FORM APPROVED OMB No. 0575-0189

APPLICATION FOR COOPERATIVE HOUSING MEMBERSHIP

PLEASE PRINT OR WRITE OUT CLEARLY

NOTE: Page 2 may be used if additional space is required to answer any question. If the "Co-Applicant" response in Item 2 matches answer given by "Applicant" in Item 1, please indicate answer by writing "SAME". 1. APPLICANT 2. CO-APPLICANT AGE NAME NAME AGE OTHER NAMES USED WITHIN LAST 2 YEARS OTHER NAMES USED WITHIN LAST 2 YEARS SOCIAL SECURITY NO. HOME PHONE **BUSINESS PHONE** SOCIAL SECURITY NO. HOME PHONE **BUSINESS PHONE** PRESENT ADDRESS (Street & No., City, State & Zip Code) PRESENT ADDRESS (Street & No., City, State & Zip Code) FORMER ADDRESS IF LESS THAN 2 YEARS AT PRESENT ADDRESS FORMER ADDRESS IF LESS THAN 2 YEARS AT PRESENT ADDRESS MARITAL STATUS MARITAL STATUS ☐ MARRIED ☐ SEPARATED ☐ UNMARRIED (including single, divorced& widowed) ☐ MARRIED ☐ SEPARATED ☐ UNMARRIED (including single, divorced& widowed) ARE YOU A CITIZEN OR PERMANENT RESIDENT OF THE U.S.? □YES□ NO ☐ YES ☐ NO ARE YOU A CITIZEN OR PERMANENT RESIDENT OF THE U.S.? HAVE YOU EVER OBTAINED A LOAN FROM RD? ☐YES ☐ NO ☐ YES ☐ NO HAVE YOU EVER OBTAINED A LOAN FROM RD? IF "YES", WHEN? WHERE? IF "YES", WHEN? WHERE? ARE YOU PRESENTLY RENTING? (If "Yes," complete next 3 Items) ☐ YES ☐ NO ARE YOU PRESENTLY RENTING? (If "Yes," complete next 3 Items) ☐YES ☐ NO NAME AND ADDRESS OF LANDLORD NAME AND ADDRESS OF LANDLORD HOW LONG HAVE YOU BEEN RENTING? MONTHLY RENT HOW LONG HAVE YOU BEEN RENTING? MONTHLY RENT NAME AND ADDRESS OF BANK WITH WHICH YOU CONDUCT BUSINESS NAME AND ADDRESS OF BANK WITH WHICH YOU CONDUCT BUSINESS COMPLETE NAME. ADDRESS. AND ZIP CODE OF EMPLOYER COMPLETE NAME, ADDRESS, AND ZIP CODE OF EMPLOYER DATE OF EMPLOYMENT DATE OF EMPLOYMENT GROSS INCOME (Check One) GROSS INCOME (Check One) ☐ ANNUAL ANNUAL \$___ TO TO ☐ MONTHLY \$ ___ ☐ MONTHLY \$_ PRESENT FROM FROM PRESENT ☐ WEEKLY ☐ WEEKLY \$ ____ TYPE OF WORK TYPE OF WORK ☐ HOURLY ☐ HOURLY \$_ 3. IF EMPLOYED IN CURRENT POSITION FOR LESS THAN 3 YEARS GIVE PAST 3 YEARS EMPLOYMENT HISTORY A = Applicant, C = Co-Applicant)DATE OF ANNUAL **EMPLOYMENT** NAME AND ADDRESS OF EMPLOYER TYPE OF WORK REASON FOR CHANGE OR **GROSS INCOME** C (From-To)

4. AGES OF PERSONS WHO WILL BE LIVING IN THE HOUSE	EHOLD (Other than applicant/co-applicant) WHO AR	ιE:
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5. CNILD CARE (Militors who are 12 years of age or under for whom you hire a babysitter or leave at child 5. CNILD CARE (Militors who are 12 years of age or under for whom you hire a babysitter or leave at child 6. FOR ELDERLY FAMILY (DISABLED) ONLY (To qualify for an exemption(s) under this category, the head, spouse, or sile member of the family or at least one of two or more persons who rave living together, must be the applicant/borrower, on-applican/too-borrower, and must be 62 years of age or older, or disabled) INDICATE: ELDERLY DISABLED TOTAL MEDICAL STREMES NOT COVERED BY INSURANCE TOTAL MEDICAL STREMES NOT COVERED BY INSURANCE STREMES ST	UNDER IS YEARS				18 YEARS OR OLDER WHO ARE FULL-TIME STUDENTS OR DISABLED					
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T. FINANCIAL STATEMENTS AS OF DATE OF APPLICATION This statement may be completed jointly by Applicant and Co-Applicant if their assets and liabilities are sufficiently joined so that the stateme can be meaningfully and fairly presented on a combined basis. Otherwise a separate statement is required. COMPLETED JOINTLY									LIKED DI INCOMMOL,	
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		RECEIVED LAST 12 MONTHS		DI ANNIED NEVT 42 MONTHS						
8. HOUSEHOLD INCOME		APPLICANT	1	1		CO-APPLICANT	APPLICANT OTHER APPLIES			
6. HOUSEHOLD INCOME		APPLICANT	CO-APPLICANT	OTHER ADULTS	APPLICANT	CO-APPLICANT	OTHER ADULTS			
TOTAL EARNINGS										
OTHER NON-BUSINESS INCOME (Soci	* * * * * * * * * * * * * * * * * * * *									
welfare child support, GI, interest and div	,									
Attach latest annual operating statement)										
ALL OTHER INCOME (Specify)										
TOTAL INCOME	≣									
9. HOUSEHOLD EXPENSES			SPENT LAST 12 M	IONTHS	Р	PLANNED NEXT 12 MONTHS				
LIVING (Food, clothing, utilities, etc.)										
TAXES PAID										
CAPITAL GOODS BOUGHT FOR CASH (Furniture, TV, car, etc.)										
ALL OTHER PAYMENTS (Specify)										
TOTAL EXPEN	SES									
false, fictitious or fraudulent	statement or entry, s	nali be fined	under this title or	imprisoned not mor	e that five year					
SIGNATURE OF APPLICANT						DATE				
SIGNATURE OF CO-APPLICANT (If any)					DATE				
11. VOLUNTARY INFORMAT	ION FOR MONITORI	NG PURPOS	ES							
The following information is request the basis of race, national origin, ar or to discriminate against you in any of visual observation or surname.	nd sex. You are not requi	red to furnish th	nis information, but	are encouraged to do	so. This informat	ion will not be used in	evaluating your application			
APPLICANT				CO-APPLICANT						
RACE			RACE							
WHITE BLACK C	N AMEDICAN	AMERICAN INDIA OR ALASKAN NA	"		BLACK OR AFRICAN AMERIC	AN	AMERICAN INDIAN OR ALASKAN NATIVE			
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	ARE YOU A VETERAN OR E	ENTITLED TO	□ NO □ N	IALE FEMALE		A VETERAN OR ENTITI S BENEFITS?	ED TO			
	(This question not used for r	monitoring purpos	es)	 -		tion not used for monitor				
DATE S	IGNATURE OF DISTRICT D			RICT DIRECTOR RMINATION OF ELIGIBIL	ITY RACI	AL DATA PROVIDED B'	<u> </u>			
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