

APPLICATION FOR CONDOMINIUM MEMBERSHIP

To: The Board of Directors
555 Cornelia Condominium Association
555 West Cornelia Avenue
Chicago, IL 60657
Attn: Property Manager

Name: (First) (Middle) (Last)

OCCUPATION:

Name of firm, corporation or partnership

Nature of business or profession:

Position occupied:

How long have you been with your present business connection:

ADDRESS AND PHONE:

Office Address:

City State Zip Code

Office Phone: Office E-mail:

Residence Address:

City State Zip Code

Home Phone: Home E-mail:

PERSONAL INFORMATION:

Social Security Number: Date of Birth:

SPOUSE'S OCCUPATION:

Spouse's Name: (First) (Middle) (Last)

Name of firm, corporation or partnership

Nature of business or profession:

Position occupied:

How long have you been with your present business connection:

SPOUSE'S ADDRESS AND PHONE:

Office Address: _____

City State Zip Code

Office Phone: _____ Office E-mail: _____

Residence Address: _____

City State Zip Code

Home Phone: _____ Home E-mail: _____

SPOUSE'S PERSONAL INFORMATION:

Social Security Number: _____ Date of Birth: _____

CHILDREN(S)

First name: _____ Date of birth _____

First name: _____ Date of birth _____

First name: _____ Date of birth _____

OCCUPANCY:

Please list all the persons who will reside in your unit and their relationship to you (please print).

Name Relationship

Name Relationship

Name Relationship

COMMERCIAL AND CREDIT:

A. Are there any unsatisfied or unreleased judgments, decrees or liens of record against you in any court? _____

(if Yes please list the case number and court)

B. Are you a party to any pending litigations in any court of record? If so, please state the nature of the litigation, the court in which it is pending, and the case number: _____

C. Do you object to the Association's policy of obtaining credit reports on all applicants for membership? _____

EMERGENCY INFORMATION

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Physician: _____

Address: _____ Phone: _____

Special Information: _____

RESIDENCES:

List your places of residence during the last 2 years

Address	City	State	Period

ASSOCIATION RULES:

- A. Have you been furnished a copy of the Declaration of Condominium Ownership and the House Rules ? _____
- B. Have you read the Declaration of Condominium Ownership and the House Rules ? _____
- C. Have all other persons who will reside in this unit read the Declaration of Condominium Ownership and the House Rules, or have you made them aware of same ? _____
- D. Do you for yourself and on behalf of all persons referred to in OCCUPANCY agree to abide by the Declaration of Condominium Ownership, including the House Rules ? _____

Would you(and/or your spouse) be willing to appear before a committee of the Board for a personal interview ? _____

Signature of Applicant: _____ Date: _____

Signature of Applicant: _____ Date: _____

Number of Unit to be Purchased: _____

===== FOR OFFICE USE ONLY =====

Reviewed by: _____	Date: _____
Credit Report Ordered: _____	Credit Report Received: _____
APPLICATION: Approved _____ Disapproved _____	
SELLER AND APPLICANT NOTIFIED OF ASSOCIATION'S ELECTION NOT TO EXERCISE ITS FIRST OPTION:	

(date)	

If the Association elects to exercise its first option, line out "NOT".