

Branford Townhouses

Cooperative

9775 Pine Taylor, M2 48180-3405
(313)292-0810



EQUAL HOUSING
OPPORTUNITY

Membership Application

Non Refundable Processing Fees

Last name	First name	Initial Request date
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Number of Bedrooms	Application Number
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THANK YOU FOR YOUR INTEREST IN BRANFORD

BRANFORD TOWNEHOUSES COOPERATIVE is a 369 unit cooperative housing development founded in Taylor, Michigan in 1969. In 2004 the mortgage was refinanced with a private lender.

A Co-Op is a community within a community. Each member owns a share of the non-profit corporation, which owns the property, building, etc. Every member has specific rights and responsibilities as a shareholder. The members elect a Board of Directors to set policy and administrate the Co-Op's affairs.

Each applicant must execute an application and return it to the office with a certified check or money order (payable to BRANFORD TOWNEHOUSE COOPERATIVE) to cover the processing fee of the credit and criminal check. The application is processed by management with the option of appealing to the Board of Directors. In this manner, the Co-Op provides itself with membership selection, insuring a neighborhood of good, caring Co-Opers.

"Branford Townehouses Cooperative" recognizes its respective responsibilities under federal, state and local laws relating to non-discrimination in housing. The co-op recognizes the moral principles involved in the area of equal housing and has reaffirmed its commitment not to discriminate because of race, religion, color, age, sex, sexual preference or national origin."

pl, s2. The Management Plan

The applicant must fill out the entire form for consideration. Make sure to answer all questions and sign (all parties) in the required places.

Feel free to attach additional sheets of paper, if the answers to any questions are too long for the available space or, if you have additional comments or explanations.

Please direct any further questions to the office Monday-Friday 9am-5pm.
Office 313-292-0810 Fax 313-292-0620.

Branford Townehouses Cooperative

Dear Applicant,

Please be advised that you will need to provide the following information when you submit your application. All documents are to be original(s) i.e. driver's license, social security cards, etc. No previously copied documents will be accepted.

1. Driver's license and or state ID for all adults of the household.
2. Social Security cards for all household members
3. Proof of one month's verification of any/all income.
4. A \$25.00 **NON-REFUNDABLE**, money order for the Head of Household and Co Head of Household.
5. A \$13 **NON-REFUNDABLE**, for each additional adult member of the household.

WE WILL NOT ACCEPT INCOMPLETE APPLICATIONS.

Managed by Professional Property Services of Michigan

Section 1-APPLICATION INFORMATION

	Name	Address, Street, City, State and Zip Code	Home #	Work #	Cell #
Head of Household					
Co-Head Household					

Part 1-Household composition: List all Persons who will be living in your home, listing the head of household first.

Adults	Date of Birth	Relationship to HOH	S.S. Number	Status

LIST ALL PERSON(S) UNDER THE AGE OF 18

Child's Name	Date of Birth	Relationship to HOH	S.S. Number	Status

Part 2-Personal References: Please provide the name, address and phone number of the two personal non-related references.

NAME	COMPELTE ADDRESS	PHONE #

Section 2 RENTAL HISTORY

HEAD OF HOUSEHOLD

Present Landlord	Name:	
	Address, City, State, Zip:	
	Telephone: ()	Fax: ()
	Move in Date:	Move out Date:
	Reason for Leaving:	

Previous Landlord	Name:	
	Address, City, State, Zip:	
	Telephone: ()	Fax: ()
	Move in Date:	Move out Date:
	Reason for Leaving:	

CO HEAD OF HOUSEHOLD

Present Landlord	Name:	
	Address, City, State, Zip:	
	Telephone: ()	Fax: ()
	Move in Date:	Move out date:
	Reason for leaving:	

Previous Landlord	Name:	
	Address, City, State, Zip:	
	Telephone: ()	Fax: ()
	Move in Date:	Move out date:
	Reason for Leaving:	

Please use additional sheets of paper if necessary

SECTION 3 INCOME SOURCES:

- | | |
|---|---|
| <input type="radio"/> Alimony | <input type="radio"/> SSI Supplementary Security Income |
| <input type="radio"/> Child Support | <input type="radio"/> FIA-Quarterly payment for SSI \$42 every 3 months |
| <input type="radio"/> FIA/Public Assistance (AFDC,TANF or GA) | <input type="radio"/> Strike Benefits |
| <input type="radio"/> Interest/Dividends | <input type="radio"/> Tips and Bonuses |
| <input type="radio"/> Military Active Duty Allotments | <input type="radio"/> Unearned Income for Family members age 17 and under |
| <input type="radio"/> Other: Type _____ | <input type="radio"/> Unemployment Compensation |
| <input type="radio"/> Ownership of a business or Self Employment | <input type="radio"/> Veterans Administration/GI Bill |
| <input type="radio"/> Pension/Retirement Funds | <input type="radio"/> Wage, Salary, Pay |
| <input type="radio"/> Real or Personal Property (Rental Income) | <input type="radio"/> Workers Compensation |
| <input type="radio"/> Regular support from persons not residing in the unit | <input type="radio"/> Severance Pay |
| <input type="radio"/> Social Security or Railroad Retirement Act | |

Anything checked in the above section please list in detail below

Applicant Name: _____ Amount \$ _____ How often is income? Circle one: Weekly Bi-Weekly Monthly Annual Other _____ Source of Income: _____ Contact Person or representative: _____ Phone #: _____ Fax#: _____
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Please use additional sheets of paper if necessary

SECTION 4 REAL ESTATE OWNED:

Type of property: _____ Commercial _____ Residential _____ Farm

Address of property: _____ Name _____
 _____ Address _____
 _____ of Mortgagee _____

Estimated Resale Value	\$
(Minus) Indebtedness	\$
(Equals) Cash Value	\$

Estimated Annual Gross Income	\$
(Minus) Estimated Annual Operating Expense Including Taxes	\$
(Equals) Estimated Annual Income	\$

CHECK ANY OF THE FOLLOWING THAT APPLY TO YOU:

_____ Losing home to foreclosure

_____ Short Sale of home

_____ Spouse is gaining ownership of home in divorce

_____ Other: Please Explain: _____

I understand that the above information is being collected to determine my eligibility. I authorize the manager to verify all information provided on the application and to contact previous or current landlords or other sources for credit and verification information which may be release to appropriate Federal, State, or local agencies. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand the processing fee is not refundable. I certify I provided proof of Social Security Number for all household members age 6 and over.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

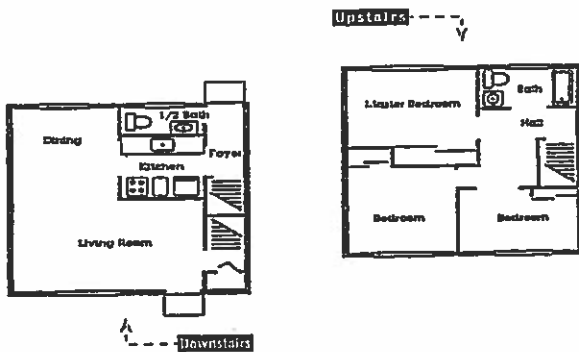
FLOOR PLANS & UNIT INFORMATION

Here's how to live like never before! Enjoy every benefit of owning your own home without time-consuming home maintenance.

Branford Townhouses brings you this leisure-filled way of life in one of eight excitingly different home designs (please note we cannot guarantee what the next available unit will be). Your new home gives you a personal patio area and paved parking area. Conveniently located nearby are special play areas for your children to enjoy. All cares of home upkeep are taken away! No worries about lawn mowing, snow removal, exterior painting, plumbing or electrical work because it is all taken care of by our experienced maintenance staff.

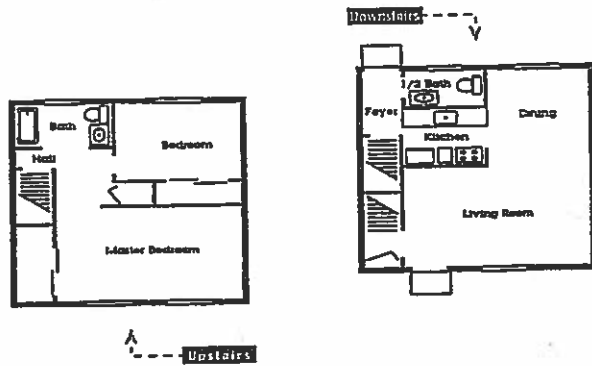
Remember, membership values may increase as the years pass by, so while you live like never before, your investment in Branford Townhouses has the potential to keep on growing.

"P" Style



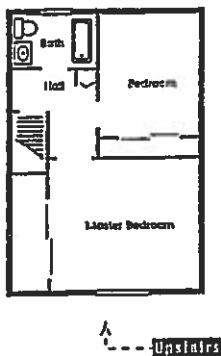
3 Bedroom • 1-1/2 Bath
936 Sq. ft.

"M" Style



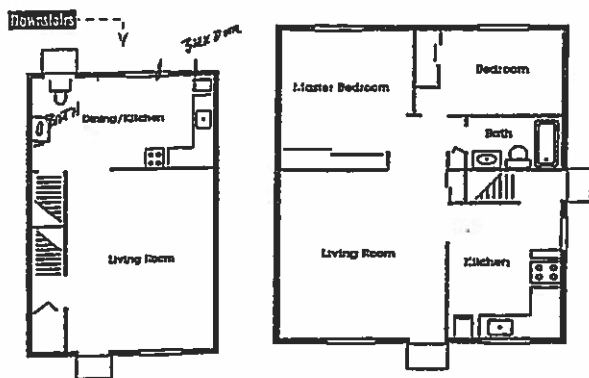
2 Bedroom • 1-1/2 Bath
897 Sq. ft.

H+L Style



2 Bedroom
744 Sq. ft.

"k" Style



2 Bedroom Ranch
747 Sq. ft.

"J" Style



1 Bedroom Ranch

This form cannot be used to request a copy of a tax return. Use IRS form 4306, Request for a copy of Tax Form.

Organization requesting release of information:

**BRANFORD TOWNEHOUSES COOPERATIVE, JOY GREENE, MANAGER
9775 PINE TAYLOR, MI 48180**

Purpose: The above named organization may use this authorization and the information obtained with it to administer and enforce program rules and policies.

Authorization: I authorize the release of any information (including documentation and other materiel(s) pertinent to eligibility for membership in Branford Townehouses Cooperative.

I authorize the above named organization to obtain information about myself and/or my family that is pertinent to eligibility for membership. **This authorization may be used any time prior to the applicant moving in or any time the member resides at Branford Townehouses Cooperative.** I authorize Branford Townehouses Cooperative to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

Information Covered: Inquiries may be made about:

Credit History	Identity and Marital Status
Criminal Activity	Banking
Family Composition	Social Security Numbers
Employment, Income, Pensions and Assets	Residences and Rental History
Federal, State Tribal or Local Benefits	

Employment Information: I also authorize the above named organization and HUD to obtain information about me and my family that is pertinent to employment income information from current and former employers.

Conditions: I agree that photocopies of this authorization may be used for the purposes stated above. If I or any adult members of my family fail to sign this authorization, I understand that his action may constitute ground for denial of eligibility for membership.

State Wage Agencies: I authorize Branford Townehouses Cooperative to obtain information on wages or unemployment compensation from State Agencies charged with the State unemployment law.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure or information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained the Social Security Act at 42 U.S.C. 208(f)(g) and (h). Violation of these provisions are cited as violations of 42 U.S.C 408 (f), (g) and (h).

Signatures, Printed Name and Date of all household members over the age of 18.

Head of Household: _____

Other Adult Member: _____

Other Adult Member: _____

Other Adult Member: _____