

**Consolidated Co-ops
of Scottsdale East, Inc.**

8151 E. GARFIELD ST.
SCOTTSDALE, ARIZONA 85257
PHONE (480) 947-3941
FAX (480) 947-6553

DOCUMENTS NEEDED TO PROCESS A NEW MEMBERSHIP APPLICATION

Welcome to Consolidated Co-ops of Scottsdale East, Inc., (Co-op). Please fill out the membership application completely and return the application with the required documentation and a nonrefundable check for \$30.00 per member over the age 18 years of age to the above location. We must have the following documentation to start the review process.

1. Please complete your employment and salary/income information with employment references.
*Income should be at least three times the monthly maintenance fee per month amount.
2. Please provide two months of pay stub copies.
3. Please send in a copy of your driver's license or photo ID for identification per member or occupant over the age of 18 years of age.
4. If you are unemployed, retired or on disability; please provide proof of income.
5. Please provide copies of the last two years' tax returns.(Only if retired, on disability or self-employed)
6. Please provide copies of current bank statement(s), stock statements, SSI income statements, or other source of income.(Only if retired, on disability or self-employed)
7. Do you own a pet? If yes, pets must be registered and vaccinated.
 - a. Please provide a photo and a copy of the license and current vaccinations.
 - b. There is a \$200 non-refundable pet fee due at closing for each pet or \$100.00 if neuter or spayed.
 - c. Damage done to the unit by your pet will be your responsibility.
8. The enclosed non-refundable check of \$30.00 will be used to run credit/background checks.
 - a. A fico score of 650 and above is required for consideration of application for membership.
 - b. Any criminal activity will result in possible rejection of this application.
 - c. Falsifying any information on this application will result in automatic rejection of this application.

Furnishing the above information does not guaranty approval of membership. The processing of this application may take two to six weeks. The applicant must provide the above documents before the review process can begin; there are no exceptions. **Please review our rules and regulations on the Co-op's website: <http://consolidatedcooperatives.com/>.**

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Interested Unit Number: _____ Sale Price: _____ Number of bedrooms: _____ Date: _____

First, Middle, and Last Name: _____
Date of Birth: _____ SS# _____
Home Phone _____ Cell _____
Work Phone _____ e-mail _____

First, Middle, and Last Name: _____
Date of Birth: _____ SS# _____
Home Phone _____ Cell _____
Work Phone _____ e-mail _____

Will this be your permanent residence? Yes _____ No _____

1. Number of dependents under the age of 18 years of age living in the unit: _____. You are expected to provide for the supervision and control of any minor children while you are at work or are otherwise away from home.
2. Will this be your children's permanent residence? Yes _____ No _____
3. Does any household member use or sell illegal controlled substances? Yes _____ No _____.
If yes, please explain _____
4. Has any household member been convicted for using or selling drugs? Yes _____ No _____.
If yes, please explain _____
5. Have you or anyone in your household ever been convicted of a misdemeanor or felony?
Yes _____ No _____. If yes, please explain _____

RESIDENCE HISTORY

Current Address _____ City _____ State _____ Zip _____
How Long at this address _____ If renting, Landlords' name _____
Landlord's phone and email _____

Previous Address _____ City _____ State _____ Zip _____
How Long at this address _____ If renting, Landlords' name _____
Landlord's phone and email _____

Has any household member ever been evicted from current or previous residents? Yes ___ No ___.

Name and ages of others who will occupy the unit with you on a permanent basis (do not list guest). You must be residing in your unit at all times when others are present. Anyone 18 years or older will need to submit a copy of ID or Driver's license and completed application with signature. (We do not need employment for anyone listed below) **Renting this unit is prohibited.**

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

APPLICANT'S EMPLOYMENT

Present Employer _____ Address _____

Contact Phone _____ Department _____

Monthly Income _____ How long? _____ Position _____

Previous Employer _____ Address _____

Contact Phone _____ Department _____

Monthly Income _____ How long? _____ Position _____

SPOUSE OR OTHER'S EMPLOYMENT

Present Employer _____ Address _____

Contact Phone _____ Department _____

Monthly Income _____ How long? _____ Position _____

Previous Employer _____ Address _____

Contact Phone _____ Department _____

Monthly Income _____ How long? _____ Position _____

CREDIT INFORMATION

Bank _____ Branch _____

Checking Acc. # _____ Savings Acc. # _____

- Are you a co-signer, endorser or guarantor on any loan or contract? Yes _____ No _____ If yes for whom and how much _____
- Are there any unsatisfied judgments against you? Yes _____ No _____ If yes please explain to whom and how much _____
- Have you declared bankrupt in the last 10 years Yes _____ No _____ If yes, what year _____
- Have you or anyone of your family to be residing in the unit ever been convicted of a misdemeanor or felony? Yes _____ No _____ If yes, please explain _____

PET OWNERSHIP

Do you own a pet? Yes _____ No _____. If yes, pets must be registered and vaccinated.

- d. Please provide a photo and a copy of the license and current vaccinations.
- e. There is a \$200 non-refundable pet fee due at closing for each pet.
- f. Damage done to the unit by your pet will be your responsibility.

AUTO OWNERSHIP

A maximum of two (2) vehicles per unit maybe registered and parked on Consolidated Co-Ops' property:

Year _____ Make _____ Model _____ License Plate # _____

Year _____ Make _____ Model _____ License Plate # _____

1. I hereby acknowledge the above information to be correct to the best of my knowledge, and I authorize Consolidated Cooperatives of Scottsdale East, Inc., to contact any of the above listed persons or companies to ascertain my eligibility for membership.
2. I understand that this application for membership in no way binds me to any sale of a membership within Consolidated Cooperatives of Scottsdale East, Inc.
3. Should I choose to withdraw this application, I understand that no transfer of a unit can be made to me until this application has been reviewed and I have participated in a satisfactory interview with the General Manager, Membership Committee or other agents authorized by the Co-Op for such interview.
4. I certify that all of the information provided on household composition, income, and family assets is accurate and complete to the best of my knowledge.
5. I understand that if any information given by me is false or not complete, the Co-op may deny my application or terminate my occupancy agreement.
6. I authorize the Co-Op and its authorized employees and agents to obtain information which is pertinent to my eligibility and authorize the release of any information (including documents and other materials

pertinent to determining my eligibility for membership and residence in the Co-Op. I give permission to investigate the information that has been given above).

- 7. I understand that renting this unit is against the Co-op rules and the Co-op rules of the State of Arizona. Violations of this provision can lead to termination and forced sale of the Members' rights and vacating the dwelling unit.
- 8. I understand the owner(s) must reside in the unit at all times (no exceptions). Additional occupants are allowed ONLY if the owner is residing in the unit.
- 9. I understand that non-payment of the monthly fee; illegal substances in the unit, renting the unit, having unregistered pets or any Co-op rule violations may result in foreclosure procedures and can lead termination and forced sale of the members' rights and vacating the dwelling unit.
- 10. By signing this you are giving consolidated Co-Op of Scottsdale East permission to run the signature's credit and criminal history.

Please Sign and Date:

Signature of Applicant _____ Date _____

Signature of Applicant _____ Date _____

National Association of Housing Cooperatives Tel: (202) 737-0797
 1444 I Street, NW, Suite 700 Fax: (202) 216-9646
 Washington, DC 20005-6542 Email: info@nahc.coop

The National Association of Housing Cooperatives is a 501(c)(3) nonprofit national federation of housing cooperatives, mutual housing associations, other resident-owned or controlled housing, professionals, organizations, and individuals interested in promoting the interests of cooperative housing communities. Incorporated in 1960, NAHC is the only national cooperative housing organization

All cooperative housing corporations which were originally organized with HUD/FHA model Occupancy Agreements have language restricting renting or subleasing without consent of the corporation. Violations of this provision can lead to termination and forced sale of the Members' rights and vacating the dwelling unit.

Members of housing cooperatives own a share or shares of stock or a membership, with their rights and responsibilities spelled out in their occupancy agreement or proprietary lease. So members cannot rent or sublease their home without getting specific written approval from their cooperative corporation. They have only an ongoing right to live in their home as their primary residence.

<http://www.coophousing.org/DisplayPage.aspx?id=128&bMenu=76&bItem=128>