



# LONDON TOWNE HOUSES COOPERATIVE, INC.

830 East 100<sup>th</sup> Street Chicago, IL 60628 | Office (773) 928-4666 | Fax (773) 928-9718 | Maintenance (773) 928-6655

Application No.: \_\_\_\_\_

Unit: \_\_\_\_\_

Dear Applicant(s):

Please submit the information checked below within ten (10) business days. We void applications if not returned in the time allotted.

- ◇ Birth certificates for **EVERYONE** in household (original with seal)
- ◇ Social security cards for **EVERYONE** in household
- ◇ Official marriage license (original with seal)
- ◇ Divorce decree or separate maintenance agreement
- ◇ Current payroll check stub showing name and address **(4-6 stubs)**
- ◇ W-2s and 1040 federal and state tax returns **(current tax year)**
- ◇ Proof of income from social security, disability or pension
- ◇ 6 Current bank statements
- ◇ Legal guardianship or adoption decree
- ◇ Proof of student status for dependents 17 years of age and over OR if a household member is over the age of 17 and is not a full-time student or employed, he or she must submit a signed, notarized statement certifying that they are receiving no income.
- ◇ Other: \_\_\_\_\_

Please sign this letter below, indicating that you have read and agree to submit the information requested above.  
Sincerely,

Nicole Redding, ARM©, CPM©, RCM  
General Manager

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Co-Applicant





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APPLICATION FOR INFORMATION

NAME: \_\_\_\_\_  
Last First MI

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_



EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

EMPLOYER'S PHONE : ( ) \_\_\_\_\_  
Area Code

OCCUPATION/POSITION: \_\_\_\_\_



NAME OF BANK OR CREDIT UNION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE: \_\_\_\_\_  
Savings/Checking/Credit Union

ACCOUNT NO.: \_\_\_\_\_

I authorize you to check my history as it pertains to any and all risk pertaining to rental property. This may include credit, bank, criminal or any other history deemed necessary.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date





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## SUPPLEMENTAL INFORMATION FORM

NAME: \_\_\_\_\_  
Last First MI

DRIVER'S LICENSE NUMBER: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

GLASSES YES \_\_\_\_\_ NO \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

### LAST FOUR PREVIOUS ADDRESSES OTHER THAN MENTIONED ABOVE.

LAST ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

LAST ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

LAST ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

LAST ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

Have you ever been arrested or convicted of a crime? No Yes

If yes, when \_\_\_\_\_

*Falsifying or omitting information is taken into consideration when evaluating your total application. False or omitted information may result in you being denied occupancy here.*

*I have read and I understand the above completely. I have answered this supplemental information form with complete truthfulness.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





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In order to begin the process of the Membership Application with London Towne Houses Cooperative original documentation will need to be provided to the Management Office to make copies.

I, \_\_\_\_\_, understand that all documentation that is provided to  
Print applicant name

London Towne Houses Cooperative is for the processing of a Membership Application and will not be returned to the applicant for any reason.

Signature \_\_\_\_\_ Date \_\_\_\_\_





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## INFORMATION DISCLOSURE AUTHORIZATION

I/We authorize London Towne Houses Cooperative, Inc. to obtain information they may deem necessary pertaining to my/our background information as a tenant. This may include credit, bank, criminal or any other history deemed necessary.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date





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## Addendum to Membership Application

### HAS ANY MEMBER OF YOUR HOUSEHOLD (including yourself)

a) been evicted for drug related criminal activity? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, does the basis of that eviction still exist? Yes\_\_\_\_\_ No\_\_\_\_\_

b) been convicted of drug related criminal activity, any violent criminal activity, criminal activity which threatens the health or rights of others? Yes\_\_\_\_\_ No\_\_\_\_\_

c) engaged in or been arrested during past one year for drug related criminal activity, violent criminal activity or any other criminal activity that threatened the health or right of others? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes to either (a) or (b) has such person(s) successfully completed an approved rehabilitation program? Yes\_\_\_\_\_ No\_\_\_\_\_

### IS ANY MEMBER OF YOUR HOUSEHOLD

a) involved in alcohol abuse? Yes\_\_\_\_\_ No\_\_\_\_\_

b) required to register as a lifetime sex offender? Yes\_\_\_\_\_ No\_\_\_\_\_

APPLICANT'S SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_

CO-APPLICANT'S SIGNATURE\_\_\_\_\_ DATE\_\_\_\_\_

