

**Maple Root Ramblewood Corporation
Membership Application**

Unit Address: _____ Purchase Price: _____

Financing or paying cash (Please circle one) Estimated closing date: _____

Number of Occupants: _____ Name/s of Occupants: _____

Name/s of Purchaser/s: _____

Social Security No./s: _____ DOB/s: _____

Phone No: -Home _____ Alternate: _____

Email: _____

Housing Information:

PRESENT ADDRESS: _____ City _____ State _____ Zip _____

Check one: Rent _____ Own _____ How Long _____

Landlord name: _____ Phone: _____

Reason for moving: _____

PREVIOUS ADDRESS: _____ City _____ State _____ Zip _____

Landlord name: _____ Phone _____

Reason for moving: _____

EMPLOYMENT INFORMATION:

Present employer: _____ Address: _____ City _____ State _____

How long: _____ Position: _____ Salary \$ _____ per _____ Phone _____

Previous employer: _____ Address: _____ City _____ State _____

How long: _____ Position: _____ Salary \$ _____ per _____ Phone _____

OTHER SOURCE OF INCOME: _____ \$ _____ PER _____

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I recognize that this application for membership is subject to acceptance or rejection. I hereby state that the information set forth above is true and complete and authorize verification of the information and references given, including the investigation of a professional credit check on each applicant. (Supplied by applicant)

Applicant: _____ Date: _____

Co-applicant: _____ Date: _____