

**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 Cooperatives 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 \$35.00 per member 18 years of age and older 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 18 years of age and older.
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 \$35.00 will be used to run credit/background checks.
  - a. A resident 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 \_\_\_\_\_

(cannot be same as above)

\*Will this be your permanent residence? Yes \_\_\_\_\_ No \_\_\_\_\_

1. Have you reviewed Consolidated Cooperatives Rules and Regulations and understand everything about a co-operative? Yes \_\_\_\_\_ No \_\_\_\_\_.
2. 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.
3. Will this be your children's permanent residence? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Does any household member use or sell illegal controlled substances? 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 \_\_\_\_\_

- 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 \_\_\_\_\_

### Prospective Membership Summary of Policies

- The Occupancy Agreement accompanying the Membership specifies “**Member Occupied**”. This means the Member is the owner and holder of one (1) and only one Membership in the Corporation as evidenced by the Occupancy Agreement and must reside in their unit whenever the unit is occupied.
- Board Meetings are held on the third Thursday of the month. Members are encouraged to make inputs on general matters at the Members’ Forum held at the end of the Board Meeting.
- Emergency service is provided on a 24-hour basis. Bona fide emergency calls include no heating or cooling, broken water pipes, sewer backups, tripped electrical breaker switches and matters of a true health and safety nature.
- For health and safety reasons the number of people residing in a Unit will be limited to the following:
 

studio apartment	1-2 people
one bedroom apartment	1-2 people
two bedroom apartment	1-4 people
two bedroom townhouse	1-4 people
three bedroom townhouse	1-6 people
- The Co-op is not responsible for possessions damaged by fire, flood, or acts of God. The Co-op insurance does not cover personal property in the Unit. Members should carry condo insurance on the contents of their Unit and provide the Office with a set of keys to their Unit to allow entrance in case of emergency.
- The Corporation is responsible for maintenance of building, exterior grounds, pools, repair, and replacement of the Unit’s plumbing inside the walls, water heater and the Unit’s heating and cooling system (HVAC System).
- The Corporation is not responsible for any appliances.
- You must obtain prior written Corporation approval to erect, install, enlarge, alter, repair, remove, convert, or replace any electrical, gas, mechanical or plumbing of your Unit. The Corporation requires your request be in writing and accompanied by an accurate drawing or description of the proposed change(s) and the Corporation may require you to hire a licensed and bonded contractor.
- Monthly Co-op Carrying Charges are due the **first of the month**. Carrying Charges are to be paid by the Member of Record unless the Manager has approved other arrangements. Payments received by the 15th day will be considered current. The Late Penalty on the Carrying Charge will be applied on the 16th day of the month. Billing statements will be generated around the 16th of the month for all outstanding balances due.
- Vehicle permits are issued to each Member upon moving into the Co-op, allowing for one assigned covered parking space to each Unit. There will be a maximum of two permits per Unit if more than one driver resides in a Unit, but only one of those may be used in the designated space and the other must park in a non-covered space. The annual fee is due every January and costs are **\$50** for a covered and **\$25** for uncovered. Covered parking fees must be paid whether you will use it or not.

**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.
- g. Two pet limit, and the pet(s) need to be within the breed and weight restrictions.

**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 there is a **\$400.00** transfer fee (split 50/50 between buyer and seller) and **\$300.00** one-time membership deposit due on the day of transfer of Membership ownership.

10. 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 to 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](mailto: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 residence.

**<http://consolidatedcooperatives.com/>**