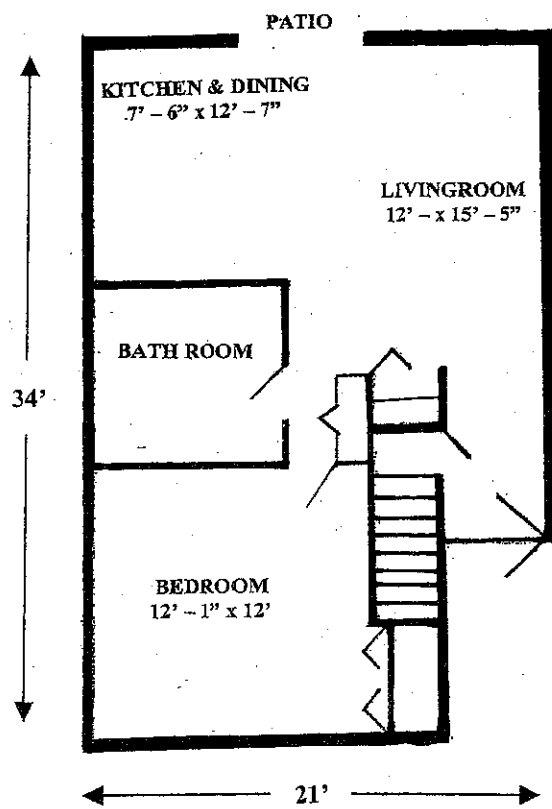
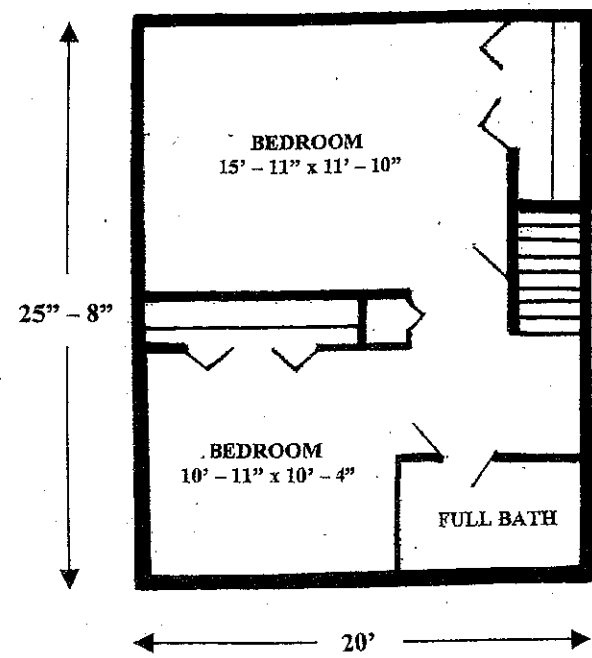


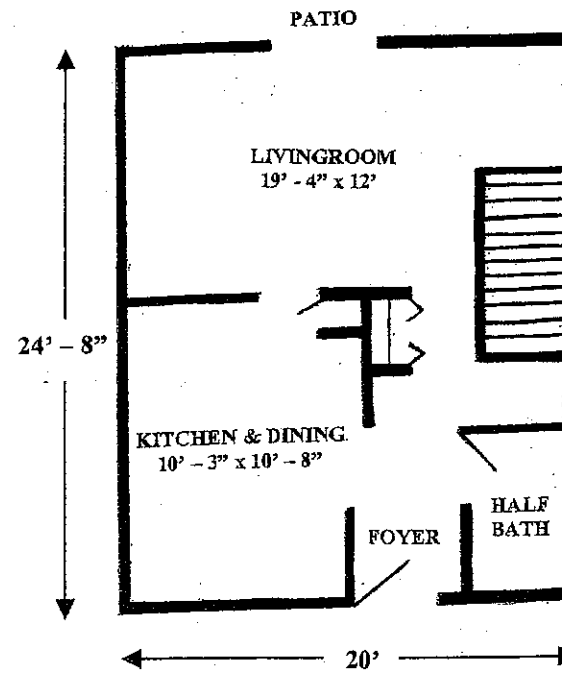
**ONE BEDROOM**



**TWO BEDROOM**

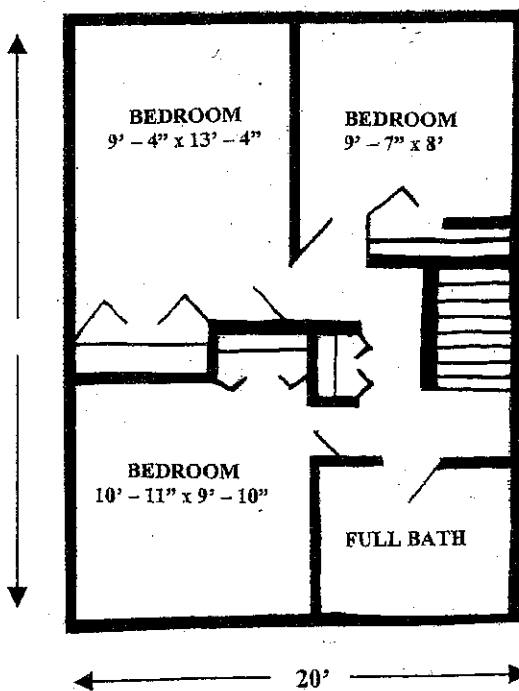


**SECOND FLOOR PLAN**

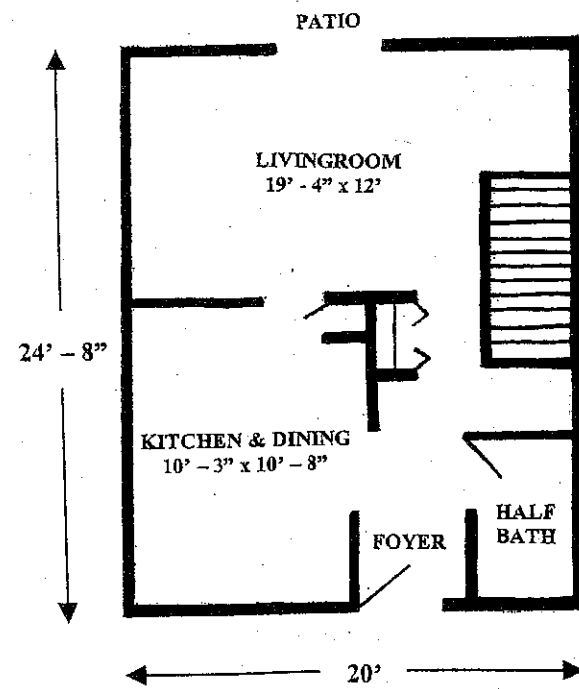


**FIRST FLOOR PLAN**

**THREE BEDROOM**



**SECOND FLOOR PLAN**



**FIRST FLOOR PLAN**

# WESTWICK SQUARE

**Cooperative Townhouses  
For Families with  
Moderate Income**

4900 Heather Place  
Wayne, Michigan 48184

(734) 595-3444

Email: [SalesOffice@Westwicksquare.com](mailto:SalesOffice@Westwicksquare.com)

Located on Venoy Road, South of Michigan Avenue  
In the City of Wayne

Office Hours:

Monday - Friday

9:00 a.m. to 12:00 p.m.

1:00 p.m. to 5:00 p.m.

Managed by:

Marcus Management, Inc.

## GENERAL INFORMATION

Westwick Square Cooperative, Inc. requires all applicants to fit the income limits set forth by The Corporation. If there are \_\_\_\_ members in the family, you must make at least \$\_\_\_\_\_ gross per year to qualify for a \_\_\_\_ bedroom unit. The monthly payment will be \$\_\_\_\_\_ and the membership fee and equity is currently \$\_\_\_\_\_. This is the transfer value paid to buy out the move-out member and is due prior to move-in.

The monthly payment includes water, gas heat, property taxes, structural insurance, maintenance, snow removal and lawn care. Homeowners insurance is not provided by the cooperative and should be obtained by new members. As a member of the cooperative, approximately 50% of your monthly payments are tax deductible, depending on your income.

Each townhouse has a front and rear entrance, full basement with glass block windows, stove, refrigerator, garbage disposal and 1 1/2 bathrooms. Cooperative housing is a joint buying venture and the membership fee is paid to buy out the move-out member. This fee is refunded approximately 30 days after move-out if the unit is left in good condition and you do not owe the cooperative any money. Enjoy a real democratic housing development, where all members participate and have voting rights. There is no landlord. Also, the pleasure of not being obligated to an individual mortgage, all that is required to move is a sixty (60) day move-out notice.

### REQUIREMENTS FOR APPLICATION:

A \$25.00 **MONEY ORDER** per applicant will be required, **NO CASH OR PERSONAL CHECK** will be accepted. This fee is to pay for the credit report and is non-refundable for any reason. Applicants **MUST** fit the income limit, have an excellent credit history and credit obligations cannot be over-extended.

## FORMS PROVIDED BY THE CO-OP

APPLICATION: The booklet style application must be filled out completely by the applicant and co-applicant, if applicable. All family members intending on residing with the applicant must be listed on the back portion of the application.

VERIFICATION OF EMPLOYMENT: This form letter is provided to verify income for eligibility. Applicants are required to fill in the sections marked with an "X" only, which are located at the top and middle portions of the form. The applicant's signature authorizes the employer to release the required information. This form will be mailed to the employer by the Westwick Square sales staff.

VERIFICATION OF ASSETS: This form letter is provided to verify any checking, savings, money market or time certificate accounts you may have, their current balances and interest rates. This form is to be filled out in the same fashion noted above. Stocks, bonds, mutual funds and the like must also be verified.

MICHIGAN STATE CRIMINAL CHECK: All persons over the age of 18 years seeking residency must have a state criminal background check conducted. The form provided must be filled out by anyone over the age of 18 year. Once the form is returned to the sales office with appropriate fee(s), the background check will be processed and the results will be provided to the sales office.

### TO BE PROVIDED BY THE APPLICANT

SOCIAL SECURITY CARDS & OTHER DOCUMENTS: Copies of social security cards will be required for the applicant(s). All potential residents over the age of 18 years must provide a copy of their driver's license and undergo a local criminal background check, which will be conducted at the police department the city in which they live.

VERIFICATION OF MATERIAL STATUS MUST BE VERIFIED: Copies of marriage license, divorce documents, proof of legal separation, death certificate, etc. must be provided as it applies.

PROOF OF RELATIONSHIP: Copies of birth certificates for all dependents must be provided. Other documentation verifying relationship may also be required.

FAMILIES BORN OUTSIDE THE UNITED STATES: Those born in any country other than the United States, must provide birth certificates and green cards for all family members.

VERIFICATION OF ANY OTHER INCOME: This includes but not limited to: Child Support, Social Security, Pension, retirement or disability income. Which may be verified by obtaining a letter from the company or provider. Any income from a Family Independence Agency must be verified. All letters must have a current date, state the gross amount received and the frequency of payment.

### **AN APPOINTMENT IS REQUIRED WHEN RETURNING THE APPLICATION AND REQUIRED PAPERWORK.**

Once all the information is obtained from the various sources, the application will be submitted to the Board of Directors for their review. Those applicants that are rejected membership will receive letter stating the reason for rejection. Potential members will be invited to attend an orientation meeting, which are generally once a month. Delays in the scheduling of the orientation meeting will not affect you status on the waiting list.



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

**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.

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



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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

Name & Address of Member

X \_\_\_\_\_

X \_\_\_\_\_

X \_\_\_\_\_

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



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

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

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## 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.**



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

**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



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

## 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 \_\_\_\_\_



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

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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