

CHATEAUFORT PLACE COOPERATIVE

c/o MAGAR & COMPANY

22100 WOODWARD AVENUE, FERNDALE, MI 48220

APPLICATION FOR MEMBERSHIP

Date: _____

Unit to be occupied: _____

Note to Applicant:

As a member of Chateaufort Place, you would become a one-sixtieth owner of the entire co-op and equally responsible, along with all the other members, for the corporation's financial viability. To protect everyone's investment, including the one that you are about to make, all prospective members are asked for certain personal and financial information. Your cooperation is appreciated. The information provided is reviewed by the Board Members and is considered confidential. Chateaufort fully subscribes to a policy of non-discrimination, which is spelled out in the Occupancy Agreement, a copy of which you are encouraged to request and read.

Applicant's statement: The representations and warranties herein made are true and are intended to be relied upon by the member, Agent, and Board of Directors in connection with this application.

Applicant:

Co-Applicant:

Name: _____

Name: _____

Social Security #: _____

Social Security #: _____

Annual Income: \$ _____

Annual Income: \$ _____

Name & Address of Employer:

Name & Address of Employer:

Telephone #: _____

Telephone #: _____

How Long Employed: _____

How Long Employed: _____

Position Held: _____

Position Held: _____

Previous Employment: _____

Previous Employment: _____

Applicants Present Address:

Applicants Present Address:

Home Phone: _____

Home Phone: _____

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Length of time at Present Address: _____

Length of time at Present Address: _____

Own _____ Rent _____

Own _____ Rent _____

Present Landlord: _____

Present Landlord: _____

of persons to occupy unit: _____

of & Type of Pets: _____

Name & Relationship of other persons to occupy unit: _____

Please describe any home based business any occupant intends to conduct in Chateaufort: _____

FINANCIAL INFORMATION

(A credit reporting agency will be contacted and a copy of your credit history will be obtained to verify information provided.)

APPLICANT

CO-APPLICANT

Annual Income: \$ _____

Annual Income: \$ _____

Income tax paid in previous year: \$ _____

Income tax paid in previous year: \$ _____

ASSETS:

Checking Acct. Balance \$ _____

ASSETS:

Checking Acct. Balance: \$ _____

Savings Acct. Balance \$ _____

Savings Acct. Balance: \$ _____

Other Asset Acct. Bal. \$ _____

Other Asset Acct. Bal \$ _____

INVESTMENTS:

(a) Net worth in Business \$ _____

(a) Net Worth in Business \$ _____

(b) Cash Value Life Ins. \$ _____

(b) Cash Value Life Ins. \$ _____

(c) Marketable Securities \$ _____

(c) Marketable Securities \$ _____

(d) Bonds \$ _____

(d) Bonds \$ _____

(e) Real Estate, Equity \$ _____

(e) Real Estate, Equity \$ _____

Personal Property: \$ _____

Personal Property: \$ _____

Automobile(s): \$ _____

Automobile(s): \$ _____

Year, Make, Model _____

Year, Make, Model _____

TOTAL ASSETS: \$ _____

TOTAL ASSETS: \$ _____

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LIABILITIES: [Please note Applicant (A) or Co-Applicant (C)]

Notes Payable (List)	(A or C)	Monthly Payment	Unpaid Balance
(a) _____	_____	\$ _____	\$ _____
(b) _____	_____	\$ _____	\$ _____
(c) _____	_____	\$ _____	\$ _____

Installment Accounts Payable (List)

(a) _____	_____	\$ _____	\$ _____
(b) _____	_____	\$ _____	\$ _____
(c) _____	_____	\$ _____	\$ _____
(d) _____	_____	\$ _____	\$ _____

(attach separate sheet if necessary)

Total liabilities \$ _____

Net Worth \$ _____

INCOME:

Total Combined Annual Income from Employment: \$ _____

Income from Investments: \$ _____

Income from Other Sources (explain): \$ _____

Total Annual Income: \$ _____

CHARGES AGAINST INCOME:

Income Taxes: \$ _____

Real Estate Taxes: \$ _____

House Payment (or rent) -Monthly \$ _____

Utilities -Monthly \$ _____

House Insurance Premium -Annual \$ _____

Life Insurance Premium -Annual \$ _____

Total Installment Accounts Payments \$ _____

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CASH INVESTMENT REQUIRED TO PURCHASE UNIT:

Total Investment \$ _____ Balance Due \$ _____

Amount of Deposit \$ _____ Estimated Monthly Charge \$ _____

Name(s) to appear on membership certificate: (Please Print)

(If membership certificate is to be issued in the name of a living trust, please provide details about the trust.)

Where will funds come from to purchase the equity (shares)?

Is the purchase of the equity (shares) contingent upon another event, such as approval of a Share Loan or sale of other property? Yes _____ No _____

REFERENCES: Personal and/or Business (Please include, City and Zip Code)

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

The representations and warranties herein made are true and intended to be relied upon by the member, by the cooperative's agent, and by its Board of Directors in connection with this application.

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

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Request for Verification of Bank Deposits

Applicant Information: Name: _____

Address: _____

Account #: _____

Applicant Statement:

My signature below authorizes that the bank or other depository herein named furnish the information requested below to Professional Property Services, Inc., Agent for Chateaufort Place Cooperative. Your response is solely a matter of courtesy for which no responsibility is attached to your institution or any of your officers.

Signature of Applicant: _____ Date: _____

Name and Address of Bank or Depository:

Information Requested:

1. Does Applicant have any outstanding loans? Yes _____ No _____

2. If yes, what type of loan? Secured _____ Unsecured _____

3. Monthly payment for above \$ _____ Present Balance \$ _____

4. Payment Experience: Favorable _____ Unfavorable _____

5. If payment experience if unfavorable, please explain: _____

6. Type of Account that applicant has with you:

Checking _____ Balance \$ _____

Savings _____ Balance \$ _____

Other (Cert. of Dep., etc.) _____ Balance \$ _____

Signed: _____

Date: _____

Signature of Official of Bank or other Depository

Title: _____

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Request for Verification of Employment

Part A:

Applicant to complete all items in Part A:

Name and address of Applicant:

Name and address of Employer:

My signature below authorizes the employer to furnish the information requested:

Signature of Applicant: _____ Social Sec. # _____

Date: _____

Part B:

INSTRUCTIONS TO EMPLOYER:

Complete all items in part B and return form directly to:

Magar & Company

22100 Woodward Avenue Ferndale, MI 48220

Phone 248-298-2775 Fax 248-298-2776

1. Is Applicant currently employed by you? Yes _____ No _____

2. Applicant's position or job title: _____

3. Dates of Employment: From _____ to _____

4. Is Applicant likely to continue employment? Yes _____ No _____

5. Applicants present base pay is: \$ _____

6. This base pay is paid: Annually _____ Monthly _____ Hourly _____

7. Applicants earnings in the last 12 months: \$ _____

Base Earnings: \$ _____

Overtime Earnings: \$ _____

Other Income: \$ _____

Avg # of hours worked per week: _____

Signature & Title of Employer: _____

Date: _____