



**Lakeside Cooperative, Inc.**  
Application for Membership

**All information must be filled out completely. Incomplete applications will be returned to the applicant(s). If a question does not apply, place "n/a" in the space provided. Please print all information legibly.**

Applying for: \_\_\_\_\_ (Address)

Current owner: \_\_\_\_\_

Name(s) on deed: \_\_\_\_\_

Applicant: \_\_\_\_\_

Co-applicant: \_\_\_\_\_

(if more than two applicants, please ask for an additional application)

Current address: \_\_\_\_\_(street)

\_\_\_\_\_ (city, state, zip)

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_

Current landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

**If less than three (3) years at current address, list previous addresses:**

Address (street, city, state, zip):

\_\_\_\_\_

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

Address (street, city, state, zip):

\_\_\_\_\_

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

Applicant employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Co-applicant employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please list all sources of *monthly* income to be considered towards payment of lot rent:

Applicant gross income:

Co-applicant income:

Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

Anticipated monthly expenses:

Mortgage(s): \_\_\_\_\_  
(include \$500 lot rent)

Car Payment(s): \_\_\_\_\_

Electric: \_\_\_\_\_

Auto Insurance: \_\_\_\_\_

Cable/Internet: \_\_\_\_\_

Homeowners Ins.: \_\_\_\_\_

Heat: \_\_\_\_\_

Phone(s): \_\_\_\_\_

Other: \_\_\_\_\_

Number of persons who plan to occupy home \_\_\_\_\_ adults \_\_\_\_\_ minors

Are you or any members of your household required to register as a sex offender?

Yes  No

Please list three personal (not professional) references who can speak to your likelihood to pay your rent in a timely manner, obey the community rules and be a good cooperative member. References may not include relatives.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Please read the following information before signing this application:**

To join Lakeside Cooperative, I/we are aware that a Membership Fee of \$450 must be paid before I/we occupy the home. I/we understand that I/we may not move in until approval is made. I/we understand that the home must be lived in by the family/household purchasing and cannot be rented out except under clear cases of hardship as determined by the Cooperative Board of Directors.

I/we understand that this application in no way guarantees my/our acceptance into the Cooperative/Community. I/we authorize the Cooperative to obtain information from current/former employers, friends and current/previous landlords. I/we hold harmless the Cooperative, its contracted Property Manager, and its employees and/or tenants, from any action arising from these inquiries.

**The Cooperative does not discriminate based on age, sex, race, creed, color, marital status, familial status, physical or mental disability or national origin or on account of that person's sexual orientation in the approval of its members.**

**Information provided in this application found to be false may serve as immediate grounds for denial of membership.**

**Disclaimer:** I understand that should I be accepted as a member of the Cooperative, failure to provide accurate information on this Application for Membership may be grounds for member expulsion according to the Cooperative Bylaws. Such expulsion would result in the loss of membership. Loss of membership/expulsion would result in the loss of voting privileges, an increased monthly lot rent, and may lead to eviction. By signing this application, I attest that this is accurate and true information to the best of my knowledge.

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE:** Applications that are incomplete, illegible and/or are not accompanied by the proper documentation will be returned to the applicant(s).