

## Cooperative Application

Please mark 1<sup>st</sup> and 2<sup>nd</sup> choices of borough:    Brooklyn \_\_\_\_    Bronx \_\_\_\_    Manhattan \_\_\_\_

### Applicant Information (NOTE: only applicants listed shall be considered prospective purchasers)

First Name:		Middle Name:		Last Name:		Email:	
Date of birth:				SSN:		Phone:	
Current address:							
City:				State:		ZIP Code:	
Own    Rent    (Please circle)				Monthly payment or rent:		How long?	
Current Landlord:				Address:		Phone #:	
Previous address:							
City:				State:		ZIP Code:	
Owned    Rented    (Please circle)				Monthly payment or rent:		How long?	

### Co-applicant Information (see Note above for "Applicant")

Name:							
Date of Birth:				SSN:		Phone:	
Current address:							
City:				State:		Zip Code:	
Own    Rent    (Please circle)				Monthly payment or rent:		How long:	
Previous address:							
City:				State:		Zip code:	
Owned    Rented    (Please circle)				Monthly payment or rent:		How long?	

### Household Composition (List all persons who will live in apartment)

Full Name	Relationship to Applicant	Date of Birth and SOCIAL SECURITY #	Sex (M/F)	Contribute to household income? (y/n)
1.	<b>SELF</b>			
2.				
3.				
4.				
5.				
6.				

### Applicant Employment Information

Current employer							
Employer address:						How long?	
Phone:				E-mail:		Fax:	
City:				State:		Zip Code:	

Position:	Hourly Salary (please circle)	Annual Income:
Do you have any other income? Yes No	Source:	Amount:

Co-applicant Employment Information		
Current employer:		
Employer address:	How long?	
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

Assets (you must also submit appropriate supporting documentation, which are listed on REQUIRED DOCUMENTS page)			
Type	Applicant (y/n)	Co-Applicant (y/n)	** Others in household (y/n)
Checking Account			
Savings Account			
Stocks, Bonds			
Retirement/Pension Funds, IRA			
Other			

Property Information	
If you own any real estate, answer below:	
1. Monthly Mortgage \$ _____	Unpaid Balance \$ _____ Monthly income of Property _____
2. Monthly Mortgage \$ _____	Unpaid Balance \$ _____ Monthly income of Property _____

*I hereby authorize Urban Homesteading Assistance Board, its successors and/or assigns to conduct an inquiry concerning my credit history, housing report, criminal report or whatever it deems necessary to process my application. I agree to hold UHAB harmless for any claims that may arise as a result of this investigation. Willful false, misleading, or incomplete information in this application will be grounds for rejection of this application.*

*I also authorize UHAB to release any portion of my application and/or documents to a Shareholder Interview Committee if requested in the course of my application to purchase into an HDFC.*

Signature of applicant:	Date:
Signature of co-applicant:	Date:

**Applications will remain active for one year. When an apartment becomes available, you will be asked to provide additional information to complete this application. To keep your application active after one year, contact Teri Hagan at (212) 479-3329 by the one year anniversary date of your application submission.**

**Mail applications to:**

**UHAB  
Peck Slip Station  
PO Box 1058  
New York, NY 10272-1058  
Attn: Marketing Services**