



**Greenbelt Homes Inc.**  
A COMMUNITY FOR PEOPLE WHO VALUE COMMUNITY

Greenbelt Homes Inc.  
One Hamilton Place  
Greenbelt, MD 20770  
(301) 474-4161  
(301) 474-4006 (fax)

**Welcome to Greenbelt Homes, Inc., one of largest and oldest housing cooperatives in the United States. We are extremely proud of this unique and historic community.**

### GHI Mission Statement

*GHI is a cooperative that provides quality homes for our members and fosters opportunities for community. We will accomplish this by celebrating and respecting the historical legacy and ideals of the original Greenbelt plan.*

*We will maintain, protect and enhance the assets of our cooperative including the buildings, architectural designs, open space plan (woods, walkways, playgrounds), while preserving the financial stability and sustainability of our cooperative community.*

*We will promote member diversity, member and community involvement, and education regarding our rights and responsibilities as co-op members.*

*We are the keepers of our property, and we have the right to expect that all of us will act responsibly to protect and care for that which each own and treasure together.*

*Adopted March 9, 2006*

**As part of the application process, you must attend Pre-Purchase Orientation meeting about the cooperative. Please visit [www.ghi.coop](http://www.ghi.coop) or call (301) 474-4161 to confirm dates and times.**

#### **A SMOOTH CLOSING BEGINS WITH THIS APPLICATION. PLEASE PROVIDE THE FOLLOWING WITH YOUR APPLICATION:**

- Most recent three (3) months consecutive bank statements for major accounts, including stocks, mutual funds, IRAs and in particular, any funds to be used for the down payment and closing costs.
- W-2 statements for the past two (2) years.
- If self-employed, last two (2) years complete Federal tax returns, including all schedules.
- Pay stubs to cover the most recent 30 days.
- Gift letter, if applicable.
- Payment of application and membership fees.

#### **IMPORTANT NOTE:**

If for any reason the applicant feels he/she does not meet the criteria, the applicant should contact GHI to discuss the reasons.

Applicants should familiarize themselves with the bylaws, rules and regulations of GHI.

A membership application should be completed and sent to GHI for processing within seven (7) days of entering into a sales contract for perpetual use rights. The membership fee (\$685.00), application fee (\$50.00) for each applicant and termite inspection fee (\$50.00) are payable with a completed application.

Applicants are required to attend a pre-purchase orientation and a personal interview. Please call Contract Processing to schedule a personal interview.

*Greenbelt Homes, Inc.*  
CORPORATION POLICY  
THIS APPLICATION IS CONFIDENTIAL

It is the policy of Greenbelt Homes, Inc. (GHI) to carefully consider all applicants who show a serious intent to purchase a membership in the cooperative and a perpetual use of a residential unit. It is the policy of GHI that the basis for the acceptance or rejection of an application will not be furnished to the applicant or any other person, except to duly authorized employees or directors or the audit committee of GHI.

**GHI Unit Address:** \_\_\_\_\_  
**Financing Company:** \_\_\_\_\_  
**Date of Sales Contract:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_  
**Daytime Phone:** \_\_\_\_\_  
**Evening Phone:** \_\_\_\_\_  
**Email\*:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**SS#:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_  
**Daytime Phone:** \_\_\_\_\_  
**Evening Phone:** \_\_\_\_\_  
**Email\*:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_  
**SS#:** \_\_\_\_\_

*\*Once approved for membership, you will be subscribed to GHI's weekly email newsletter. If you do not wish to receive this informative weekly email, check here . (You can unsubscribe from the GHI email newsletter at any time.)*

How did you hear about Greenbelt Homes Inc.?  
\_\_\_\_\_

What do you like most about the home you wish to purchase?  
\_\_\_\_\_

Why did you decide to purchase into the housing cooperative?  
\_\_\_\_\_

Do you have any questions about housing cooperatives?  
\_\_\_\_\_

**I/we authorize GHI to obtain credit reports, employment and landlord/tenant verification and to conduct a criminal background check on me/us in consideration of my/our membership.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Co-Applicant's Signature**

## RESIDENCY VERIFICATION

Provide verifiable continuous residency for at least three {3} years immediately preceding application request for each proposed household member over 18 years old. Please attach additional pages if necessary.

<b>Applicant (Current Address)</b>			
Street Address _____			
City _____	State _____	Zip Code _____	
Own _____	Rent _____	Other _____	From _____ To _____
Landlord's Name _____			
Address _____			
Email _____			
<b>Applicant (Previous Address)</b>			
Street Address _____			
City _____	State _____	Zip Code _____	
Own _____	Rent _____	Other _____	From _____ To _____
Landlord's Name _____			
Address _____			
Email _____			

<b>Co-Applicant (Current Address)</b>			
Street Address _____			
City _____	State _____	Zip Code _____	
Own _____	Rent _____	Other _____	From _____ To _____
Landlord's Name _____			
Address _____			
Email _____			
<b>Co-Applicant (Previous Address)</b>			
Street Address _____			
City _____	State _____	Zip Code _____	
Own _____	Rent _____	Other _____	From _____ To _____
Landlord's Name _____			
Address _____			
Email _____			

## FAMILY STATUS

(This information will not be used to establish credit worthiness)

*Occupancy: GHI homes must be member occupied. Occupancy may include the member's family, one unrelated adult and minor children of the unrelated adult so long as total occupancy of the unit does not exceed two persons per bedroom. A list of occupants must be provided to GHI.*

Name	Age	School/Employment	Relationship to Applicant
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## EMPLOYMENT HISTORY

*Purchasers must demonstrate a steady source of household income such that not more than 33% of available monthly income is required to pay monthly housing charges, and no more than 42% for total monthly debt payment. Purchasers may combine their incomes to meet the purchase requirements and may include alimony, child support payments, and governmental assistance income in meeting purchase requirements.*

List employers in order, current or last employer first. Explain any gaps in your employment on a separate sheet.

### **Applicant (Current Employer)**

Company's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Job Title \_\_\_\_\_  
Employment Dates \_\_\_\_\_ Gross Income \_\_\_\_\_ per \_\_\_\_\_  
Name of Supervisor and Email \_\_\_\_\_

### **Applicant (Previous Employer)**

Company's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Job Title \_\_\_\_\_  
Employment Dates \_\_\_\_\_ Gross Income \_\_\_\_\_ per \_\_\_\_\_  
Name of Supervisor and Email \_\_\_\_\_

### **Co-Applicant (Current Employer)**

Company's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Job Title \_\_\_\_\_  
Employment Dates \_\_\_\_\_ Gross Income \_\_\_\_\_ per \_\_\_\_\_  
Name of Supervisor and Email \_\_\_\_\_

### **Co-Applicant (Previous Employer)**

Company's Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Job Title \_\_\_\_\_  
Employment Dates \_\_\_\_\_ Gross Income \_\_\_\_\_ per \_\_\_\_\_  
Name of Supervisor and Email \_\_\_\_\_

Do you conduct a business in your current residence? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, what type of business?

\_\_\_\_\_

Do you intend to do so in the GHI unit? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If so, describe: \_\_\_\_\_

## ASSETS

Applicant(s) must contribute at least five percent (5%) of their own assets toward the down payment. The source of the down payment can be from any combination of the following applicant's own funds including cash on hand, 401K retirement plan, investments, grant, gift, etc. (Please attach copies of statements for each source given.)

- 1) Bank \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Savings Amount \_\_\_\_\_ Checking Amount \_\_\_\_\_
- 2) Bank \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Savings Amount \_\_\_\_\_ Checking Amount \_\_\_\_\_
- 3) 401K Plan or other Investment \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Amount \_\_\_\_\_
- 4) Other Bank \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Amount \_\_\_\_\_

## OTHER INCOME

Source (Alimony, Child Support, Social Security, Unemployment, Veteran's Supplement, Gift, Other).

**\*\*Please include a copy of a statement for the above items.\*\***

## MONTHLY EXPENSES

Creditor	Monthly Payment	Balance Due
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you had any late payments over 30 days past due within the last three (3) years? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, please explain on a separate sheet.

## REFERENCES

Applicants are required to provide four (4) references (non-family members). Please provide complete mailing address for each reference. References will be contacted by mail or email.

5) Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_

6) Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_

7) Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_

8) Name \_\_\_\_\_ Years Known \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Email Address \_\_\_\_\_

**Person to be notified in case of emergency:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

The GHI membership criteria requires applicant(s) over 18 years old to:

- Demonstrate a history free of payment problems during the past three (3) years.
- Demonstrate a history free of behavior complaints against themselves or other members of the household during the past three (3) years.
- Show a credit history for each adult over 18 years old with no evictions from residential premises or bad debt losses to creditors during the past three (3) years.

Have you had any collections or lien against your assets in the past three (3) years? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_  
If yes, attach explanation on a separate page.

Have you declared bankruptcy in the past three (3) years? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If yes, attach an explanation on a separate page. Have applicants or listed occupants ever been convicted (or currently under arrest or indictment) in a criminal proceeding other than a minor traffic violation? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ If yes, attach explanation on a separate page.

I/We certify that to the best of my/our knowledge and belief, all the information provided is correct. I/We acknowledge having received the Member Handbook and agree, if approved as member(s) of the Cooperative, to abide by all policies, rules and regulations applicable to membership in the Cooperative. I/We have received in writing the Cooperative's membership criteria and the current policy on who may occupy a unit. I/We are aware that a criminal background check will be conducted and any information found will be considered when determining membership eligibility. I/We understand that membership in the Cooperative is not afforded until the application has been approved by the Board of Directors of the Cooperative and until all parties have signed the Mutual Ownership Contract. The representations made in this application are an inducement for the Cooperative to enter into a Mutual Ownership Contract and are made a part of the Mutual Ownership Contract.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Signature  
Membership Application