

Welcome to Cooperative Living



NOBLE SQUARE COOPERATIVE

APPLICATION FOR OCCUPANCY

Co-Applicant

*The Masterpiece Cooperative with the Million Dollar
View*

Revised May 2022

1165 N Milwaukee Ave, Chicago, IL 60642

Phone: 773-486-6800 / Fax: 773-486-1197

www.1165milwaukee.com

"A Cooperative Masterpiece with a Million Dollar View"





Noble Square Cooperative

BRIEF HISTORY:

Constructed in the 1960's Noble Square Cooperative's buildings encompass almost 9 acres of prime Chicago real estate. It officially became a cooperative in 1970.

WHAT IS A COOPERATIVE?

A group of people working together in a joint economic activity that is owned and operated by its members for the mutual benefit.

APPLICATION REQUIREMENTS:

Application form completed

Income Verification

- Employment
- Retirement
- Assistance
- Child Support/Alimony
- Other income sources (if not listed above)

Applicant must have a consistent income history of a least **1 (one)** years. Verifications are done on a third party basis (meaning the verification is sent to and must be received back from the source of income itself.) Self-employed applicants are required to provide tax returns for the previous year. Applicants must have a minimum household gross income of \$35,500.

- Recent pay stubs- (2) pay stubs and (3) months bank statements, (W-2 upon request)
- Current utility bills- (2) preferred
- Proof of previous address
- Proof of marriage license, divorce papers, state ID, military papers, student transcripts (if applicable)
- All household members must provide a copy of their birth certificate and social security
- Cards

A \$55.00 application fee is required for each person over the age of 18 who will be residing in the household. Payment in the form of a Cashier's check or Money Order (**NON REFUNDABLE**)

All applicants 18 and older are required to pass a credit and criminal background

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NOBLE SQUARE COOPERATIVE FEES

Noble Square's monthly carrying charges as labeled, as determined by the Board of Directors and intended to cover the mutual expenses for projects in the annual operating budget. (Effective January 1, 2018).

MEMBERSHIP FEES:

- One (1) Bedroom- \$2000.00
- Two (2) Bedroom- \$3000.00
- Ranch- \$6000.00
- Terrace - \$8000.00
- Garden- \$10000.00

*Membership Fees effective 4/1/2012

ONE (1) BEDROOM:	
Floor#	Charges
2-6	\$939.00
7-11	\$941.00
12-16	\$944.00
17-21	\$946.00
22-26	\$948.00
27-28	\$951.00

Two (2) BEDROOM:	
Floor#	Charges
2-6	\$973.00
7-11	\$975.00
12-16	\$978.00
17-21	\$980.00
22-26	\$983.00
27-28	\$985.00

THREE (3) BEDROOM:	
Floor#	Charges
Terrace	\$940.00
Ranch	\$942.00
Garden	\$945.00



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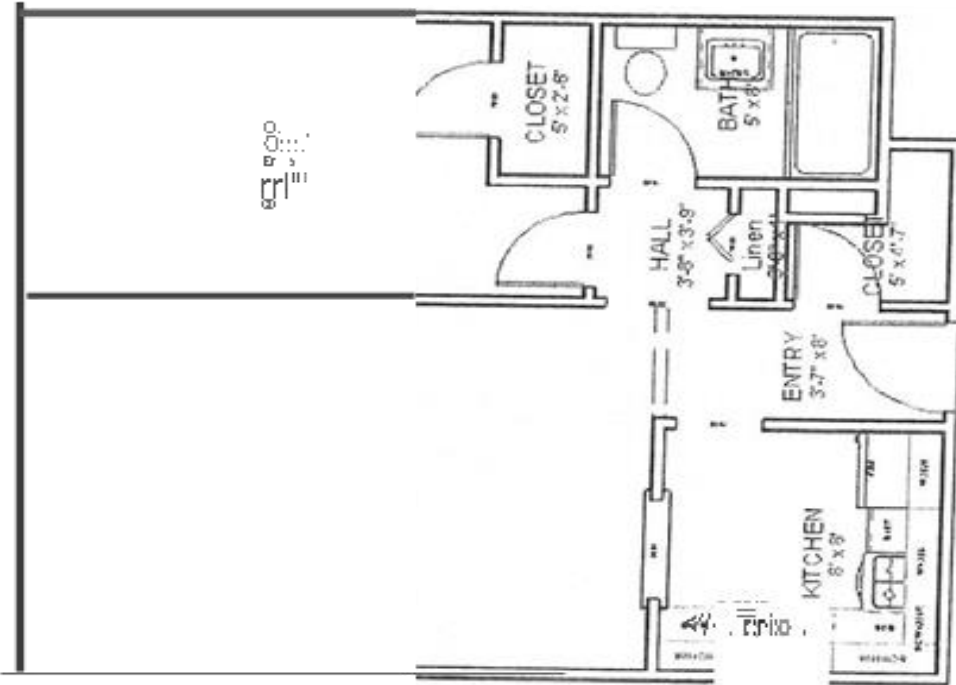
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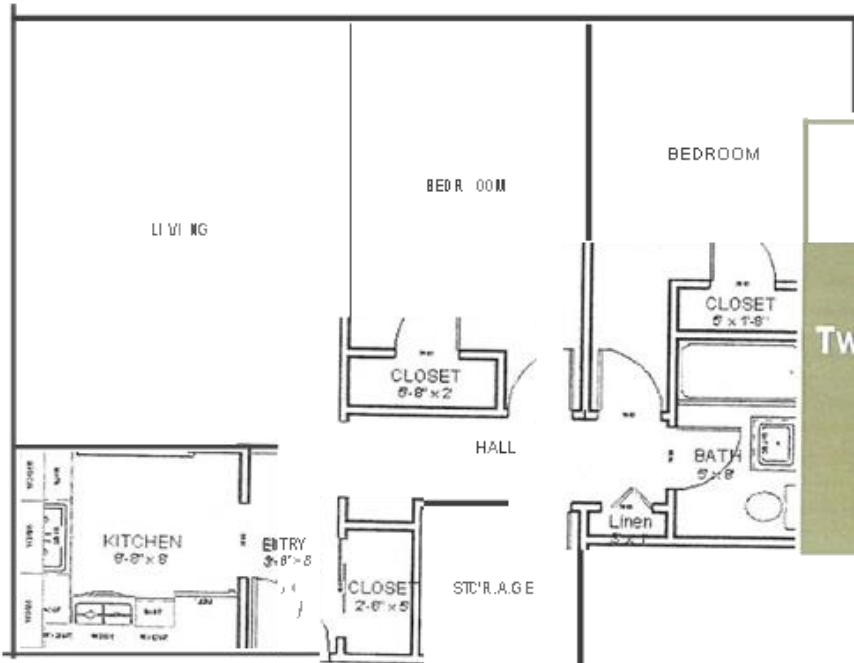




FLOOR PLANS



ONE (1) BEDROOM



TWO (2) BEDROOMS

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PAYMENT POLICY

SAMPLE CALENDAR

SUN	MON	TUES	WED	THURS	FRI	SAT
	1 CARRYING CHARGES DUE	2	3	4	5	6
7	8	9	10 LAST DAY GRACE PERIOD	11 LATE FEE APPLIED	12	13
14	15	16	17	18	19	20 LAST DAY BEFORE COURT
21 SEND TO COURT LEGAL FEES APPLY	22	23	24	25	26	27
28	29	30	31			

Carrying Charges for each unit is DUE **on the first (1st) of each month**. All payments made in the form of:

- Personal Check
- Money Order
- Cashier's Check
- ACH Payment

D = Ten (10) day grace period permitted for payment

\$20.00 fee for all returned checks/payments in addition to applicable late fees. (Late and other penalty related charges are subject to change) The Cooperative depends upon the timely payment of monthly carrying charges to meet its monthly obligations, therefore payment in full at the first of each and every month is essential and will be aggressively pursued.

I have thoroughly read, understand, and agree to abide by this policy should I be accepted as a Member of Noble Square Cooperative.

SIGNATURE: _____ DATE: _____

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APPLICATION FOR OCCUPANCY

FOR USE OF CO-APPLICANT (IF APPLICABLE)

Name: _____ Date of Birth: _____

Address: _____ Driver License #: _____

_____ Social Security #: _____

Other Occupants Names:

_____ DOB: _____ Relationship: _____ SS#: _____

_____ DOB: _____ Relationship: _____ SS#: _____

_____ DOB: _____ Relationship: _____ SS#: _____

Have you or a family member ever been convicted of a felony? (Circle one) Yes / No

Have you or any member of your household been barred from Noble Square Cooperative? (Circle one) Yes / No

Current Employer: _____ Phone#: _____

Address: _____ How long employed: _____

_____ Supervisor's name: _____

Residence History:

Current Landlord: _____ Do you rent or own? (Circle one)

Address: _____ Rent Amount: \$ _____

_____ Mortgage Amount: \$ _____

How long have you resided here? _____ Reason for relocation? _____

Emergency Contact: _____ Phone #: _____

By signing this form I attest the that fact that all information provided is try and correct to the best of my knowledge. I hereby understand that additional information, not listed above may be required to process may/our application.

Co-Applicant Signature: _____ Date: _____ Time: _____

Member Referral: (Name) _____ Unit #: _____

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HOUSEHOLD COMPOSITION

Please list yourself, all dependents and any other person living with you. All occupants are required to have a social security number.

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER	ANNUAL INCOME

I/We certify that the information given above is an accurate account of our family composition and household income for the next 12 months.

I/We understand that false information will place me/us in violation of the terms of our Lease and or Occupancy Agreement and render me liable for prosecution.

Home Phone _____

Work Phone _____

Emergency Contact Name _____

Emergency Phone _____

Applicant Signature

Co-Applicant Signature

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NOBLE SQUARE COOPERATIVE

AUTHORIZED RELEASE STATEMENT

Request for income, asset, or eligibility verification

FOR USE OF CO-APPLICANT (IF APPLICABLE)

The applicant listed on this statement has applied for occupancy at Noble Square Cooperative. We are required to verify all income, assets, and eligibility information per potential household to help determine their occupancy eligibility into Noble Square Cooperative. The Information will be held in strict confidence. This is a signed authorization statement for the release of this information. Please complete any/ and all corresponding verification form(s) and return.

(PRINT NAME)

Here by authorize the release of any income, asset, or eligibility information required.

Co- Applicant Signature _____

Date: _____

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Employment Verification

FOR USE OF CO-APPLICANT (IF APPLICABLE)

Please complete all information applicable. Begin with the employer's information below

Name: _____ Phone: _____
Mailing Address: _____ Fax: _____
_____ Email: _____

Employee Information

Name: _____ Social Security #: _____

The recipient named on the attached Authorized Release Statement has applied for an apartment at Noble Square Cooperative. We must verify all income and asset sources of this person and his/her household to determine eligibility. Please complete the following information and return as soon as possible. Your assistance in completing this form in an accurate and timely manner is greatly appreciated.

Position Title: _____ Hire Date: _____

COMPENSATION

1 Hourly Wages \$ _____
2 MAX # of Hours/Week _____ *No Averages*
3 # of Weeks/Year _____ *Including Paid Vacations*
4 Year-to-Date GROSS Pay \$ _____

OVERTIME

5 Hourly Overtime Wages \$ _____
6 MAX # of Overtime Hours/Wk _____ *No Averages*

RAISE INFORMATION

7 Date of Last Raise _____
8 Amount of Last Raise \$ _____
9 Date of Next Raise _____
10 Amount of Next Raise \$ _____ *Maximum Hourly Increase*
11 Any Additional Increase Date _____ **Max Amount:** \$ _____

ADDITIONAL COMPENSATION

12 Tips/Week \$ _____ **Comments:** _____
13 Bonuses/Commissions/Other \$ _____
14 Holiday/Premium Pay \$ _____

PENSION/RETIREMENT ACCOUNT

15 Is Employee a participant? Yes No
16 Can Employee access funds? Yes No

Has employment been continuous? Yes No

If No, please explain: _____

Signature of Source: _____	Title: _____
Print Name: _____	
Date of Completed Form: _____	Phone: _____

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LANDLORD VERIFICATION

Landlord Name: _____
Mailing Address: _____
Physical Address, No P.O. Box _____

Landlord Phone: _____
Landlord Fax: _____
Landlord Email: _____

Applicant Name: _____

Applicant SSN: _____

Please complete the following information and return as soon as possible in the envelope provided. This information will be used to determine the Applicant's eligibility for housing and occupancy in a development governed by the IRS Low Income Housing Tax Credit Program. Your assistance in completing this form is greatly appreciated.

- The use of Liquid Paper (white-out), pencil or erasable ink will void this form
- To make a correction, please draw a single line through the incorrect information and **initial** the correction

1. **Address of apartment/house rented/lived in:** _____
2. **Dates Applicant lived in dwelling:** **From:** _____ **To:** _____
Month & Year Month & Year
3. **Names of persons living in the dwelling:** _____
4. **Does/Did the Applicant pay his/her own rent?** YES NO \$ _____
 Amount
5. **If yes, is/was Applicant current on rent?** YES NO
6. **Has Applicant ever been late on rent?** YES NO
 - a. **If late, how often?**
7. **Does/Did the Applicant keep the unit clean?** YES NO
8. **Has the Applicant damaged the unit?** YES NO
 - a. **Please describe damages:** _____
 - b. **Did Applicant pay for the damages?** YES NO
9. **Will/Did you keep any of the security deposit?** YES NO
10. **Does/Did Applicant permit persons other than those on the lease to live in the unit?** YES NO
11. **Has the Applicant, Applicant's family or visitors damaged or vandalized any common area?** YES NO
12. **Does/Did the Applicant create any physical or social hazards to the unit or other residents?** YES NO
13. **Does/Did the Applicant interfere with the rights and quiet enjoyment of other residents?** YES NO
14. **Has the Applicant ever given you false information?** YES NO
 - a. **Please describe:** _____
15. **Would you rent to this Applicant or allow him/her to live with you again?** YES NO
 - a. **If No, please describe why not:** _____

ADDITIONAL COMMENTS:

If Mailed/Faxed:

Signature: _____ **Title:** _____

Print Name: _____ **Date:** _____

If Verbal:

Manger Signature: _____ **Contact:** _____ **Date:** _____

Print Name: _____

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APPLICATION FEES

With this application for Membership in Noble Square Cooperative (Cooperative),

I/We have submitted the sum of \$ _____ (employee initials) _____

Which is a NON-REFUNDABLE payment for application fees.

Plus, processing charges at the rate of \$55.00 for each individual 18 years of age or older covered by this application n, receipt of which is acknowledged by the Cooperative. I/We understand said sum is not payment of a Cooperative Membership fee or carrying charges (monthly assessments). As part of this application for membership in the Cooperative, I/ We agree to attend an Informational Briefing meeting with the Cooperative Board of Directors acting as the Cooperative's Membership Committee.

If the Cooperative accepts my/our application, I/We agree to pay the Cooperative from \$ _____ to \$ _____ for Membership in the Cooperative on or before the occupancy date agreed to with the Cooperative. I/We also agree to execute the Cooperatives usual occupancy agreement on or before the occupancy date agreed to with the Cooperative. If I/We do not move into the Cooperative within two weeks of application a minimum of \$ 100.00 of any prepaid Membership fee s will not be refunded. I/We acknowledge having read, fully understand, and agree to the above terms and conditions.

I/We certify that the preceding information is accurate and completed and I/We acknowledge that inaccuracies and/or omissions may be the basis for the Cooperative's immediate cancellation of my/our application. I/We also authorize the Cooperative to verify the accuracy of these statements, to communicate with my employer and creditors, and to procure such other information which the Cooperative may require to evaluate this application.

Circle apartment size required (# Bdrms) 1 2 3 Date Desired _____

(at the time the Cooperative offers a unit, you will be required to verify that you qualify for the size circled)

Applicants address at Application Time: _____

Applicants Telephone # at Application Time: _____

Applicants Signature _____ Date _____

Co-Applicant(s) Signature: _____ Date _____

MONIES DELIVERED WITH THIS APPLICATION (no cash accepted)

Application Fee _____

Membership _____

CARRYING CHARGES _____

Total _____

Initials of Person Receiving Monies _____

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