

Belmar Gardens, Inc.
c/o The Rubinoff Company, As Agent
925 Liberty Avenue, 8th Floor
Pittsburgh, PA 15222

Applications are accepted at any time, however they will not be processed or reviewed by the Board unless there is a unit to buy. If we do not have a unit available for sale at the time of receiving your application, you will be placed on our waiting list, but your application will not be processed until a unit becomes available. If you have an agreement to purchase a unit from a shareholder, please let us know. It is your responsibility to contact us if any information on this application changes, if you need to add someone additional to your application or if you are no longer interested.

Applications must be complete according to the checklist below. If any part of your application is missing or incomplete, it will not be accepted.

CHECKLIST:

- Completed application (no part of the application should be left blank)
- 2 Most recent pay stubs or other proof of your income (for all parties applying)
- Copy of driver's license (for all parties applying)

FOR OFFICE USE ONLY:

- Background check completed
- Criminal check completed
- Board approved application
- Unit of Interest _____

APPLICATION FOR ADMISSION

INSTRUCTIONS:

1. Please make sure you complete all sections. Do not leave any section blank.
2. Any adult 18 years of age and older who will be living in the unit must also complete the application.
3. All information included on this application must be true. False, incomplete or misleading information will cause your household's application to be declined.
4. If we do not have a unit available for sale at the time of receiving your application, you will be placed on our waiting list. It is your responsibility to contact us if any information on this application changes or if you need to add someone additional to your application.
5. Please attach copies of your driver's license and 2 recent pay stubs or other proof of your income.

DATE OF APPLICATION SUBMISSION: _____

RESIDENT #1:

NAME _____

LAST NAME

FIRST NAME

MIDDLE NAME

DRIVER'S LICENSE STATE AND NUMBER _____

I have attached a copy of my driver's license to this application

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

EMAIL ADDRESS _____

PHONE NUMBER _____

DO YOU CURRENTLY OWN YOUR HOME?

YES

NO

CURRENT ADDRESS _____

LENGTH OF TIME AT CURRENT ADDRESS _____

CONTACT NAME FOR CURRENT LANDLORD _____

EMAIL ADDRESS _____

PHONE NUMBER _____

PRIOR ADDRESS _____

LENGTH OF TIME AT PRIOR ADDRESS _____

CONTACT NAME FOR PRIOR LANDLORD _____

EMAIL ADDRESS _____

PHONE NUMBER _____

PLEASE LIST ALL MEMBERS UNDER THE AGE OF 18 WHO WILL BE LIVING IN THE UNIT:

Full Name	Relationship	Birth Date	Age	Sex	Social Security #

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS:

1. Does anyone live with you now who is not listed above (yes or no)? _____

2. Do you expect a change in your household composition (yes or no)? _____

EMPLOYMENT HISTORY

CURRENT EMPLOYER _____

HOW LONG HAVE YOU WORKED AT YOUR CURRENT JOB? _____

MONTHLY INCOME \$ _____

CONTACT NAME TO CONFIRM YOUR CURRENT EMPLOYMENT _____

EMAIL _____ PHONE NUMBER _____

PRIOR EMPLOYER _____

HOW LONG DID YOU WORK AT YOUR PRIOR JOB? _____

CONTACT NAME TO CONFIRM YOUR PRIOR EMPLOYMENT _____

EMAIL _____ PHONE NUMBER _____

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS:

1. Do you work full-time, part-time or seasonally? _____

2. Do you expect to work for any period during the next year (yes or no)? _____

3. Do you expect a leave of absence from work due to a lay off, medical, maternity or military leave (yes or no)? _____

4. Do you receive or expect to receive unemployment benefits (yes or no)? _____

I have attached a copy of my last two paystubs or other proof of income to this application

CONSUMER AND CRIMINAL BACKGROUND REPORTS

I understand that my consumer and criminal reports will be checked

Have you ever been convicted of a crime (yes or no)? _____

If yes, please explain: _____

Is there anything you would like to inform us of that may come up on your consumer report?

RESIDENT #2 (IF APPLICABLE):

IF YOU WILL BE LIVING ALONE, PLEASE CHECK HERE.

NAME _____
LAST NAME FIRST NAME MIDDLE NAME

DRIVER'S LICENSE STATE AND NUMBER _____

I have attached a copy of my driver's license to this application

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

EMAIL ADDRESS _____ PHONE NUMBER _____

DO YOU CURRENTLY OWN YOUR HOME?

- YES
 NO

CURRENT ADDRESS _____

LENGTH OF TIME AT CURRENT ADDRESS _____

CONTACT NAME FOR CURRENT LANDLORD _____

EMAIL ADDRESS _____ PHONE NUMBER _____

PRIOR ADDRESS _____

LENGTH OF TIME AT PRIOR ADDRESS _____

CONTACT NAME FOR PRIOR LANDLORD _____

EMAIL ADDRESS _____ PHONE NUMBER _____

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS:

1. Does anyone live with you now who is not listed above (yes or no)? _____

2. Do you expect a change in your household composition (yes or no)? _____

EMPLOYMENT HISTORY

CURRENT EMPLOYER _____

HOW LONG HAVE YOU WORKED AT YOUR CURRENT JOB? _____

MONTHLY INCOME \$ _____

CONTACT NAME TO CONFIRM YOUR CURRENT EMPLOYMENT _____

EMAIL _____ PHONE NUMBER _____

PRIOR EMPLOYER _____

HOW LONG DID OYU WORK AT YOUR PRIOR JOB? _____

CONTACT NAME TO CONFIRM YOUR PRIOR EMPLOYMENT _____

EMAIL _____ PHONE NUMBER _____

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS:

1. Do you work full-time, part-time or seasonally? _____
2. Do you expect to work for any period during the next year (yes or no)? _____
3. Do you expect a leave of absence from work due to a lay off, medical, maternity or military leave (yes or no)? _____
4. Do you receive or expect to receive unemployment benefits (yes or no)? _____

I have attached a copy of my last two paystubs or other proof of income to this application

CONSUMER AND CRIMINAL BACKGROUND REPORTS

I understand that my consumer and criminal reports will be checked

Have you ever been convicted of a crime (yes or no)? _____

If yes, please explain: _____

Is there anything you would like to inform us of that may come up on your consumer report?

ASSETS (TO BE FILLED OUT BY BOTH APPLICATIONS IF APPLICABLE)

Please list all checking and savings accounts for all household members:

NAME	BANK NAME	TYPE OF ACCOUNT

Please list all income below. Include pension, child support, alimony, unemployment, social security, disability, etc.:

NAME	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

APPLICATION CERTIFICATION

1. I/We certify that all of the information given in this application and any addenda thereto is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, the Board of Directors of Belmar Gardens Cooperative may decline our application or if move-in has occurred, terminate our Occupancy Agreement.
2. I/We authorize The Rubinoff Company to make any and all inquiries to verify this information, either directly or indirectly or through information exchanged now or later with rental and credit screening services, and to contact previous or current landlords or other sources for credit and verification confirmation.
3. If this application is approved and move-in occurs, I/We certify that only those persons listed in this application will occupy the unit, and that there are no other persons for whom I/We have or expect to have to provide housing for.
4. I/We agree to notify management in writing immediately regarding any changes to this application.
5. I/We have read and understand the information in this application, in particular the information contained in the instructions and I/We agree to comply with such information.
6. If this application is approved and move-in occurs, I/We certify that I/We will accept and comply with all conditions of occupancy as set forth herein, including specifically all conditions regarding pets and damages.
7. I/We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, seeking information on my/our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

FAIR CREDIT REPORTING ACT

THIS IS TO INFORM YOU THAT AS PART OF PROCEDURE FOR PROCESSING YOUR APPLICATION, ANY INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES – SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORHOODS OR OTHERS WHO ARE ACQUAINTED WITH YOU. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATIONS, PERSONAL CHARACTERISTICS, MODE OF LIVING INCOME AND CREDIT BACKGROUND AND ALSO POLICE RECORDS. ALL INFORMATION YOU AND OTHERS GIVE US WILL BE HELD IN STRICT CONFIDENCE.

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONALITY, COLOR, CREED, AGE, SEX, HANDICAP OR FAMILIAL STATUS.

PLEASE BE ADVISED THAT ANY INFORMATION GIVEN TO THIS OFFICE THAT IS FALSIFIED IN ANY WAY WILL AUTOMATICALLY RESULT IN THE DENIAL OF YOUR APPLICATION.

APPLICANT(S) CONSENT TO OBTAIN CONSUMER REPORT APPLICANT(S) CONSENT TO OBTAIN CRIMINAL HISTORY

The undersigned applicant(s) hereby consent to allow the property listed on the application and The Rubinoff Company through its designated agents or employees, to obtain a consumer report on each of us and to obtain and verify each of our credit and employment information. Upon my/our request, owner will tell me/us whether the consumer report or the criminal record report were requested and the names and addresses of any consumer reporting agency that provided such reports.

I/WE HAVE READ AND UNDERSTAND THE ABOVE:

Resident #1 Name: _____

Signature _____

Date: _____

Resident #2 Name: _____

Signature _____

Date: _____