

POMEROY LANE COOPERATIVE
"An affordable housing community"

APPLICATION FORM

The information requested below will remain confidential within the Cooperative. Please take your time in completing the form. You may find it helpful to use income tax forms, bank statements, etc. to answer the questions.

Household Information:

 Applicant's Name

 Co-Applicant's Name

 Current Street Address / P.O. Box

 Current Street Address / P.O. Box

 Town or City / State / Zip Code

 Town or City | State | Zip Code

 Day Phone

 Cell (Mobile)

Number of Bedrooms Desired _____

Rental Program: "Market" _____

Subsidy Program (must have own subsidy):

Section 8 _____ MRVP _____

Agency issuing subsidy & location _____

Program Representative's Name _____

List all persons (including the applicants) who will occupy the unit and fill in the following information for each:

Name	Date of Birth	Sex	Social Security #	Relationship to Applicant
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Income Information:

Applicant:

Income expected for coming year: \$_____ . Source of income (name, address & phone number of employer or other source such as AFDC, Social Security etc.

Position / title _____ Length of time with company _____

Co-Applicant:

Income expected for coming year: \$_____ . Source of income (name, address & phone number of employer or other source such as AFDC, Social Security etc.

Position / title _____ Length of time with company _____

Assets:

Do you own: a home or other property: _____ , stocks or bonds? _____

your own business? _____ . If you answered yes, please explain including the value and list any anticipated income _____

Bank Information (savings and checking accounts):

Bank Name & address _____

Account # _____ Type of Account _____ Balance \$ _____

Bank Name & address

Account # _____ Type of Account _____ Balance \$ _____

How do you plan to pay for the Coop membership share of \$1500? _____

Housing History: List addresses for each adult household member for the last five (5) years in reverse order. Please list primary lease holder (head of household) If someone other than yourself. (Use additional sheet if necessary)

1: Name of Primary Leaseholder:

Address: _____ Apt. # _____ Date From: _____ To _____

City _____ State _____ Zip _____

Landlord Name _____ Telephone No. _____

Landlord Address: _____ City _____ State _____ Zip _____

Did this landlord bring any court action against the leaseholder or you? (Check one) Yes No
Did this landlord return your security deposit? Yes _____ No _____ N/A

Amount you pay for rent? _____

What utilities do you pay for? Heat (gas) (electric) (oil)
Hot Water (gas) (electric) (oil)
Cooking (gas) (electric) (oil)
Lighting

2: Name of Primary Leaseholder

Address: _____ Apt. # _____ Date From: _____ To _____

City _____ State _____ Zip _____

Landlord Name _____ Telephone No. _____

Landlord Address: _____ City _____ State _____ Zip _____

Did this landlord bring any court action against the leaseholder or you? (Check one) Yes No
Did this landlord return your security deposit? Yes _____ No _____ N/A

Amount you pay for rent? _____

What utilities do you pay for? Heat (gas) (electric) (oil)
Hot Water (gas) (electric) (oil)
Cooking (gas) (electric) (oil)
Lighting

Personal References: (not relatives) _____

Name	Relationship	Phone
Street P.O. Box	City	State Zip

Name	Relationship	Phone
Street / P.O. Box	City	State Zip

Name	Relationship	Phone
Street / P.O. Box _____	City _____	State Zip

Need Priorities:

Your responses to the following questions will enable the Cooperative Selection Committee to award points to qualifying applicants. The information will not be used to bias any applicant, but rather to increase their chance of recommendation. **The Cooperative maintains a strict policy of non-discrimination. We do not discriminate on the basis of race, color, religion, sex, sexual orientation, national origin, ancestry, age, familial status or physical or mental disability.**

1. Are you homeless due to displacement by natural forces?
 - a. Fire not due to the negligence or intentional act of applicant or a household member? _____
 - b. Earthquake, flood or other natural cause?
 - c. A disaster declared or otherwise formally recognized under disaster relief laws?

2. Are you homeless due to displacement by public action (urban renewal)?
 - a. An applicant, who will be displaced within 90 days, or had been displaced *within the 3 years prior to application* by:
 - b. Any low rent housing project
 - c. A public slum clearance or urban renewal project?
 - d. c Other public: improvement?

3. Are you homeless due to displacement by public action (Sanitary Code Violation)? An applicant, who is being displaced , or had been displaced within 90 days prior to application, by enforcement or minimum standards of fitness for human habitation established by the State Sanitary Code or local ordinances, provided that
 - a. Neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings, and
 - b. The applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriated administrative or enforcement agencies.

4. Are you living in over-crowded conditions?
 - a . Number of bedrooms you currently have?
 - b . Number of people living there?
 - c . Number of children under 16 years of age?

5. Do you or any member of your household qualify as a person with a cognitive disability? _____ or physical disability? _____ Do you required an "accessible" unit? _____ or a "reasonable accommodation"? _____

Please explain _____

Note: Management will provide assistance in communication if it is requested due to a disability.

Miscellaneous Questions:

1. Please list any household pets you intend to bring to Pomeroy Lane: _____
2. Do you or any members of your household have a criminal record? _____
Please explain in detail _____
3. To assist with "Affirmative Action" policies, please state your ethnic origin (this question is optional) _____

Cooperative Questions:

1. As a cooperative member, you will jointly be responsible for the Pomeroy Lane Cooperative community as a whole. Your relevant experience is important to us. Please describe any cooperative, community, neighborhood, or volunteer activities in which you or members of your household are now or have been involved with. Please include names of organizations, number of years involved, and what tasks or projects you did.
2. Residents of the Coop received training material on how to make the coop work. Are you willing and able to become involved in the volunteer activities and committees of the Coop?
What are your areas of interest?

What skills do you have that might be useful to the Coop?

3. Why do you want to join the Pomeroy Lane Cooperative?
4. How did you find out about this Coop?
5. Do you know any of the Coop members? ____ If so, who?

I DECLARE THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ANY FALSE STATEMENT MADE KNOWINGLY AND WILLFULLY IS SUFFICIENT CAUSE FOR REJECTION OF MY APPLICATION. I HEREBY AUTHORIZE POMEROY LANE COOPERATIVE AGENTS AND DESIGNEES TO QUESTION INDIVIDUALS AND AGENCIES IN ORDER TO OBTAIN INFORMATION RELEVANT TO THIS APPLICATION FOR HOUSING. IT IS FURTHER UNDERSTOOD THAT ALL FAMILY MEMBERS AGREE TO ATTEND AN INTERVIEW WITH THE SELECTION COMMITTEE. CERTAIN INFORMATION SUPPLIED IN THIS APPLICATION WILL BE SHARED WITH THE COMMITTEE MEMBERS IN ORDER TO ASSIST THE MEMBERS IN AWARDDING POINTS FOR THE SELECTION OF NEW MEMBERS.

Applicant's Signature _____ Date _____

CO- Applicant's Signature _____ Date _____