



HIGHLANDS  
COOPERATIVE ASSOCIATION

## APPLICATION INSTRUCTIONS

1. Print entire application packet. All pages must be filled out and returned to the Highlands Office with a \$45.00 check or money order.
2. You must fill out the Verification Checklist for everyone over 18 who will reside in the townhome.
3. We will require a copy of the previous year's entire Federal Income Tax Form (1040) to verify income for all occupants over 18. If you did not file income tax for the previous year, please check with the office for other acceptable proof of income.
4. You will be required to provide proof of Social Security Numbers for all persons who will reside in the townhome. You can either verify the Social Security Numbers by:
  - 1) providing the actual Social Security Cards
  - 2) the person(s) are listed on the Federal Income Tax 1040 form with their Social Security Numbers

**Thank you for your interest in making  
Highlands Cooperative Association your home!**

04/2019



Property Name

# COOPERATIVE MARKET APPLICATION

Size townhome desired:

Desired Move-in Date:

(Please Print)	APPLICANT	CO-APPLICANT
First Name		
Middle Name		
Last Name		
Street Address		
City, State, Zip Code		
Contact Number		
Email		
Date of Birth		
Social Security #		
Photo ID #		
Vehicle Make/Model		

### APPLICANT: Background Information for persons over 18 years old

Ever been convicted of a crime?  NO  YES If yes: describe offense

Other states you have resided:

Any member of your household subject to a lifetime state offender registration program in any state  NO  YES

### CO-APPLICANT: Background Information for persons over 18 years old

Ever been convicted of a crime?  NO  YES If yes: describe offense

Other states you have resided:

Any member of your household subject to a lifetime state offender registration program in any state  NO  YES

FULL NAME of ADDITIONAL OCCUPANT #1	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED BELOW				
Ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:				
Other states you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state <input type="checkbox"/> NO <input type="checkbox"/> YES				

FULL NAME of ADDITIONAL OCCUPANT #2	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED BELOW				
Ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:				
Other states you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state <input type="checkbox"/> NO <input type="checkbox"/> YES				

FULL NAME of ADDITIONAL OCCUPANT #3	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED BELOW				
Ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:				
Other states you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state <input type="checkbox"/> NO <input type="checkbox"/> YES				



<b>FULL NAME of ADDITIONAL OCCUPANT #4</b>	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				
Ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:				
Other states you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state <input type="checkbox"/> NO <input type="checkbox"/> YES				

<b>FULL NAME of ADDITIONAL OCCUPANT #5</b>	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				
Ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:				
Are there any Felony charges against you? <input type="checkbox"/> NO <input type="checkbox"/> YES Other states you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state <input type="checkbox"/> NO <input type="checkbox"/> YES				

<b>FULL NAME of ADDITIONAL OCCUPANT #6</b>	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				
Ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:				
Are there any Felony charges against you? <input type="checkbox"/> NO <input type="checkbox"/> YES Other states you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state <input type="checkbox"/> NO <input type="checkbox"/> YES				

<b>FULL NAME of ADDITIONAL OCCUPANT #7</b>	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				
Ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:				
Other states you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state <input type="checkbox"/> NO <input type="checkbox"/> YES				

\*If more than 7 additional household members, attach additional sheet.

	Name of Member/Occupant	Source of Income	Phone number	Occupation	Monthly Income
1 <sup>st</sup> Source					
2 <sup>nd</sup> Source					
3 <sup>rd</sup> Source					
4 <sup>th</sup> Source					
5 <sup>th</sup> Source					
6 <sup>th</sup> Source					
7 <sup>th</sup> Source					

\*If more source of income, attach additional sheet



RESIDENCE HISTORY						
	Management or Mortgage Co.	Phone Number	Address	Date of Residency From/To	Rental amount	Reason for Leaving
Present Landlord						
Previous Landlord						

Does your household require any accessible features?  NO  YES Describe:

Does your household have any reasonable accommodation requests?  NO  YES Describe:

PETS  NO  YES If so, please specify: (type, breed, weight, age)

EMERGENCY CONTACT			
Name	Telephone	Relationship	Email

Applicant has submitted the sum of \$ \_\_\_\_\_ which is a nonrefundable payment for a credit check and/or criminal conviction check.  
 \_\_\_\_\_  
 (Applicant Initials)

How did you hear about our Community?

Newspaper       Apartment Guide       Referred by : \_\_\_\_\_

Internet       Drive by       Other: \_\_\_\_\_

Obligation of Receiving Party: Receiving Party shall hold and maintain the Confidential Information in this application in the strictest confidence for the sole and exclusive benefit of the Disclosing Party. Receiving Party shall carefully restrict access to Confidential information to employees, contractors and third parties as is reasonably required and shall require those persons to sign nondisclosure restrictions at least as protective as those in the Agreement. Receiving Party shall not, without prior written approval of Disclosing Party, use for Receiving Party's own benefit, publish, copy or otherwise disclose to others, or permit the use by others for their benefit or to the detriment of Disclosing Party any Confidential Information. Receiving Party shall return to Disclosing Party any and all records, notes and other written, printed or tangible materials in its possession pertaining to Confidential Information if Disclosing Party requests, it in writing.



**AGREEMENT & AUTHORIZATION SIGNATURE/S**

By signing this application, the undersigned hereby authorizes PROPERTY NAME to investigate and confirm the information stated by the person/s signing this form. The undersigned understands and agrees that said investigation may include but not be limited to obtaining a standard credit report and criminal background investigation. To the best of my knowledge, the above information is true and accurate.

_____ Applicant Signature	_____ Date
_____ Co-Applicant Signature	_____ Date
_____ Occupant #1 Signature (If over 18)	_____ Date
_____ Occupant #2 Signature (If over 18)	_____ Date
_____ Occupant #3 Signature (If over 18)	_____ Date
_____ Occupant #4 Signature (If over 18)	_____ Date
_____ Occupant #5 Signature (If over 18)	_____ Date
_____ Occupant #6 Signature (If over 18)	_____ Date
_____ Occupant #7 Signature (If over 18)	_____ Date
_____ Management Signature.....	_____ Date

**We are an equal housing opportunity provider. We provide housing without discrimination in accordance with any/all local, state, and federal civil rights and fair housing legislation.**

FOR OFFICE USE ONLY

APPLICATION UPDATES		MONIES DELIVERED W/ THIS APPLICATION	
DATE	NEW INFORMATION	Deposit	\$
		Application Fee	\$
		Pet Fee/Deposit	\$
		Other	\$



# HOUSEHOLD COMPOSITION CERTIFICATION

Applicant's Name	Address
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**PLEASE LIST YOURSELF, ALL DEPENDENTS AND PERSONS LIVING WITH YOU.**

NAME: LAST	FIRST	M.I.	RELATION- SHIP	BIRTH DATE	PLACE OF BIRTH CITY, STATE	SOCIAL SECURITY #	OCCUPATION	ANNUAL INCOME

I/We certify that the information given above is an accurate account of our household composition and is our total household income for the next twelve months. I/We understand that false information will place me/us in violation of the terms of our Lease and/or Occupancy Agreement and render me/us liable for prosecution.

Home Phone:	Work Phone:	Emergency contact:	Phone number:
Applicant's Signature:	Date:	Co-applicant's Signature:	Date:

**To be signed at time of move-in:**

I/We certify that the information given above is still an accurate account of our household composition and total household income for the next twelve months. I/We understand that false information will place me/us in violation of the terms of the Occupancy Agreement and render I/we liable for prosecution.

Member's Signature	Date
Member's Signature	Date

VERIFICATION CHECKLIST

COMPLETE A SEPARATE FORM FOR EACH HOUSEHOLD MEMBER WHO IS 18 OR OLDER.  
I RECEIVE OR EXPECT TO RECEIVE INCOME FROM THE FOLLOWING SOURCES:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I file Federal Income Taxes   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a job and receive money/wages, tips or bonuses. How many jobs? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am self employed.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Public Assistance ( <u>Except Food Stamps and Medicare</u> ).   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Social Security.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Supplemental Security Income (SSI).   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive quarterly payments from Family Independence Agency for the State-paid portion of a SSI grant.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive unearned income from family members age 17 or under (Example: Social Security).   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive disability or death benefits other than Social Security.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive unemployment benefits.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payment from Workers' Compensation.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Veteran's Administration benefits.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive military active duty allotments.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive cash contributions or gifts including rent or utility payments on an ongoing basis from persons not living with me.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive child support or alimony. If yes, additional documentation is required (i.e. State Income Tax Return, statement from Friend of the Court, Court Order, Etc.). |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive adoption assistance payments.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive payments from retirement funds or pensions.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive monthly income from rental of real estate, land contract or personal property.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a member of an Indian Tribe receiving gaming payments.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have income from sources other than those listed above (list types below).  |

**OTHER:**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have provided proof of Social Security Numbers for all household members 18 years of age and older. |
|--------------------------|--------------------------|---|

I certify to the best of my knowledge that all statements are true, and I understand that providing false information will result in denial or termination of benefits.

Signature

Date

\*\*\*\*\*NOTE\*\*\*\*\*

**YOU MUST PROVIDE PROOF OF YOUR INCOME. SEE INCOME REVIEW PAGE FOR INFORMATION ON WHAT DOCUMENT(S) NEEDS TO BE PROVIDED TO THE OFFICE.**