



5501 W. 43rd Street
Indianapolis, IN 46254
(317) 297-3388
fax (317) 297-8767

Application for Cooperative Membership

Dear Potential Member or Occupant,

Thank you for your application for membership at Three Fountains West Cooperative. Our membership approval process has several criteria's that are used in determining potential membership and they are as follows:

1. A completed application is submitted for consideration. An incomplete application will delay the screening process and may result in your application being automatically rejected.
2. You and each of the occupants 18 and older listed on your application are thoroughly screened in the areas of employment, housing, income and credit history. In addition, a criminal background check is run.
3. If the Membership & Rules Committee reviews your application and determines that the minimum screening requirements are met, you are then notified in writing of this outcome and required to attend an in-person orientation/interview with the Membership & Rules Committee.
4. You, along with **ALL** the occupants listed on your application **MUST** be present at the in-person orientation/interview. If **ALL** are **UNABLE** to attend, you **MUST** contact the office no later than (3) days prior to your orientation/interview to reschedule. **FAILURE** to do so will result in the automatic rejection of your application.
5. Upon completion of your in-person orientation/interview, the Membership & Rules Committee will review your application one last time to render the final outcome of your application. The final outcome will be either "ACCEPTED" or "REJECTED" according to the Three Fountains West Membership Selection Process, which has been adopted by the Board of Directors.
6. You will be sent in writing a letter notifying you of the Membership & Rules Committee's decision. If you are "APPROVED" you will need to contact the office to set up a date and time for your MOVE IN (if this has not been determined during the membership interview and orientation process.)
7. An "OCCUPANCY AGREEMENT" and a "MEMBERSHIP CERTIFICATE" is executed on the day of your "MOVE IN" and you will become a shareholder in the Three Fountains West Cooperative.

If you should have any questions during this application process, please feel free to contact our Business Office at (317)297-3388 during business hours.

Sincerely,
Three Fountains West Cooperative
Membership & Rules Committee



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Unit desired _____

Proposed move in date _____

How did you hear about us? _____

Membership Application

Resident History (Must provide a minimum of 2 consecutive years)

Name:		Date:	Time:
Date of birth:	SSN:	Phone:	
PRESENT ADDRESS:			
City:		State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:		Move in date? Move out date?
Name of Community, Landlord, Mortgage Company: Address:		Phone:	
PREVIOUS ADDRESS:			
City:		State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:		Move in date? Move out date?
Name of Community, Landlord, Mortgage Company: Address:		Phone:	
PREVIOUS ADDRESS:			
City:		State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:		Move in date? Move out date?
Name of Community, Landlord, Mortgage Company: Address:		Phone:	
PREVIOUS ADDRESS:			
City:		State:	ZIP Code:
Own Rent (Please circle)	Monthly payment or rent:		Move in date? Move out date?
Name of Community, Landlord, Mortgage Company: Address:		Phone:	

Employment Information (Must provide a minimum of 18 consecutive months)

CURRENT EMPLOYER:			
Employer address:			Wage:
Phone:	Hire date?	Departure/Termination Date?	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Monthly income:	
PREVIOUS EMPLOYER:			
Employer address:			Wage:
Phone:	Hire date?	Departure/Termination Date?	
City:	State:	ZIP Code:	
Position:	Hourly Salary (Please circle)	Monthly income:	

Please list every person that will occupy the unit.

FIRST, LAST, MI	RELATION SHIP	SEX	AGE	BIRTHDATE	BIRTH PLACE	SOCIAL SECURITY #
	HEAD					

Are you a U.S. Citizen? () Yes () No. If No please explain:

Are you being evicted from your current residence? () Yes () No. If Yes please explain: _____

Do you own real-estate? () Yes () No. If yes give name and address of Mortgage Company _____

Mortgage Account # _____ Approximate Value _____

Miscellaneous

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name _____ Address _____

Phone _____

Name _____ Address _____

Phone _____

Please list below ANY additional source of income or assets that will help us approve your application

Have you ever been evicted from a residence? () Yes () No. If Yes please explain: _____

Do you currently engage in the use or sale of illegal drugs () Yes () No. If yes please explain: _____

Have you been convicted of a felony, misdemeanor, or completed a period of incarceration? () Yes () No. If Yes please explain: _____

Marital Status

Please only check ONE:

- Single
- Married
- Divorce
- Legally Separated Comments _____
- Separated still married Comments _____
- Widowed

Applicant's Acknowledgment

I understand that the above information is being collected to determine my eligibility for membership. I understand that false statements or information will result in immediate rejection of my application. I understand that this application will not be processed until all fees are paid and all adults (18 and over) have signed this application. I authorize TFW to obtain all information to process this application.

I authorize the owner/manager to verify all information on this application including but not limited to: **Obtaining written Employment verifications, obtaining a written credit report, obtaining written previous or current landlord reports, obtaining written verifications of criminal history background check.** I understand that I and all occupants including children must attend the final step of the application process, Membership and Rules Orientation (NO EXCEPTIONS).

I acknowledge I am informed about the following:

1. Non-refundable application fee
2. Waiting list (if applicable)
3. Membership fee
4. My responsibility to contact the management office every (6) months to remain on the waiting list
5. Verification of all Social Security numbers for all household members

Please tell us why your moving: _____

Signature of Applicant

Representative Signature

Received Date _____

