

**COLONIAL SQUARE COOPERATIVE
APPLICATION FOR MEMBERSHIP**

(APPLICATION FEE \$30)

Date _____

E-Mail _____

Unit number _____ Address _____

HOUSEHOLD COMPOSITION

	Last Name	First Name	M.I	Gender	Relationship to Member	Date of Birth
1				M - F	Member	
2				M - F		
3				M - F		
4				M - F		
5				M - F		

	Social Security Number	Occupation	Current address	Phone Number
1				
2				
3				
4				

HOME OWNER INSURANCE INFORMATION

NAME OF INSURANCE COMPANY: _____ NAME OF AGENT: _____

You must have proof of insurance at closing.

MORTGAGE INFORMATION

NAME OF LENDER : _____ LOAN COORDINATOR _____

PERSON(S) ON THE MORTGAGE: _____, _____

BUYER'S REALTOR INFORMATION

REALTOR: _____ COMPANY: _____ PHONE #: _____

LANDLORD REFERENCES (2)

NAME OF PROPERTY: _____ CONTACT: _____ PHONE#: _____

NAME OF PROPERTY: _____ CONTACT: _____ PHONE#: _____

PERSONAL REFERENCES (2)

NAME: _____ ADDRESS: _____ PHONE#: _____

NAME: _____ ADDRESS: _____ PHONE#: _____

EMPLOYMENT AND EMERGENCY INFORMATION

INFORMATION MUST BE COMPLETED FOR EACH PERSON EMPLOYED IN THE HOUSEHOLD.

Name _____
 Employer _____
 Address of Employer _____
 Employer Telephone Number _____

Name _____
 Employer _____
 Address of Employer _____
 Employer Telephone Number _____

Name _____
 Employer _____
 Address of Employer _____
 Employer Telephone Number _____

Name _____
 Employer _____
 Address of Employer _____
 Employer Telephone Number _____

EMERGENCY CONTACT INFORMATION

Please provide contact information for at least two persons in case of a household emergency in which you are not available. Preferably we would like the information for your nearest living relatives or friends.

Name _____	Name _____
Address _____	Address _____
Telephone Number _____	Telephone Number _____
Cellular or Work Number _____	Cellular or Work Number _____
Relation _____	Relation _____

PETS: Dog(s) # _____ Cat(s) # _____ Other # _____ *(please specify type of pet)* _____

Please list the number of licensed drivers in your household: _____

Please list all vehicles below:

	Year	Make	Model	Lic. Plate #	Color
1					
2					
3					
4					

Have you or any members of the household been convicted of a criminal offence. **YES** **NO**
 If yes give explanation: _____

I (We) understand that inaccurate or incomplete information may result in immediate rejection or cancellation of this application or termination of membership at Colonial Square Cooperative. I (We) authorize the Cooperative or its' agents to make a thorough investigation of credit or other information which is required to process this application. The processing fee which accompanies this application is non refundable I (We) have read and understand all the above information.

SIGNATURES:

Head of Household _____ Date: _____
 Co-Head or Spouse _____ Date: _____
 Resident: _____ Date: _____
 Resident: _____ Date: _____