

**BROOKSIDE SENIOR CITIZENS
COOPERATIVE COMMUNITY, INC.**

C/O: RJB Community Management
PO Box 306
Red Hook, NY 12571
Bryn Bahnatka, Property Manager
Phone/Fax 888 391 2311 Ext 715

APPLICATION FOR MEMBERSHIP IN THE COMMUNITY

MUST BE AGE 55 OR OVER TO PURCHASE IN THE COMMUNITY

a.Applicants Name

Date of Birth

S.S.#

b.Partner/Spouse/Other Occupant's Name

Date of Birth

S.S.#

Lot # _____ Unit Address: _____

1. **a.SELF present street address(s):** _____ Apt. # _____ Town/City _____

State _____ Zip Code _____ How Long? _____

Email Address (print clearly) _____

Phone Numbers: Home: _____ Work: _____ Cell: _____

b.OTHER present street address(s): _____ Apt. # _____ Town/City _____

State _____ Zip Code _____ How Long? _____

Email Address (print clearly) _____

2. **Phone Numbers:** Home: _____ Work: _____ Cell: _____

3. Work/Income Information:

a.SELF

Employer: _____ Address: _____ PT or Full Time _____

Kind of Work: _____ How Long: _____

Contact to call for references: _____ Phone: _____

Income Amount from Work: _____ Monthly: _____ or Weekly: _____

IMPORTANT: Please attach last two (2) pay stubs

Pension: - From: _____ Monthly: _____ or Weekly: _____

Social Security: Monthly Amount _____

IMPORTANT: Please attach proof of pension or social security paperwork, or both, if applicable

Work/Income Information

b. PARTNER/SPOUSE/OTHER OCCUPANT

Employer: _____ Address: _____ PT or Full Time _____

Kind of Work: _____ How Long? _____

Contact to call for references: _____ Phone: _____

Income Amount from Work: _____ Monthly: _____ or Weekly: _____

IMPORTANT: Please attach last two (2) pay stubs

Pension: From: _____ Monthly: _____ or Weekly: _____

Social Security: Monthly Amount: _____

IMPORTANT: Please attach proof of pension or social security

4. List name, age, relationships of all persons to be occupying the premises:

Note: Only two persons are allowed to occupy a unit.

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

5. Are you moving into an existing home or moving a new home onto the lot: New _____ Existing _____

NOTE: Moving a new home into the park requires permission of the Board of Directors, the Putnam County Health Department and the Town of Philipstown Building Inspector. Please contact the property manager shown above.

6. If there is a lender, bank or mortgage company - please provide name, address and phone number:

Name: _____ Address: _____

Phone: _____ Contact name: _____

7. Size, Year and Manufacturer of mobile home unit: _____

8. List of vehicles to be parked at your lot. Please include make, model, year, color and license plate #:

IMPORTANT: only 2 vehicles and 1 motorcycle are allowed per unit. No commercial Vehicles are allowed.

Make: _____ Model: _____ Year: _____

Make: _____ Model: _____ Year: _____

Motorcycle: Make: _____ Model: _____ Year: _____

9. List any pets that will be kept in your mobile home: Only 3 small pets are allowed. Only one Dogs is Allowed and 2 Cats. Dogs have a 20 lb weight restriction, fully grown, and must use a leash at all times. Only indoor cats are allowed.

1. Name: _____ Age: _____ Cat _____ or Dog _____

2. Name: _____ Age: _____ Cat _____

10. Have you ever lived in a mobile home park before? _____ If so, what is name of park and how long did you live there: _____

11. Have you ever rented before? _____ If so what is the name, address and telephone number of Previous Landlord Name: _____ or did you Own a Home _____ LL Address: _____ Phone Number: _____

12. Personal References other than family members (Include 3 names EACH, addresses & phone numbers):

NAME	ADDRESS	PHONE NUMBER
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SELF

1 _____

2 _____

3 _____

OTHER

1 _____

2 _____

3 _____

IN case of an emergency, notify: _____ Relationship: _____

This should also be the Person who will have a key to be used in case of emergency.

Street Address: _____

City/State: _____ Zip _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

The Applicant(s) states that all the above statements are true and complete, and hereby authorizes verification of above information, references, and credit/criminal records/reports. Applicant(s) acknowledges that any false information herein constitutes grounds for rejection of this application and or removal/eviction from the community even after move in. **ANYONE MOVING INTO THE PARK MUST UNDERGO CREDIT/CRIMINAL CHECKS/REPORTS.** Any guests staying in the unit for more than one month must be reported to the Board of Directors through RJB Community Management and undergo the checks/reports as indicated above.

No one may use a Brookside Cooperative Community Corp. address under any circumstances unless they have undergone the necessary credit checks/reports as indicated above and have been notified by the Board of Directors that they may move in.

Applicant(s) also acknowledges that they have received a copy of the current Park Rules and Regulations, Bylaws and Occupancy Agreement and agrees that should the Board accept the applicant(s), he/she will comply with those rules. **If you have not received the above three items or read the Rules and Regulations, By-Laws and Occupancy Agreement kindly do not submit this application until you have.**

Signature: _____ Date: _____

Signature: _____ Date: _____