

KNOLLS COOPERATIVE SECTION NO. 1 INC.
60 KNOLLS CRESCENT
RIVERDALE, NY 10463

(718) 796-5478 FAX (718)548-4083 KNOLLSCOOP1@VERIZON.NET WWW.KNOLLS1.COM

APARTMENT APPLICATION (Revised 08/09)
PLEASE PRINT OR TYPE INFORMATION

A. GENERAL INFORMATION

1. NAME: _____

CO-APPLICANT NAME, if applicable: _____

2. PRESENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

3. HOME PHONE: () _____ (Day or Evening, please circle)

WORK PHONE: () _____ CELL PHONE: () _____

I/WE WOULD LIKE TO BE CONTACTED BY E-MAIL: _____

4. SIZE OF APARTMENT DESIRED:

3 1/2 Rooms (1 Bedroom) _____ Junior 4 Rooms (1 Bedroom) _____

4 1/2 Rooms (2 Bedrooms) _____ 5 1/2 Rooms (3 Bedrooms) _____

5. APARTMENT OCCUPANTS: # of Adults _____ # of Children _____

Names of Children: _____ Ages: _____

PLEASE NOTE: Upon being accepted as a new cooperator, payment in full is required prior to occupancy. Mortgages are allowed, but applicant is responsible for arranging all transactions with any financial institution involved in the closing of the sale of an apartment. Maximum financing permitted is 45% of the purchase price. Use of apartments for professional or business purposes is not permitted as stated in the by-laws.

**PLEASE SUBMIT A CHECK FOR \$100.00 TO COVER ADMINISTRATIVE EXPENSES.
THIS APPLICATION FEE IS NON-REFUNDABLE.**

I/We certify that the information provided on pages one through five of this application is correct to the best of my/our knowledge.

APPLICANT'S SIGNATURE _____

CO-APPLICANT'S SIGNATURE _____

DATE _____

N.B. Dogs are not permitted as pets.

File Name: _____	Date: _____
Deposit Am't.: \$ _____	Shown Bldg./Apt.: _____
Interview Date: _____	Credit Rpt. Date: _____
Date of Sale: _____	Score: _____
_____	or Date of ReStart: _____

B. RESIDENCE INFORMATION

1. **PRESENT TYPE OF RESIDENCE:** Rental ____ Pvt. Home ____ Condo ____ Cooperative ____

Current monthly rent or maintenance \$ _____

2. PRESENT AND PREVIOUS RESIDENCES:

A. Dates Complete address (#, street, city, state and zip code)

Landlord's name, complete address and tel #, if applicable

B. Dates Complete address (#, street, city, state and zip code)

Landlord's name, complete address and tel #, if applicable

C. EMPLOYMENT INFORMATION
APPLICANT

1. EMPLOYED: ____ OCCUPATION: _____

RETIRED: ____ PREVIOUS OCCUPATION: _____

2. PRESENT EMPLOYER: _____

ADDRESS: _____ TEL # (____) _____

JOB TITLE _____ SUPERVISOR'S NAME _____

EMPLOYED FROM/TO: _____ ANNUAL SALARY \$ _____

3. EMPLOYMENT HISTORY FOR LAST 7 YEARS (if different from above):

From/To	Employer Name & Address	Job Title
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4. IF SELF-EMPLOYED, LIST FIRM NAME, ADDRESS AND TYPE OF BUSINESS.

CO-APPLICANT, if applicable

1. EMPLOYED: ____ OCCUPATION: _____

RETIRED: ____ PREVIOUS OCCUPATION: _____

2. PRESENT EMPLOYER: _____

ADDRESS: _____ TEL # (____) _____

JOB TITLE _____ SUPERVISOR'S NAME _____

EMPLOYED FROM/TO: _____ ANNUAL SALARY \$ _____

3. EMPLOYMENT HISTORY FOR LAST 7 YEARS (if different from above):

From/To	Employer Name & Address	Job Title
_____	_____	_____
_____	_____	_____

4. IF SELF-EMPLOYED, LIST FIRM NAME, ADDRESS AND TYPE OF BUSINESS.

D. PERSONAL INFORMATION

1. LIST TWO PERSONS, OTHER THAN EMPLOYERS OR RELATIVES WHO HAVE KNOWN APPLICANT(S) FOR AT LEAST 2 YEARS.

<u>Name</u>	<u>Address</u>	<u>Tel #</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

2. LIST NAMES OF CURRENT KNOLLS COOPERATORS KNOWN TO APPLICANT/S.

A. _____ B. _____

3. THE KNOLLS IS A SELF MANAGED COOPERATIVE. LIST ANY SPECIAL SKILLS THAT MIGHT BE USEFUL TO THE COOPERATIVE.

4. HAS/HAVE APPLICANT/S EVER BEEN CONVICTED OF A CRIME? YES ___ NO ___

5. ARE YOU A PARTY TO ANY LAWSUIT? YES ___ NO ___

6. ARE THERE ANY UNSATISFIED JUDGMENTS OR LIENS AGAINST YOU? YES ___ NO ___

7. HAS/HAVE APPLICANT/S EVER FILED A PETITION OF BANKRUPTCY? YES ___ NO ___

8. HAS AN EVICTION PROCEEDING BEEN BROUGHT AGAINST YOU WITHIN THE PAST FIVE (5) YEARS? YES ___ NO ___

9. ARE YOU OBLIGATED TO PAY ALIMONY, CHILD SUPPORT OR SEPARATION MAINTENANCE? YES ___ NO ___

IF YOU HAVE ANSWERED YES TO ANY OF QUESTIONS 4-9, PLEASE SET FORTH THE DETAILS ON A SEPARATE PIECE OF PAPER AND ATTACH TO YOUR APPLICATION.

E. FINANCIAL INFORMATION

1. TOTAL ANNUAL INCOME:

APPLICANT:

SOURCE: _____ \$: _____

SOURCE: _____ \$: _____

SOURCE: _____ \$: _____

CO-APPLICANT, if applicable:

SOURCE: _____ \$: _____

SOURCE: _____ \$: _____

SOURCE: _____ \$: _____

2. ASSETS:

APPLICANT:

CASH \$ _____

SAVINGS/MONEY MARKET \$ _____

TOTAL SECURITIES \$ _____

OTHER ASSETS _____ \$ _____

REAL ESTATE OWNED \$ _____

TOTAL ASSETS \$ _____

CO-APPLICANT, if applicable:

CASH \$ _____

SAVINGS/MONEY MARKET \$ _____

TOTAL SECURITIES \$ _____

OTHER ASSETS _____ \$ _____

REAL ESTATE OWNED \$ _____

TOTAL ASSETS \$ _____

3. LIABILITIES:

APPLICANT:

CREDIT CARDS/
INSTALLMENT LOANS \$ _____

AUTO LOANS/LEASES \$ _____

MORTGAGE/COOP LOANS \$ _____

OTHER LIABILITIES
_____ \$ _____

TOTAL LIABILITIES \$ _____

CO-APPLICANT:

CREDIT CARDS/
INSTALLMENT LOANS \$ _____

AUTO LOANS/LEASES \$ _____

MORTGAGE/COOP LOANS \$ _____

OTHER LIABILITIES
_____ \$ _____

TOTAL LIABILITIES \$ _____

(Evidence of all asset values stated above must be available upon request. Once one is called to view an apartment – copies of the two most recent years' income tax returns must be submitted)

CREDIT AUTHORIZATION

I/We hereby authorize Knolls Cooperative Section 1, Inc. to obtain any credit reports or other credit information necessary to process my/our application for the purchase of an apartment in the cooperative.

1st Applicant's Name: _____

Address: _____

Date of Birth: _____

Driver's License State and #: _____

Social Security #: _____

2nd Applicant's Name: _____

Address: _____

Date of Birth: _____

Driver's License State and #: _____

Social Security #: _____

1st Applicant's Signature: _____ Date: _____

2nd Applicant's Signature: _____ Date: _____