

# **ADMISSION GUIDELINES AND PROCEDURES**



## **MINIMUM INCOME REQUIREMENT**

<b>MARRIED COUPLE</b> (child or parent)	<b>\$22,000 + \$1,000</b> per dependent  (minimum for one spouse- \$17,000)
<b>SINGLE:</b>	<b>\$22,000 + \$1,000</b> per dependent (child or parent)
<b>SENIOR CITIZEN</b> (age 62)	<b>\$15,000 + \$1,000</b> per dependent (spouse, child or parent)
<b>DISABILITY</b>	<b>\$15,000 + \$1,000</b> per dependent (spouse, child or parent)

Applicant must meet the following admission standards and provide proof of the following:

- All debt obligations including Cooperative obligations can be paid from current income
- All debt obligations are paid promptly
- Landlord or mortgagee is paid promptly
- Current Income

Past debt history will be reviewed, along with criminal background checks for applicants and dependent adult children. Dependents, 18 years and older, must provide their full name, date of birth, social security number and complete address. Child support and alimony can be considered with proper documentation including court order.

## **INFORMATION REQUIRED WITH APPLICATION**

- Previous year's W-2 form
- Paycheck stubs for three months
- Copy of current driver's license
- Copy of marriage certificate for married couples and/or any information deemed necessary
- \$30 application fee per applicant or \$45 for joint applicants. We will accept a money order, certified check, or cash only. **(Non-refundable)**
- If your employer uses The Work Number® to complete verifications of employment, we require a separate \$49 fee per verification.

## **GENERAL INFORMATION**

Our monthly carrying charges are as follows:

- |   |                            |                              |
|---|----------------------------|------------------------------|
| • \$400 1 <sup>st</sup> floor 1-bedroom | • \$447 2-bedroom interior | • \$498 3-bedroom end        |
| • \$406 2 <sup>nd</sup> floor 1-bedroom | • \$452 2-bedroom end      | • \$504 3-bedroom twin court |
|   | • \$458 2-bedroom duplex   | • \$512 3-bedroom end drive  |

\* Additional assessments for windows may apply on some units.

## **PLEASE ALLOW 10-15 BUSINESS DAYS TO PROCESS APPLICATION**

Applications must be turned into: Cedarwood Cooperative 63 Cedar, Park Forest, IL 60466  
Phone: 708-747-3833 Fax: 708-747-6589 Email: sales@mycedarwood.com

# CEDARWOOD COOPERATIVE APPLICANT CRITERIA

## **INCOME REQUIREMENTS**

A minimum yearly income of \$22,000 is required. If a married couple is a two-income family, one spouse must have a minimum yearly income of \$17,000. Single people living together must qualify individually at \$22,000 each. **Child support and alimony** can be considered with proper documentation, including court order, and twelve (12) months of payments received.

Individuals with non-employed spouses and/or dependent children must earn an additional \$1,000 per dependent. Applicants for Membership must also meet a monthly leftover requirement after obligations and taxes are paid as follows:

0 dependents - \$475 monthly	2 dependents - \$625 monthly
1 dependent - \$550 monthly	3 dependents - \$700 monthly

## **APPLICATION PROCESS**

An allowance for utilities of \$150 monthly must be deducted from the income.

After above deductions and other monthly obligations have been subtracted from the income, the remainder will determine the carrying charge payment for which the applicant can be approved. If there are additional funds after deducting the applicable carrying charge, these funds may be used to determine eligibility for equity financing. The bank will finance up to 75% of the purchase price.

Seventy-five (75%) percent of all credit must receive a credit rating of R-1/ I-1. A judgment or collection cannot be considered unless it is under \$200 and paid. Medical collections will be considered if all other criteria is met. **A foreclosure or bankruptcy** will be considered if it is at least **2 years old and current credit rating has been established at 80% rating of R-1/I-1.** Landlord or mortgagee must verify applicant is in good standing with a timely payment record.

### **Applicant must supply**

- Previous year's W-2 form
- Paycheck stubs for the last **three (3) months**
- Copy of current driver's license
- Non-refundable \$30.00 per applicant or \$45.00 for joint applicants.  
We will accept a money order, certified check, or cash only.
- Any information deemed necessary to complete application process.
- Self-employed applicants must provide profit & loss statements, and /or 1099 forms for the past three (3) years.
- Rental income can only be considered with copies of leases.

Approved applications are valid for 60 days. After the 60 days have expired, applicant must re-apply for \$15.00.

## **SENIOR CITIZEN, AND APPLICANTS WITH TOTAL DISABILITY**

A senior citizen, and an applicant with total disability must meet a minimum yearly income requirement of \$15,000 and other criteria as stated.

## **MAXIMUM OCCUPANCY SIZE**

Only the Member(s) whose name(s) appear on the Membership Certificate and his/her immediate family may reside in the unit. Only one family is allowed to reside in each unit.

1 Bedroom - 2 persons      2 Bedroom - 4 persons      3 Bedroom - 6 persons

## **PARKING**

Only one (1) parking space per unit is provided in court parking lots.

## **APPROVAL/DISAPPROVAL OF APPLICATION**

As soon as the confidential credit report is received and the paperwork completed, the application will be reviewed by the Admissions Committee of the Board of Directors. All credit information will be carefully weighed and the decision will be based on those standards set forth in the Cedarwood Cooperative applicant criteria. The applicant will be notified within 10-15 business days, in writing, of the Committee's decision by the Cooperative Office.

## **ELIGIBILITY FOR COOPERATIVE FINANCING**

An applicant's monthly debt obligation divided by gross monthly income cannot exceed 38% to be eligible for Cooperative financing.

## **PETS**

Only two (2) cats or dogs are allowed per unit. The weight limit is 50lbs max each. All pets must be registered with the Cooperative and the Village of Park Forest within 30 days of closing on a unit. An original Village license receipt is required for verification of registration of all cats and dogs. Pets must be leashed and attended to at all times when outdoors. Pet owners must clean up after their pet immediately. Please note that these rules apply to both dogs and cats.

## **INSPECTION OF PREMISES**

The Occupancy Agreement requires that a periodic inspection of all units be made by Management.

## **PURCHASE OF UNIT**

The purchase price and special conditions regarding the purchase of a unit are made between the applicant and the current owner; the Cooperative assumes no responsibility in such agreements. All negotiations for the sale of the unit are between buyers and sellers. Once an agreement has been reached as to the terms of the sale, both, the buyer(s) and seller(s) must come to the Management Office to sign a Contract for Sale of Membership Certificate. At this time, earnest money of at least 10% or \$300.00 whichever is greater must be tendered by the buyer to the Cooperative in form of certified check, cashier's check, or money order. All monies due the seller must be held by the Management Office. If the buyer desires an equity loan, "Recognition Agreement" documents will be signed. First Midwest Bank of Chicago Heights will finance up to 75% of the purchase price.

## **CONTRACT AND EARNEST MONEY**

A written contract between applicant and owner is necessary, and signed by both parties at the office by appointment only. The earnest money and payment for the unit (membership certificate) must be made through the Cooperative Office. All checks must be made payable to Cedarwood Cooperative, Inc.

## **BEFORE PICKING UP THE KEYS**

At the last stage of the process, after a contract has been signed, the prospective Member must pay the first month's carrying charge plus the remainder of the agreed purchase price of the unit (Membership Certificate), and the Membership fee of \$200. Monies must be paid at least 24 hours prior to the Final Move Out inspection.

# WHAT IS A CO-OP?

Housing cooperatives are a unique form of home ownership that offer the equity benefits of home ownership, the maintenance-free lifestyle of renting and the financial freedom of low cost living. Buying into a co-op is not considered buying real property, it's considered buying one share of the company who owns the property (in this case the collective of the members owns the property). While buying a single family home comes with many benefits, buying into a housing cooperative can provide a personal asset without the headache of traditional home ownership.

When you purchase a share in the company stock, you are issued a Membership Certificate entitling you to one dwelling and one vote in the business. Members are able to make improvements to the interior of their home and exterior through landscaping, painting, and remodeling but are not burdened with the responsibility of maintaining the HVAC system, building structure, roof, plumbing, and electrical.

There are many benefits to cooperative ownership. Some of these include lower real estate tax assessments, reduced maintenance costs, lower turnover rates, personal income tax deductions, member participation, member control, prevention of absentee ownership, and most importantly, pride of ownership. Due to the low monthly costs associated with cooperatives, our members have more disposable income.

So what's the catch? There is none. Our staff is asked this question by just about everyone who walks through our office doors. Cooperative living is making a quick comeback due to the freedom and investment opportunities that housing cooperatives can afford. With rent costs doubling in some areas and the cost of becoming a home owner trickling out of reach for many, housing cooperative ownership is a sure fire way to secure your housing situation.

Stop by and inquire about a membership purchase today!

**Cedarwood Cooperative, Inc.**  
Creating community excellence, one member at a time.

63 Cedar, Park Forest, IL 60466  
Phone: 708-747-3833 Fax: 708-747-6589  
Email: [sales@mycedarwood.com](mailto:sales@mycedarwood.com)

**CEDARWOOD COOPERATIVE, INC.**  
**63 CEDAR STREET**  
**PARK FOREST, ILLINOIS 60466**  
**www.mycedarwood.com**  
**(708)747-3833**

PLEASE NOTE: Each single wage earner to occupy a unit must fill out a separate application.  
**DO NOT leave any blank lines. APPLICATIONS WITH BLANK LINES WILL BE REJECTED.**

APPLICATION DATE \_\_\_\_\_

OCCUPANCY DATE REQUESTED \_\_\_\_\_

**APPLICANT:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ S.S. No. \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**JOINT APPLICANT:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ S.S. No. \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**MARITAL STATUS:** SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ WIDOWED \_\_\_\_\_ SEPARATED/DIVORCED \_\_\_\_\_

Do you pay/or receive:

Alimony (monthly amount) \$ \_\_\_\_\_ Child support (monthly amount) \$ \_\_\_\_\_

Do you have any pets? \_\_\_\_\_

List kind, weight, and number of each: \_\_\_\_\_

Were you referred to Cedarwood by a current member living in Cedarwood? YES \_\_\_\_\_ NO \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

If NO, how did you hear about us? \_\_\_\_\_

**LIST ALL PROPOSED OCCUPANTS OF UNIT INCLUDING YOURSELF:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ S.S. No. \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ S.S. No. \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ S.S. No. \_\_\_\_\_ Birth Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

**List any others part time occupants: i.e. children where other parent has custody or dependent parents who may make their home with you part of the time.**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Emergency number and address of caretaker for children of working parents:

\_\_\_\_\_  
\_\_\_\_\_

**What motorized vehicles do you own? Provide make, model, year, and plate number.**

Make	Model	Year	Plate number
------	-------	------	--------------

Make	Model	Year	Plate number
------	-------	------	--------------

**Current Residence**

Do you currently [ ] Rent or [ ] Own Monthly Payment \$\_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Mortgage Holder: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord (if less than 3 years at current residence)

Landlord Name: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_

Reason for moving: \_\_\_\_\_

**FINANCIAL INFORMATION-INCOME****Applicant**

Name of present employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Present Salary: \_\_\_\_\_

Duties: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Phone, fax, or email to verify employment: \_\_\_\_\_

If employed less than five years at above position, list previous employers and go back at least five years or to completion of schooling.

Name of past employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Phone, fax, or email to verify employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

List information for other employers (if needed) on back side of sheet.

Employment Information for spouse if two income family.

**Joint Applicant**

Name of present employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Present Salary: \_\_\_\_\_

Duties: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Phone, fax, or email to verify employment: \_\_\_\_\_

If employed less than five years at above position, list previous employers and go back at least five years or to completion of schooling.

Name of past employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Duties: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Phone, fax, or email to verify employment: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

List information for other employers (if needed) on back side of sheet.

**Other sources of income** (list disability or retirement income, interest, rents, etc.)

\_\_\_\_\_ Monthly Income \$ \_\_\_\_\_ Taxable [ ] yes [ ] no

\_\_\_\_\_ Monthly Income \$ \_\_\_\_\_ Taxable [ ] yes [ ] no

\_\_\_\_\_ Monthly Income \$ \_\_\_\_\_ Taxable [ ] yes [ ] no

**Identify the source of the funds required for your equity payment,**

i.e. will proceeds from sale of home be used to purchase equity or will you be securing a loan?

\_\_\_\_\_



**What bank, savings and loan or credit union accounts do you have?**

Name of Institution: \_\_\_\_\_ Type of Account : \_\_\_\_\_ Average Balance: \_\_\_\_\_

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Name of Institution: \_\_\_\_\_ Type of Account : \_\_\_\_\_ Average Balance: \_\_\_\_\_

**What real estate do you own? \_\_\_\_\_**

Do you have homeowners/renters insurance policy? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

**FINANCIAL INFORMATION-OBLIGATIONS**

Credit information: List all debts, charge accounts, doctor bills, etc.

Creditor: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Creditor: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Creditor: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Creditor: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Creditor: \_\_\_\_\_ Monthly payment: \_\_\_\_\_ Current Balance: \_\_\_\_\_

Have you or joint applicant ever had a *judgment* against you? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or joint applicant ever declared *bankruptcy*? Yes \_\_\_\_\_ No \_\_\_\_\_ in the last 10 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to either, explain and give dates: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



***Member Owned***

**WHAT CONVINCED YOU TO APPLY AT CEDARWOOD?  
(Please check all that apply)**

1. Curb Appeal\_\_\_\_\_
2. Credit Criteria\_\_\_\_\_
3. Improvements\_\_\_\_\_
4. Location\_\_\_\_\_
5. Carrying Charges\_\_\_\_\_
6. Friendly Staff\_\_\_\_\_
7. Model\_\_\_\_\_
8. Pet Allowance\_\_\_\_\_
9. How did you hear about Cedarwood? \_\_\_\_\_
10. What is the name of the Realtor that you are using? \_\_\_\_\_
11. Other \_\_\_\_\_

Name\_\_\_\_\_

Date\_\_\_\_\_

## EMPLOYER VERIFICATION FORM



### REQUESTING VERIFICATION FROM:

Company: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### PLEASE FAX OR EMAIL BACK TO:

Cedarwood Cooperative, Inc.

Phone: 708-747-3833

Fax: 708-747-6589

Email: sales@mycedarwood.com

If your employer uses The Work Number® to verify employment we will need employer code and salary code. Please contact The Work Number® at 800-367-2844 to retrieve these codes. Additional fee of \$49 is required.

Employer Code: \_\_\_\_\_

Salary Key Code: \_\_\_\_\_

I hereby authorize release of any pertinent information relating to my employment to Cedarwood Cooperative, Inc.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Last 4 SSN

\_\_\_\_\_  
Date

### Applicant Do Not Write Below

To Whom It May Concern:

Please complete the following as soon as possible and send back to Cedarwood Cooperative. This information is needed in order to complete an application for the above named applicant.

### FOR EMPLOYERS:

• Length of Service: \_\_\_\_\_

• Present Salary: \_\_\_\_\_

• Future term of employment with your company:

Long term: \_\_\_\_\_

Short term: \_\_\_\_\_ (please explain): \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

Number of weeks per year: \_\_\_\_\_

• Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

## EMPLOYER VERIFICATION FORM



### REQUESTING VERIFICATION FROM:

Company: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### PLEASE FAX OR EMAIL BACK TO:

Cedarwood Cooperative, Inc.

Phone: 708-747-3833

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If your employer uses The Work Number® to verify employment we will need employer code and salary code. Please contact The Work Number® at 800-367-2844 to retrieve these codes. Additional fee of \$49 is required.

Employer Code: \_\_\_\_\_

Salary Key Code: \_\_\_\_\_

I hereby authorize release of any pertinent information relating to my employment to Cedarwood Cooperative, Inc.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Last 4 SSN

\_\_\_\_\_  
Date

### Applicant Do Not Write Below

To Whom It May Concern:

Please complete the following as soon as possible and send back to Cedarwood Cooperative. This information is needed in order to complete an application for the above named applicant.

### FOR EMPLOYERS:

• Length of Service: \_\_\_\_\_

• Present Salary: \_\_\_\_\_

• Future term of employment with your company:

Long term: \_\_\_\_\_

Short term: \_\_\_\_\_ (please explain): \_\_\_\_\_

Number of hours per week: \_\_\_\_\_

Number of weeks per year: \_\_\_\_\_

• Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

# LANDLORD /MORTGAGE VERIFICATION FORM

**REQUESTING VERIFICATION FROM:**

Property Owner/Landlord/Mortgage Holder: \_\_\_\_\_

Loan Number: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE FAX OR EMAIL BACK TO:**

Cedarwood Cooperative, Inc.

Phone: 708-747-3833

Fax: 708-747-6589

Email: sales@mycedarwood.com

I hereby authorize my landlord / mortgage company to disclose the information listed on the bottom portion of this form to Cedarwood Cooperative.

Applicant's current or most recent lease / mortgage address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Last 4 SSN \_\_\_\_\_ Date \_\_\_\_\_

**Applicant Do Not Write Below**

**To Whom It May Concern:**

**Please complete the following as soon as possible and send back to Cedarwood Cooperative. This information is needed in order to complete an application for the above named applicant.**

**FOR LANDLORD**

Date of Move-In: \_\_\_\_\_

Lease Expiration: \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_

Present Unpaid Balance: \_\_\_\_\_

Would you rent to applicant again? \_\_\_\_\_

Has the applicant maintained the unit in good condition? \_\_\_\_\_

**MORTGAGE ACCOUNT**

Date Mortgage Originated: \_\_\_\_\_

Monthly Mortgage Payment: \_\_\_\_\_

Current Mortgage Balance: \_\_\_\_\_

Present Unpaid Balance: \_\_\_\_\_

Payment History for Past 24 Months: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

Landlord Signature \_\_\_\_\_

Date \_\_\_\_\_

## Background

Have you or any of the undersigned ever been convicted of a crime, including misdemeanors, placed on probation, parole, supervision, is there a current warrant for your arrest, or are you currently involved in any criminal activity?

Yes\_\_\_\_\_ No\_\_\_\_\_ Explain:\_\_\_\_\_

Has your driver's license ever been revoked or suspended? Yes\_\_\_\_\_ No\_\_\_\_\_

The undersigned hereby represents to Cedarwood Cooperative, Inc. that neither the undersigned, nor any member of the undersigned's household or guests thereof, will (a) engage in any quasi-criminal or criminal activity as defined by local, state, or federal laws, (b) engage in any act intended to facilitate any quasi-criminal or criminal activity, (c) obstruct or resist law enforcement against criminal activity, or (d) permit or allow the dwelling unit or any other property of Cedarwood Cooperative, Inc. to be used for or to facilitate any quasi-criminal or criminal activity. The undersigned further understands that a criminal background check will be completed on applicants and all adult dependent children (18 years and older).

The undersigned further represents that all of the information in this document is true to the best of his or her knowledge. The undersigned understands that Cedarwood Cooperative, Inc. will rely on these representations in determining whether to accept the undersigned as a member of Cedarwood Cooperative, Inc. and that if the undersigned has made any misrepresentations in this document, Cedarwood Cooperative, Inc. may immediately revoke the undersigned Membership Certificate and Occupancy Agreement and that such revocation shall not affect any of Cedarwood Cooperative's other rights against the undersigned. The undersigned further understands that any misrepresentation may subject him or her to eviction action by Cedarwood Cooperative, Inc.

The undersigned understands that Cedarwood Cooperative, Inc. supports the integration maintenance policies of the Village of Park Forest.

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Dependent)

\_\_\_\_\_  
Date

It is the responsibility of the applicant to provide the Cooperative with verification requirements as requested. The entire APPLICATION must be filled out (no blanks), copies of three (3) months of pay check stubs and most recent W-2's are required to process. Incomplete applications will be returned. Approved applications shall be valid for sixty (60) days following our credit and criminal history investigation. After 60 days, a fifteen dollar (\$15.00) fee and updated paycheck stubs will be required to update the application.

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Date

Date of review by Admissions Committee:\_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Disapproved