ ___ ___
Additional Information/Remarks _____	
<b>Signature:</b> _____	<b>Date:</b> _____
<b>Title:</b> _____	

This information is for the sole purpose of assisting the applicant with verification of his/her credit.  
Please mail to Town Square Cooperative, Inc. (above address) or fax to 313 393-4739

# REQUEST FOR VERIFICATION OF PRIOR TENANT OCCUPANCY

**Applicant:** *Please complete only Section 1 and provide directly to the property owner/landholder for completion of Section 2.*

**Section 1: Authorization**

<b>To:</b>	<b>Applicant's Name:</b> _____
	<b>Address:</b> _____
	<b>City, State:</b> _____
	<b>Month/Years:</b> _____
<b>Applicant's Statement</b>	
My signature below authorizes the person/company herein named to furnish the information requested below to Town Square Cooperative, Inc. Your response is solely a matter of courtesy, to which no responsibility is attached to your institution or any of the officers	
<b>Applicant's Signature:</b> _____	<b>Date:</b> _____

**Section 2: Requested Information**

Dear Sir/Madam: The above individual has filed an application with Town Square Cooperative, Inc. for membership. We would appreciate verification of your experience with this person as your tenant.	
1. Period of occupancy?	_____ to _____
2. Has the individual been delinquent (previously)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, how late within the previous 24 months? _____
3. Amount of monthly payments?	\$ _____
4. Does the individual have any pets?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Please circle one, denoting the cleanliness and care for the tenant's living environment	Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/>
6. Have tenant complained or criticized this individual's conduct?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please provide a brief explanation _____
<b>Signature:</b> _____	<b>Date:</b> _____
<b>Title:</b> _____	

This information is for the sole purpose of assisting the applicant with verification of his/her credit.  
Please mail to Town Square Cooperative, Inc. (above address) of fax to 313 393-4739

