



Application for Membership in Umpqua Ranch Cooperative

All information must be filled out completely. Incomplete applications will be returned to the Applicant. If a question does not apply, place "n/a" in the space provided. Please print all information legibly. Each household can have only one membership.

This is an income-restricted park: new members must earn 80% of area median income or less.

Today's Date: _____

Applying for: _____ (Address) Current owner: _____

Applicant Name: _____

Home phone: _____ Work phone: _____ Cell Phone: _____

Current address: _____ (street)

_____ (city, state, zip)

Home phone: _____ Work phone: _____ Cell Phone: _____ Length

of time at this address: _____ **Own** or **Rent** or **Other** (Circle one) Current

Landlord: _____ phone: _____

Other Adult Occupant Name: _____

Home phone: _____ Work phone: _____ Cell Phone: _____

Current address: _____ (street)

_____ (city, state, zip)

Home phone: _____ Work phone: _____ Cell Phone: _____ Length

of time at this address: _____ Own or Rent or Other (Circle one)

Current Landlord: _____ phone: _____

(if more than two adults, please add names on a separate sheet of paper or on the back.)

If less than three (3) years at current address, list previous addresses:

Address (street, city, state, zip): _____

Landlord: _____ phone: _____

Address (street, city, state, zip): _____

Landlord: _____ phone: _____

Applicant Employer: _____ Phone: _____

Address: _____

Other Applicants Employer: _____ Phone: _____

Address: _____

Vehicle make/model: _____ Year: _____ color: _____

Vehicle make/model: _____ Year: _____ color: _____

Savings account #: _____ Bank: _____

Checking account #: _____ Bank:: _____

Please list all current debt, including, student loans, car loans, personal loans, credit cards, mortgages and any other monies owed.

1. _____ Account #: _____, Balance: _____

2. _____ Account #: _____, Balance: _____

3. _____ Account #: _____, Balance: _____

4. _____ Account #: _____, Balance: _____

NOTE: Please list any and all additional loans/credit cards/debt on separate piece of paper if not enough room above.

Level of total household income: (circle)

\$0 - \$10,000

\$20,001 - \$30,000

\$10,001 – \$20,000

\$30,001 – plus

of persons who plan to occupy home _____

And Type of Pets to occupy the home _____

Please list three personal references who can speak to your likelihood to pay your rent in a timely manner and obey the Community Rules and be a good cooperater. Reference many not include relatives.

1. Name: _____ phone: _____ Relationship: _____

2. Name: _____ phone: _____ Relationship: _____

3. Name: _____ phone: _____ Relationship: _____

Please read the following information before signing this application:

To join Umpqua Ranch Cooperative, I/we are aware that a Membership Fee of \$100 (one hundred) must be paid before this application is reviewed by the Board of Directors of the Cooperative. I/we understand that this application and payment of the Membership Fee in no way guarantees approval of the application for membership by the Board of Directors of the Cooperative and I/we understand that I/we may not move in until approval is granted. (If the Board of Directors does not approve your application, the Membership Fee will be returned to you).

I/we understand that under the Bylaws of the Cooperative the home must be lived in by us and cannot be rented out. I/We agree to comply with the purposes and policies of the Cooperative including the Community Rules, the Cooperative’s Articles of Incorporation, and the Bylaws. I/we authorize the Cooperative to obtain information from current/former employers, friends and current/previous landlords. I/we hold harmless the Cooperative and its employees and/or tenants, from any action arising from these inquiries.

I/we understand that only one person may be a member of the Cooperative. If our application is accepted, I/we designate _____ to be the member of the Cooperative.

Umpqua Ranch Cooperative is and Equal Housing Opportunity Provider.

—————→ **Applicant signature:** _____ **Date:** _____

—————→ **Co-applicant signature:** _____ **Date:** _____

NOTE: Applications that are incomplete, illegible and/or are not accompanied by the proper documentation will be returned to the applicant(s).

This form along with the completed “Applicant Authorization to Release Credit Information” and \$35.00 per adult applicant (checks can be made out to CMS) can be mailed to CMS, 29317 Melody Lane, Gold Beach OR 97444 or scanned and emailed to tamiekaufman@gmail.com.

The other documents in this package are for you to review. Application processing time varies based on the ability to get references to return phone calls. Anticipate at least one week, if it is taking longer we will notify you why.