



WILDWOOD PARK TOWNE HOUSES

MEMBERSHIP APPLICATION



PROPERTY FLOOR PLANS:

- ☑ 4 Bed Towne Houses
- ☑ 3 Bed Towne Houses
- ☑ 2 Bed Towne Houses
- ☑ 1 Bed Towne Houses

CONTACT US



404-696-2241



wildwoodpark405@gmail.com



405 Fairburn Road SW
Atlanta, GA 30331

Membership Application Wildwood Park Towne Houses

We are pledged to the letter and spirit of the United States policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, creed, age, handicap, religion, national origin, sex, or familial status.

The cooperative is operated solely for the benefit of its members. It selects its new members according to criteria which are designed to enhance the value of the neighborhood and help reduce exposure to risk from financial loss, loss of assets, devaluation of property, damage to property, disruption of business, bad housekeeping practices, or criminal or anti-social behavior.

1. Complete a truthful and verifiable membership application and pay a non-refundable membership application fee.
2. Applicant(s) must be of legal age to enter into contracts for membership and occupancy.
3. Applicant(s) must show verifiable continuous residency for at least seven years for each proposed household member over 20 years old.
4. Applicant(s) must provide a recent utility bill from the current address.
5. Applicant(s) must show a verifiable and steady source of household income for the past six months.
6. Applicant's income must be such that the combination of monthly co-op fees and share loan repayment does not exceed 25% current gross monthly income.
7. Applicants are not eligible if having been evicted from residential premises or caused bad debt losses to landlords during the last three years.
8. Applicants are not eligible if a member of the proposed household has a felony conviction or served a prison term for any felony in the past five years.
9. Applicant is not eligible if a member of the proposed household is currently an abuser or addict of controlled substances.
10. Applicants are not eligible if any member of the proposed household is required to be registered under the sex offender registration program.
11. Applicant is not eligible who is an alcohol abuser whose behavior could interfere with others' health, safety, and right to peaceful enjoyment.
12. Occupancy is limited to NOT more than two persons per bedroom.
13. All members of the applicant's proposed household must be approved by the Board of Directors to determine final acceptance for membership.

I/we have read these eligibility guidelines and I/we understand that my/our application for membership in the cooperative will not be approved unless I/we meet these criteria. I/we further understand that the membership application fees are not refundable.

Signature: _____ Date: _____

**Membership Application
Wildwood Park Towne Houses**

Provide information for applicant and co-applicant (if there is a co-applicant do not leave blank spaces.) Every member of the household 18 years of age or older named in part VI below must complete the credit application and pay a credit fee.

Name: _____ Phone: () _____ E-mail address: _____
 Current Address: _____ City: _____ St: _____ Since: ___/___/_____
 Monthly Pmt. \$ _____ Contact: _____ Ph: () _____ [] Own [] Rent
 Do you now have an insurance policy? [] No [] Yes If yes is it a [] Homeowner's policy [] Renter's policy
 List all States you have lived in: _____
 (If at current address less than seven years)
 Previous Address: _____ City: _____ St: _____
 From: _____ to _____ Monthly Pmt. \$ _____

Part II. Income

- Income Source _____ \$ _____ /Mo.
- Income Source _____ \$ _____ /Mo.

Part III Credit Liability

	<u>Creditor</u>	<u>Purpose</u>	<u>Balance</u>	<u>Payment</u>	<u>Period</u>
1.	_____	_____	\$ _____	\$ _____ per _____	
2.	_____	_____	\$ _____	\$ _____ per _____	

Part IV. Other Information

Please answer the following questions, yes or no for all persons over 18 years.

- yes no
- [] [] Do you own any income producing property?
- [] [] Have you been evicted from a residence for non-payment or other reason in the past 5 years?
- [] [] Is any proposed household member an abuser or an addict of illegal controlled substances?
- [] [] Has any proposed household member been convicted of a felony in the last five years?
- [] [] Is any proposed household member listed on the sex offender registry?
- [] [] If there is a co-applicant, will the co-applicant also be responsible for payments?
- [] [] Will this be the primary residence for you and registered household members?

Part V. Other Household Members. Name all other persons who will be living in the household.

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Part VI. Applicant's Certification

I/we authorize the Cooperative and its authorized employees and agents to obtain information that is pertinent to my eligibility for membership and authorize the release of any information (including documents and other materials) pertinent to determining my eligibility for membership and residency in the Cooperative.

I/we have been advised and I/we understand that this is an application for membership in a housing cooperative and not an application to purchase a condominium or single-family home.

Applicant will be required to purchase a HO-6 insurance policy prior to closing that covers losses from any mold, fungus, water damage or fire in addition to his/her personal property, appliances, etc. and which names the cooperative as a loss payee.

For each person over 20 years old attach the following:

1. Application fee
2. Proof of income
3. Utility bill at current address
4. Credit and background application for each person 18 years of age or older.
5. Government issued picture ID for each person 18 years of age or older.

Applicant's Signature: _____ Date: _____

For Board of Directors:

Unit # _____ Carrying Charges \$ _____

Applicant is approved for membership.

Applicant is not approved for membership because: _____

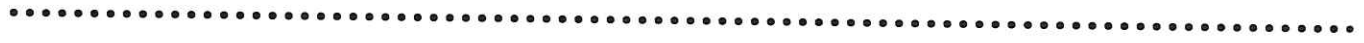
Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

CREDIT AND BACKGROUND APPLICATION

The purpose of this form is to notify you that a Consumer Report will be conducted on you in the course of consideration for residency. Please fill out this form in its entirety. **SIGN and DATE** and return to the company with which you are applying for residency.



Name: (Last) _____ (First) _____ (Middle) _____

List any other name used in the past 7 years: _____

Date of Birth ___ / ___ / _____ Social Security # _____

(If a valid social security number is not available, please provide your government issued identification number. Alternative search parameters are used for Government Issued Identification Numbers or ITINs.)

Driver's License # _____ State _____ Gender _____

Race _____ Daytime Phone # (____) _____ - _____

Current Address _____ City _____ State _____ Zip _____ Dates ___ / ___ to ___ / ___

List any other cities or towns in which you have lived during the past 7 years; include dates.

List most recent employment details:

Company _____ Phone # (____) _____ - _____

Employment Dates: ___ / ___ to ___ / ___ Title _____

CERTIFICATION:

I certify that all statements made on this application are true and that I have not knowingly withheld any fact of circumstance. I authorize the investigation of all statements contained in this application and the further investigation of any information required to determine my qualifications for membership. I authorize my employers, schools and other references to release any information required to determine my qualification for membership. I waive any right to receive any written notice from Wildwood Park Towne Houses, Inc. that such information has been released. I fully understand that misrepresentation or omission of facts or circumstances will be sufficient for the cancellation of my consideration for membership. I agree that if at any time prior to being approved for membership, if any reference or report is obtained which is considered to be unsatisfactory, Wildwood Park Towne Houses, Inc. reserves the right to deny membership.

Applicant's Signature _____ Today's Date ___ / ___ / _____

***** APPLICANT – DO NOT WRITE BELOW THIS LINE *****



TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:

Company: Wildwood Park Towne Houses, Inc

Contact: _____ Fax: 404-696-2221 Email: wildwoodpark405@gmail.com

Disclaimer: While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by SafeRent Solutions, Inc. and since public records data on any individual, group of individuals, company, or companies can be contained in more than one repository, SafeRent Solutions, Inc. can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without liability on the part of SafeRent Solutions, Inc. its sources, officers, agents or employees. Furthermore, you agree to indemnify SafeRent Solutions, Inc., its sources, agents and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individual's criminal records history, credit history and/ or workers compensation claim history.

AUTHORIZATION

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the company, SafeRent Solutions, Inc. at any time after receipt of this authorization and throughout my residency if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by SafeRent Solutions, Inc. or another outside organization acting on behalf of the Company, and/or the Company itself. I understand that by agreeing below, that I am signing the authorization form directing the background check as described in the disclosure.

Name: _____

Date: _____ Agree to terms: [] Yes or [] No

Last 4 digits of SSN or Government ID: _____

Applicant's Signature: _____