

Dear Prospective Member:

Thank you for your inquiry regarding YORKSHIRE PLAZA CO-OPERATIVE. We are happy to enclose an application for your use. Please fill out the application and return it to:

Tonia Burhans, Regional Director
PPS of Michigan LLC
30300 Telegraph Road, Suite# 205
Bingham Farms, MI 48025
Phone – 248.644.4650
Fax – 248.644.4695

A check or money order made out to Yorkshire Plaza Coop. in the amount of \$100.00 must accompany your application, and is a non-refundable application fee.

All additional adults over the age of 18 that will be residing at this residence must submit a complete application package including employment, banking, and landlord verifications. There is a \$25.00 fee for the processing of each adult occupant.

All verification forms must be completed by the reporting agency. Banking verification form must be completed by your banking institution. This includes banking, stock portfolio, Social Security, etc.

Copies of the past 2 months of all bank accounts. Employment verification completed by your employer, including copies of your last 2 paychecks. Also include copies of the prior 2 years of W2 or 1040 forms. If you have rented in the past 3 years each community that you lived in must fill out the landlord verification form. Please include the 2 most current months of all your bank statements. A copy of your Social Security Card and Driver's License/State ID must be included with this application.

As soon as a decision is reached regarding your application, you will be notified in writing or by telephone of the Board of Director's decision.

Please note that Yorkshire Plaza Coop is a NON-Pet friendly community.

Once again, YORKSHIRE PLAZA CO-OPERATIVE thanks you for applying and we hope to be talking to you soon.

Sincerely,

PPS of Michigan, LLC

APPLICATION CHECKLIST

All the items listed below are required in order to process your application. No action will be taken until all forms, copies, and requests have been received and properly completed.

1. Completed applications for all adult occupants/residents
2. Driver's License and Social Security Card for all adult occupants/residents
3. Employment verification for the prior 12 months
4. Copies of the 2 most current paystubs
5. Copies of the past 2 prior year's W2 or 1040 forms
6. Bank verification completed by bank personnel
7. Copies of the past 2 months of ALL bank statements (checking/savings/401K/stocks)
8. Proof of all other income (child support/social security/alimony/stock dividends)

Application for membership in YORKSHIRE PLAZA CO-OPERATIVE

Application Date: ____ / ____ / ____ Number of bedrooms: _____

Address of unit applying for: _____

Applicant's Name: _____ Age: _____ Date of Birth: ____ / ____ / ____

Social Security #: _____

Spouse's Name: _____ Age: _____ Date of Birth: ____ / ____ / ____

Social Security #: _____

Address: _____

(Number and Street) (City, State, Zip)

Applicant's Phone #: _____ Applicant's email address: _____

Occupants of Co-Operative Known to applicants: All Occupants 18 and older submit an additional application.

Names of Family or others living with you:

RESIDENCE HISTORY

Current Landlord or Mortgage Holder:

Name: _____ Address: _____ Telephone Number: _____

Date From: _____ Date To: _____

Previous Landlord or Mortgage Holder:

Name: _____ Address: _____ Telephone Number: _____

Date From: _____ Date To: _____

Previous Landlord or Mortgage Holder:

Name: _____ Address: _____ Telephone Number: _____

Date From: _____ Date To: _____

30300 Telegraph Road, Suite#205 Bingham Farms, MI 48025

Phone – 248.644.4650 Fax – 248-644-4695

INCOME INFORMATION

Applicant Income – Current Year: \$ _____ Applicant Income – Previous Year: \$ _____

Additional Adult Occupant Income – Current Year: \$ _____

Additional Adult Occupant Income – Previous Year: \$ _____

Other Income Amount: \$ _____

Source of Other Income: _____

AUTOMOBILES OWNED

Vehicle #1 Make: _____ Model: _____

Vehicle #2 Make: _____ Model: _____

PERSONAL REFERENCES

Reference Name: _____ Phone: _____ Email: _____

Reference Name: _____ Phone: _____ Email: _____

Reference Name: _____ Phone: _____ Email: _____

CERTIFICATION AND AUTHORIZATION

I (we) certify that the preceding information is accurate and complete. I (we) understand that any inaccurate or omitted information may be grounds for denial of this application. I (we) authorize Yorkshire Plaza Co-Operative and its management agent to conduct credit, criminal background, employment, banking, and landlord verification as permitted by law.

Applicant Signature: _____ Date: ____ / ____ / ____

Additional Adult Occupant Signature: _____ Date: ____ / ____ / ____

VERIFICATION OF EMPLOYMENT

Name and Address of Applicant: _____

Social Security Number: _____

I hereby authorize my employer to release the information requested below.

Signature: _____ Phone: _____ Date: ____ / ____ / ____

TO BE COMPLETED BY EMPLOYER

Date of Employment: _____

Position / Occupation: _____

Dates of Employment: _____

Current Rate of Regular Pay: \$_____ per (hour / week / month)

Current Rate of Overtime Pay: \$_____ per (hour / week / month)

Hours Normally Worked Per Week: _____

Anticipated Average Overtime: _____

Anticipated Gross Annual Earnings (next 12 months): \$_____

Anticipated Tips, Commissions, or Bonuses: \$_____

Do you anticipate a change in pay rate? Yes ____ No ____

If yes, revised rate and effective date: _____

Do you anticipate a change in hours worked? Yes ____ No ____

Employer Name: _____

Employer Representative Name and Title: _____

Signature: _____ Date: _____

Address: _____

Phone Number: _____

LANDLORD VERIFICATION

Applicant Name: _____

Current Address: _____

City, State, Zip: _____

Move-In Date: _____

Move-Out Date: _____

Monthly Rental Amount: \$ _____

Late Payments: Yes ____ No ____

Number of Late Payments in Last 12 Months: _____

Is Resident a Pet Owner? Yes ____ No ____

If yes, are pets registered Service or ESA animals? Yes ____ No ____

Current Lease: Yes ____ No ____

Comments:

Name and Title of Person Providing Information: _____

Property Name: _____

Phone Number: _____

Signature: _____ Date: _____