

MEMBERSHIP APPLICATION CHECKLIST

IN ORDER TO PROCESS YOUR APPLICATION AS QUICKLY AS POSSIBLE, WE ASK THAT YOU PLEASE NOTE THE FOLLOWING:

- THE COMPLETED APPLICATION MUST BE SUBMITTED NO LESS THAN 21 DAYS BEFORE THE BOARD MEETING (THE THIRD THURSDAY OF EACH MONTH) PRECEDING THE DATE OF EXPECTED CLOSING.
- DO NOT SUBMIT THIS APPLICATION UNLESS ALL OF THE REQUIRED INFORMATION IS SUPPLIED. BE SURE TO INCLUDE THE FOLLOWING:

- ___ ONE (1) COPY OF THE COMPLETED MEMBERSHIP APPLICATION.
- ___ APPLICATION FEE PAYABLE TO VAIL'S GROVE COOPERATIVE IN THE AMOUNT OF \$500.00.
- ___ COPY OF EXECUTED CONTRACT OF SALE.
- ___ LOAN COMMITMENT LETTER (IF AVAILABLE/WHEN RECEIVED).
- ___ SIGNED RELEASE & HOLD HARMLESS AUTHORIZATION BY EACH APPLICANT (COPY ATTACHED).
- ___ PREVIOUS TWO (2) YEARS W-2'S & FEDERAL INCOME TAX RETURNS.
- ___ AT LEAST TWO (2) PERSONAL REFERENCE LETTERS (NOT FROM RELATIVES).
- ___ REFERENCE LETTER FROM A FRIEND/ACQUAINTANCE LIVING IN VAIL'S GROVE (IF APPLICABLE).
- ___ A REFERENCE LETTER FROM YOUR CURRENT LANDLORD (IF APPLICABLE).
- ___ PREVIOUS TWO (2) MONTHS BANK STATEMENTS
- ___ TWO (2) PAY STUBS.
- ___ Copy of Drivers License
- ___ .From seller: Proof of non-use of drywell from licensed plumber.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT CINDY BATTREALL AT VAILS GROVE OFFICE AT 914-669-5100.

APPLICATION FOR MEMBERSHIP/STOCK PURCHASE

Application Date: _____

Premises Address: _____

Total Purchase Price: \$ _____

Quarterly Maintenance Charge: \$ _____

Anticipated Closing Date: _____

Cash Down Payment \$ _____

No. of Unit Shares _____

No. of Bedrooms: _____

Names of Purchasers Who Will Hold Stock:

1. _____

2. _____

Names of Sellers/Shareholders:

1. _____

2. _____

Attorney for Applicant: _____

Address: _____

Telephone No. _____

Fax No. _____

Lender for Applicant: _____

Address: _____

Telephone No. _____

Fax No. _____

Loan Amount: \$ _____ **Interest Rate** _____% **Term:** _____

Monthly Payment: \$ _____ **Anticipated Monthly Taxes:** \$ _____

Will Premises Be Owner Occupied?: Yes ___ No ___

Applicant's Signature

Date

PLEASE NOTE: All questions must be answered. If additional space is required, attach a separate page. Where more than one applicant will be named on the stock certificate, information requested in the application must be provided for each applicant. The Board reserves the right to request additional information regarding each applicant and/or persons who intend to reside in the above-stated premises. False statements herein will be grounds for rejection of the application immediately or in the future. This application must be signed by each applicant.

APPLICANT'S INFORMATION:

Name of Applicant(s):

1. _____ Social Security No. _____
2. _____ Social Security No. _____

Driver's License No: _____ Date of Birth: _____
Applicant 1: _____ Applicant 1: _____
Applicant 2: _____ Applicant 2: _____

Home Telephone No. _____ Cell Phone No. _____

Current Address: _____

Length of Time at Current Address: _____

Previous Address: _____
(If at Current Address Less Than 3 Years)

Do You - - Own _____ Rent _____ (check one)

If Renting, Landlord's Name: _____
Landlord's Address: _____
Landlord's Telephone No.: _____

Monthly Mortgage/Rent at Current Address: \$ _____
Maintenance at Current Address, if applicable: \$ _____
Monthly Taxes (Town/County/School) at Current Address, if applicable: \$ _____

Number of Dependent Children: _____
Number of Other Dependents: _____ Relationship: _____

List all individuals, other than Applicants, who will reside at this premises:

	Name	Relationship	Age
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Will premises be your primary residence? Yes _____ No _____

Do you anticipate making any alterations to the premises? Yes _____ No _____

If yes, please describe: _____

Do you own a pet(s)? Yes _____ No _____ If yes, how many? ____ Type: _____

Do you own a vehicle(s)? Yes _____ No _____ If yes, how many? _____

Year/Make of Vehicle(s) _____

Do you own a boat/jet ski, etc.? Yes _____ No _____ If yes, how many? _____

Year/Make/Registration No. of Watercraft(s) _____

Employment History of Applicant:

Current Employer: _____ How Long: _____

Nature of Business: _____ Current Position: _____

Business Address: _____ Current Salary: _____

Telephone No.: _____

If Employed in Current Position for Less Than Two (2) Years:

Previous Employer: _____ How Long: _____

Nature of Business: _____ Position: _____

Business Address: _____ Salary: _____

Telephone No.: _____

Employment History of Co-Applicant:

Current Employer: _____ How Long: _____

Nature of Business: _____ Current Position: _____

Business Address: _____ Current Salary: _____

Telephone No.: _____

If Employed in Current Position for Less Than Two (2) Years:

Previous Employer: _____ How Long: _____

Nature of Business: _____ Position: _____

Business Address: _____ Salary: _____

Telephone No.: _____

PLEASE ANSWER YES OR NO TO ALL QUESTIONS BELOW:

(If yes, please explain on a separate sheet)

	APPLICANT	CO-APPLICANT
Have you any outstanding judgments	_____	_____
Have you declared bankruptcy in the past seven (7) years?	_____	_____
Have you had property foreclosures or given title or deed in lieu of?	_____	_____
Have you been convicted of a crime in the past ten (10) years?	_____	_____
Have you received and read Vail's Rules/Regulations and By-Laws?	_____	_____

ASSETS

DESCRIPTION

Checking and Savings Account	Account No.	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

Stocks and Bonds	Shares/Description	Current Value
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Life Insurance Policies:
Net Cash Value Face Amount

Real Estate Owned:

Vested Interest In Retirement Fund:

Net Worth of Business Owned (If Applicable):
(Please attach Financial Statement)

Automobile(s)

Make/Model

Current Value

Personal Assets

Other Assets:

Total Assets: \$ _____

LIABILITIES

Description

Total Amount Owed

(Creditor Name, Address & Account Number)

Other Debts:

(Include Stock Pledges)

Real Estate Loans:

Automobile Loans:

Alimony, Child Support & Separate Maintenance Payments Owed:

Total Liabilities: \$ _____

VAIL'S GROVE COOPERATIVE, INC.
5 Vail Boulevard - Peach Lake
Brewster, NY 10509
914 669-5100

RELEASE & HOLD HARMLESS AUTHORIZATION

Be it known to all interested parties that the information provided in the enclosed application is true, correct and complete. Any misrepresentation or omission of facts called for is cause for rejection of said application. You are hereby authorized to have conducted any investigation of all facts and statements contained in this application and into my/our background, including the attainment and review of consumer credit agency reports, Dept of Motor Vehicle reports and criminal background check.

I/we hereby specifically authorize any person, company, organization or other entity, to release all types of information, data or other knowledge relating to me/us. I/we fully and completely hold harmless all parties involved in the release, securing and use of the above information. A photocopy of this authorization shall be as valid as the original.

Signature: _____ Date: _____

Print Name: _____

Signature: _____ Date: _____

Print Name: _____

Witness: _____

In Case of Emergency, Notify: _____

Relationship: _____ Telephone No.: _____

Address: _____

I (We) have attached hereto the following:

- a. A check in the amount of \$500.00 made payable to Vail's Grove Cooperative Inc., representing a non-refundable application fee.
- b. A copy of the executed Contract of Sale.
- c. A copy of Loan Commitment Letter, if received.
- d. A fully executed Release & Hold Harmless Authorization Form.
- e. Copies of the last two (2) years of Federal Income Tax Returns and W-2 Forms for each Applicant.
- f. Two (2) personal reference letters for each Applicant (not from relatives).
- g. A landlord reference letter for each Applicant, if applicable.
- h. Reference letter from a friend/acquaintance from Vail's Grove, if applicable.
- i. Copies of two (2) most recent bank statements for each Applicant.
- j. Copies of two (2) most recent pay stubs for each Applicant.
- k. Copy of drivers license
- l. From seller: Proof of non-use of drywell from licensed plumber.

This application will not be forwarded to the Membership Chairperson until all documents are submitted.

All statements made herein are supplementary information or documents are to be true and correct. Applicant(s) understands and agrees that any misstatement of fact will be grounds for denial of the Application.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____