

# CHATEAUFORT PLACE COOPERATIVE

*Marcus Management, Inc.*

30999 W. 10 Mile Road, Farmington Hills, MI 48336

## 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 cooperative 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: \_\_\_\_\_

**CHATEAUFORT PLACE COOPERATIVE**

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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 \$ \_\_\_\_\_  
Savings Acct. Balance \$ \_\_\_\_\_  
Other Asset Acct. Bal. \$ \_\_\_\_\_

**ASSETS:**

Checking Acct. Balance: \$ \_\_\_\_\_  
Savings Acct. Balance: \$ \_\_\_\_\_  
Other Asset Acct. Bal \$ \_\_\_\_\_

**INVESTMENTS:**

(a) Net worth in Business \$ \_\_\_\_\_  
(b) Cash Value Life Ins. \$ \_\_\_\_\_  
(c) Marketable Securities \$ \_\_\_\_\_  
(d) Bonds \$ \_\_\_\_\_  
(e) Real Estate, Equity \$ \_\_\_\_\_

(a) Net Worth in Business \$ \_\_\_\_\_  
(b) Cash Value Life Ins. \$ \_\_\_\_\_  
(c) Marketable Securities \$ \_\_\_\_\_  
(d) Bonds \$ \_\_\_\_\_  
(e) Real Estate, Equity \$ \_\_\_\_\_

Personal Property: \$ \_\_\_\_\_

Personal Property: \$ \_\_\_\_\_

Automobile(s): \$ \_\_\_\_\_

Year, Make, Model \_\_\_\_\_

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TOTAL ASSETS: \$ \_\_\_\_\_

Automobile(s): \$ \_\_\_\_\_

Year, Make, Model \_\_\_\_\_

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: \_\_\_\_\_

**CHATEAUFORT PLACE COOPERATIVE**

*Marcus Management, Inc.*

30999 W. 10 Mile Road, Farmington Hills, MI 48336

**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: \_\_\_\_\_

**CHATEAUFORT PLACE COOPERATIVE**

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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:

*Marcus Management*

*30999 W. 10 Mile Road, Farmington Hills, MI 48336*

*Phone: (248)553-4700 Fax: (248)553-4570*

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: \_\_\_\_\_