



4900 Heather Place, Wayne, Michigan 48184, (734) 595-3444 Email: HHHWHP

MEMBERSHIP APPLICATION

Unit Size Desired: _____

Application Date: _____

Applicant

Co-Applicant

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Social Security No.: _____

Social Security No.: _____

Driver's License #: _____

Driver's License #: _____

Cell Phone #: _____

Cell Phone #: _____

Other Telephone #: _____

Other Telephone #: _____

E-Mail Address: _____

E-Mail Address: _____

Income Last Year \$ _____

Income Last Year \$ _____

Income Year-To-Date \$ _____

Income Year-To-Date \$ _____

Other Income Source \$ _____

Other Income Source \$ _____

DO NOT WRITE BELOW – FOR OFFICE USE ONLY

Application Number _____

Date Received ____/____/____

Credit Processing Fee Paid ____/____/____

Money Order Number _____

Reason/Comments: _____

Application Approved: _____

Units Shown: _____

Denied: _____

Applicant Notified: ____/____/____

Application Cancelled: ____/____/____

APPLICANT INFORMATION

APPLICANTS NAME: _____

D.O.B.: _____ S.S. #: _____

PLEASE CHECK ONE: Married Single Separated Divorced Engaged Widow

HAVE YOU EVER LIVED IN A COOPERATIVE? Yes No

If yes, give name & location: _____

TRADE REFERENCES-List all open and recently closed accounts.

Creditor Name & Address	Account Number	Balanced Owed	Payment

PLEASE GIVE A COMPLETE LANDLORD AND/OR MORTGAGE HISTORY.

Name/Address of Company	Phone Number	Payment	Date From	Date To

EMPLOYMENT HISTORY-Please give a complete history.

Employers Name	Address	Phone Number	Employment Date

BANKING INSTITUTIONS:

Bank/Credit Union Name	Address	Checking Account #	Savings Account #

VEHICLE(S):

Make	Year	Financed By/Address	Title Holder	Balanced Owed	Payment

PERSONAL REFERENCES (Not Relatives):

Name/Address	Occupation	Years Known	Phone Number

CO-APPLICANTS NAME: _____

D.O.B.: _____ S.S. #: _____

PLEASE CHECK ONE: Married Single Separated Divorced Engaged Widow

HAVE YOU EVER LIVED IN A COOPERATIVE? Yes No

If yes, give name & location: _____

TRADE REFERENCES-List all open and recently closed accounts.

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BANKING INSTITUTIONS:

Bank/Credit Union Name	Address	Checking Account #	Savings Account #

VEHICLE(S):

Make	Year	Financed By/Address	Title Holder	Balanced Owed	Payment

PERSONAL REFERENCES (Not Relatives):

Name/Address	Occupation	Years Known	Phone Number



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URGENT NOTICE TO APPLICANTS/MEMBERS

****NOTE**:** READ AND FOLLOW DIRECTIONS CAREFULLY. Attached you will find forms for verification of deposit and for verification of employment. **THESE FORMS WILL NOT BE ACCEPTED UNLESS THESE INSTRUCTIONS ARE COMPLIED WITH COMPLETELY!!**

- 1) You are required to fill out the X'd areas ONLY. One form per company, per person.
 - A) The X'd area at the top left of the form is for the name and complete address of the company.
 - B) The X'd area at the top right of the form is for your name and address.
 - C) The X'd area at the lower section of the form is for your signature.
- 2) Provide any account numbers, employee number, and /or social security number that the company will require in order to provide the necessary information.
- 3) When you have followed these steps, you must return these forms to the Sales Office of Westwick Square Cooperative as soon as possible.
- 4) All forms will be mailed to employers, banks, credit unions, etc. from the Sales Office ONLY!! You cannot hand deliver or mail these forms to or from the companies for any reason.

If it is not convenient to come into the office during the regular business hours, please put the forms in an envelope and deposit them in the office mailbox that is located to the right of the community building door. The forms will be forwarded to your employer and bank immediately.

If you require additional forms for employers, banks, credit unions, etc., do not hesitate to request additional forms at the Sales Office. If you have any questions, please feel free to contact the Sales Office at 595-3444.

YOUR COOPERATION IN THIS MATTER IS MANDTORY AND WILL BE GREATLY APPRECIATED.

THANK YOU IN ADVANCE.
WESTWICK SQUARE COOPERATIVE



4900 Heather Place, Wayne, Michigan 48184, (734) 595-3444 Email: salesoffice@westwicksquare.com

EMPLOYMENT VERIFICATION FORM

Name & Address of Employer

X _____
X _____
X _____

Name & Address of Member

X _____
X _____
X _____

To Whom It May Concern:

The person listed above has applied for housing in a low to moderate income housing cooperative. In order to determine the applicants' eligibility, Westwick Square Cooperative requires the applicant to verify all information that is used in determining this person's eligibility or level of benefits.

Therefore, please complete the following items (the employee's signature below authorizes you to release this information) and mail this form back in the self-addressed stamped envelope as soon as possible.

X _____
Member's Signature

X _____
Social Security Number

X _____
Employee Number

Do you or your firm employ the above named person? ___ Yes ___ No

Date of Hire _____ Position/Title _____

Base Pay _____ Hourly/Weekly Pay _____ Hrs. per week _____

Does this employee work overtime ___ No ___ Yes Rate: _____ O.T. Hrs. Per Week _____

Are bonuses or cost of living expenses given? ___ No ___ Yes Explain: _____

If employment is seasonal or irregular, please explain: _____

If this employee is no longer employed, please state the termination date: _____

**** MEMBER'S MAY NOT DELIVER THIS FORM TO OR FROM THE EMPLOYER.****

To the best of my knowledge, I believe this information to be accurate.

Employer's Signature/Title

Phone Number

Date

WESTWICK SQUARE

4900 Heather Place, Wayne, Michigan 48184, (734) 595-3444 Email:
salesoffice@westwicksquare.com

Name & Address Of Depository

Name & Address of Member

X _____

X _____

X _____

X _____

X _____

X _____

Account Number(s):

Social Security Number(s):

X _____

X _____

X _____

X _____

The person listed above has applied for housing in a low to moderate income housing cooperative. In order to determine the applicants' eligibility, Westwick Square Cooperative requires the applicant to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the above captioned cooperative. Your prompt return of this information will help to assure timely processing. Enclosed, please find a self-addressed stamped envelope for this purpose.

RELEASE: I hereby authorize the release of the requested information.

X _____
Member's Signature

X _____
Date

THIS PORTION TO BE COMPLETED BY DEPOSITORY ONLY.

Savings Account #(s)	Current Balance	Interest Rate
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

Checking Account #(s)	6 Month Average Balance	Current Balance	Interest Rate
_____	_____	_____	_____ %
_____	_____	_____	_____ %

Other	Current Balance	Interest Rate
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

Information provided by:

Name & Title

Date

VERIFICATION CHECKLIST

I have the following assets:

Yes	No	
_____	_____	Checking Account(s)
_____	_____	Savings Account(s)
_____	_____	Certificates of Deposit/Time Certificates
_____	_____	Money Market Funds/Treasury Bills
_____	_____	Stocks/Bonds
_____	_____	Trusts
_____	_____	Personal Property held as an Investment (i.e. jewelry, coins, antique cars, etc.)
_____	_____	Inheritance
_____	_____	Lottery Winnings (lump sum)
_____	_____	Cash on hand/ In safe deposit boxes
_____	_____	I have disposed of assets for less than fair market value in the last 2 years.
_____	_____	Cemetery lots
_____	_____	Other:

I receive income from the following sources:

_____	_____	Wages, Salaries
_____	_____	Public Assistance (AFDC or GA)
_____	_____	Social Security
_____	_____	Supplemental Security Income (SSI)
_____	_____	Disability or Death Benefits
_____	_____	Veterans Administration /GI Bill Benefits
_____	_____	Military Pay
_____	_____	Unemployment Compensation
_____	_____	Workmen's Compensation
_____	_____	Pension and/or Retirement Funds
_____	_____	Insurance Policies
_____	_____	Trusts
_____	_____	Annuities
_____	_____	Alimony
_____	_____	Child Support
_____	_____	Ownership of a Business or Profession
_____	_____	Real or Personal Property
_____	_____	Strike Benefits
_____	_____	Severance Pay
_____	_____	Interest/Dividends
_____	_____	Educational Assistance/Scholarship or Grants
_____	_____	Support from persons not residing in the unit (i.e. monetary gifts, food, bill payment, etc.)
_____	_____	Lottery Winnings
_____	_____	Earned Income Tax Credit
_____	_____	Other:

Other:

_____	_____	I am a full-time student
_____	_____	I need a handicapped or barrier free unit

I certify that to the best of my knowledge that all the above statements are true and correct for determining my eligibility for housing at Westwick Square Cooperative.

Applicant/Tenant Signature

Date



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Email: salesoffice@westwicksquare.com

Rental History Verification

X _____
Date

X _____
Landlord/Leasing Agent Name

X _____
Address

X _____
City, State, Zip

Dear Landlord/Manager

I/We have submitted an application for housing at Westwick Square Cooperative, Inc. Your name has been provided to them as my/our previous/present landlord. I/We request that you confirm my/our residency status by completing this form and returning it in the self-addressed stamped envelope that has been enclosed.

Your prompt reply will be appreciated since my/our application cannot be processed until this verification is received. My/Our signature(s) authorizes you to provide the information requested. Please complete and the form and return it to Westwick Square Cooperative as soon as possible.

Signature of Applicant: X _____

Signature of Co-Applicant: X _____

Residents Address: X _____

Occupancy Dates: X From _____ To _____

-
1. Are you a relative or friend of the applicant? Yes _____ No _____ If so, please describe relationship _____
 2. Number of persons residing in the rental unit _____
 3. Amount of the monthly rent payment _____
 4. Does/did the applicant pay rent on time? Yes _____ No _____ If no, how often is the payment late? _____
 5. Has/had an eviction for non-payment ever been processed? Yes _____ No _____

6. Does/did the applicant keep the unit clean, safe and sanitary? Yes _____ No _____
7. Has/had the applicant damaged the unit? Yes _____ No _____ If yes, please describe damage and cost of repairs _____
8. Is/was the applicant listed on the lease agreement for the unit? Yes _____ No _____
9. Does/did the applicant permit persons other than those on the lease agreement to live in the unit on a regular basis? Yes _____ No _____
10. Does/did the applicant own a pet? Yes _____ No _____
11. Has/had the applicant, household members or guests damage or vandalized the common areas or create any physical hazards to the property or other residence? Yes _____ No _____ If yes, please describe _____
12. Has/had the applicant, household members or guests disturbed other residents? Yes _____ No _____
13. Has/had the applicant, household members or guests engaged in any criminal activity, including drug-related criminal activity on the property? Yes _____ No _____ If yes, please explain _____
14. Has/had the applicant, household members or guests acted in physical violent and/or verbally abusive manner toward neighbors, landlord or staff? Yes _____ No _____
15. Has/had the applicant given any false information? Yes _____ No _____ If yes, please describe _____
16. Would you re-admit this applicant? Yes _____ No _____ If no, please explain _____
17. When does the applicant(s) lease expire? _____

Additional Comments _____

Prepared by (please print): _____ Title: _____

Signature and date: _____ Phone Number: _____

WESTWICK SQUARE

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Email: salesoffice@westwicksquare.com

Mortgage Verification

Name & Address of Mortgage Company

Name & Address of Applicant (Borrower)

X _____

X _____

X _____

X _____

X _____

X _____

To Lender:

I have made an application to the above captioned Cooperative for housing and have given your company as a credit reference. My signature below authorizes you to provide the information requested on the loan described below.

X _____
Applicant/Borrower Signature

X _____
Date

X _____
Property Address of Loan

X _____
Loan Account #

****AREA TO BE FILLED OUT BY LENDER ****

Date of Loan: _____

Original Amount: _____

Monthly Payment: _____

Present Unpaid Balance: _____

Remaining Term or Maturity Date: _____

Payment Record: _____

Additional Comments: _____

Signature

Title

Date

****Lender: Please return this form directly to Westwick Square Cooperative in the enclosed stamped envelope.**



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MICHIGAN STATE POLICE CRIMINAL BACKGROUND CHECK

RELEASE OF INFORMATION

Dear Applicant,

As part of the application process, any person over the age of 18 whom is seeking to reside within Westwick Square, is required to undergo a State Criminal Background Check.

It will be necessary for each qualifying person to print and sign their first, middle and last name on this release of information form and include date of birth, race & sex in order to perform the check. The cost to run a State Criminal Background Check is **\$10.00 per person, over the age of 18**. This amount will need to be paid in the form a money order made out to Westwick Square Cooperative and presented at the time of application.

Applicant's Name: _____ DOB: _____
Applicant's Signature: _____ Race: _____ Sex: M / F

Co-Applicant's Name: _____ DOB: _____
Co-Applicant's Signature: _____ Race: _____ Sex: M / F

Additional Family Member's

Family Member's Name: _____ DOB: _____
Family Member's Signature: _____ Race: _____ Sex: M / F

Family Member's Name: _____ DOB: _____
Family Member's Signature: _____ Race: _____ Sex: M / F

Family Member's Name: _____ DOB: _____
Family Member's Signature: _____ Race: _____ Sex: M / F

Family Member's Name: _____ DOB: _____
Family Member's Signature: _____ Race: _____ Sex: M / F



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Membership Selection Criteria

Welcome to our community. Westwick Square Cooperative, is a membership based, Michigan Non-Profit Corporation. Before you complete your application for membership to Westwick Square Cooperative, please take the time to review this screening policy. All individuals wishing to reside in the Cooperative premises will be required to complete our member and occupancy screening in order to be a member or occupant at Westwick Square Cooperative. All Applicants seeking membership or occupancy that are 18 years or older will be required to complete a screening and acknowledge acceptance below.

It is the policy of this community to comply with all applicable fair housing laws including those which prohibit discrimination against any person based on race, sex, religion, color, familial status, national origin or handicap.

The term applicant(s) under this policy means the person or persons that will be signing the Occupancy Agreement and applying for membership in the Cooperative. The term Occupant(s) in this policy means the person or persons that are authorized occupants under the Occupancy Agreement.

Please also note that these are current membership selection criteria; nothing contained in these requirements shall constitute a guarantee or representation by the Cooperative that all members and occupants currently residing in the community have met these requirements. There may be members and occupants that have resided in the community prior to these requirements going into effect; additionally, our ability to verify whether these requirements have been met is limited to the information we receive from the various resident credit and criminal reporting services used.

If, after approval of a membership application, a change in circumstances of a member or occupant arises (i.e. family composition change, employment status change, credit history, criminal history, housing history, and/or income change), it is the applicant's responsibility to immediately inform Westwick Square Cooperative.

Failure to provide requested information or documentation within a reasonable amount of time of the request may be grounds for denial of membership and occupancy at Westwick Square Cooperative. Any material misrepresentation or omission made by an applicant or occupant during the credit and criminal screening process will result in immediate denial of the associated membership application.

Westwick Square Cooperative strongly encourages applicants to obtain their own copy of a State Criminal Background Check in the event of an adverse or negative mark is a basis for denial of membership and occupancy in the Cooperative. In the event the applicant wishes to review his or her credit report obtained by Westwick Square Cooperative during the application process, the applicant must do so in accordance with the Fair Credit Reporting Act.

Applicants seeking to purchase membership and occupancy of a unit at Westwick Square Cooperative will be required to complete a membership application (in a form provided by the Cooperative), submit to a personal interview with members of the Cooperative's Board of Directors and/or Membership Committee and meet all of the criteria set forth below.

1. No person shall occupy or make residence in any Cooperative unit without the written consent of the Westwick Square Cooperative Board of Directors.
2. All eligible applicants will have, and produce evidence thereof, a verifiable history of responsible debt management and payments. The Cooperative will require the production of a credit report, the source of which shall be determined in the sole discretion of the Cooperative's Board of Directors.
3. All eligible applicants and occupants must provide and submit to the Employment Verification Form, Verification of Assets Form, Rental History Form, Mortgage Verification Form, and the Verification Checklist Form.
4. All eligible applicants shall adhere to the Membership Fee Requirements and monthly payments as expressed within the Income Limits, Carrying Charges, and Membership sections of the application.
5. All eligible applicants shall adhere to the following minimum income requirements to occupy a unit on the property:
 - 1 person** gross household income must be at least \$25,000 per year
 - 2-4 persons** combined gross household income must be at least \$30,000 per year
 - 5+ persons** combined gross household income must be at least \$33,000 per year
6. No applicant, that has submitted an application for membership with Westwick Square, shall be taken from the waiting list for the purpose of a member sell. An applicant may cancel their application and re-apply after a mandatory 90 day waiting period has been fulfilled.
7. Be it resolved that the Amended Resolution of the Board dated October 14, 2013, is further amended as follows:

Effective on July 01, 1996, all applicants seeking membership in our Cooperative became subject to a criminal background check. In conjunction therewith, all necessary forms and documents, determined by the Board of Directors as necessary to implement this portion of the application process, were also authorized. Furthermore, the Cooperative's Member Selection Criteria was also amended to reflect the necessity of an acceptable criminal report as part of the membership criteria.

In accordance herewith, the Board of Directors reserves the right to reject any membership application based upon the content of information provided within any criminal report. It was, and still is, the expressed intent of the Board of directors to reject any and all applications in which information is reported which may be determined, in the sole discretion of the Board of Directors, to negatively affect the health, safety and welfare of the Cooperative or its membership.

The Board is mindful that recent Federal guidelines state that a housing provider with a more tailored policy or practice that excludes individuals with only certain types of convictions must still prove that its policy is necessary to serve a "substantial, legitimate, nondiscriminatory interest." To do this, the Board's policy accurately distinguishes between criminal conduct that indicates a demonstrable risk to resident safety and/or property and criminal conduct that does not.

The Board's policy and practice therefore takes into account the following factors on a case-by-case basis.

1. The seriousness of the criminal offense;
2. The relationship between the criminal offense and the safety and security of members, staff or property;
3. The length of time since the offense, with particular weight being given to significant periods of good behavior;
4. The age of the household member at the time of the offense;

5. The number and nature of any other criminal convictions;
6. Evidence of rehabilitation, such as employment, participation in a job training program, education, participation in a drug or alcohol treatment program, or recommendations from a parole or probation officer, employer, teacher, social worker, or community leader; and
7. The mitigating circumstances or other such information/documentation the applicant believes counters or refutes any negative criminal history findings.

The following list of felonies shall generally cause additional scrutiny and may trigger an interview regarding criminal background. All felonies that occurred within the past ten (10) years, all felonious acts that involved the use of a firearm, all felonious acts that resulted in the great bodily harm to another, any felonious acts involving arson, any felonious act involving the possession and/or distribution of the controlled substances of methamphetamines, cocaine, heroin, and other controlled substances classified as hard narcotics, and criminal sexual conduct. A felony may also include all felonies that occurred within the past ten (10) years that, in the sole discretion of the Board of Directors, negatively affect the health, safety and welfare of the Cooperative or its membership. The foregoing Amended Resolution was adopted by the Board of Directors at its regularly scheduled meeting held on October 10, 2017.

8. All eligible applicants must show proof of citizenship or eligible immigration status, via Green Cards or official citizenship status documentation.
9. All eligible applicants, if approved for membership, should obtain Cooperative/Condominium Unit Owner's insurance (also known as HO-6) for their benefit as expressed within the Occupancy Agreement.
10. Any ineligible applicant, who is rejected, shall be advised of the Cooperative's rejection within seven (7) business days of the completion of the Boards review of the application.
11. All applicants and occupants 18 years and older shall attend and complete an Orientation Session prior to being approved for membership/occupancy.

By signing below, you acknowledge receipt of the foregoing Selection Criteria Policy on the date stated below. You further acknowledge that your signature indicates that you understand the contents of the policy and that you agree to allow Westwick Square Cooperative to perform both, a credit report screening, for yourself and all other occupants as described above. You are advised that your signature below does not guarantee that your application will be approved and that in the event a report reflects a negative mark as defined in the above policy your application for membership and/or occupancy may still be denied. I understand and acknowledge that failure to disclose information otherwise required by this policy is material to my application for membership. I further understand and agree that I may request, in writing within fourteen (14) days, a Cooperative review in the event my application is denied.

----- Authorization Signatures -----

Applicant Signature: _____ Date _____

Applicant Signature: _____ Date _____

Applicant Signature: _____ Date _____

Westwick Square

Signature: _____ Date _____



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Household Occupant Information

If you are going to be household occupant and are over the age of 18, please answer the questions below and sign your name at the bottom.

Name: _____

Print

Birth Date: ____ / ____ / ____

Are you currently Employed: Yes _____ No _____

If yes, where are you employed: _____

Have you ever rented or owned in the past: Yes _____ No _____

If yes, please list the name(s) of places where you rented/owned.

1. _____

2. _____

3. _____

Signature

Date