

ECHO RIDGE HOMES COOPERATIVE, INC.

**4315 San Pedro Dr NE
Albuquerque, NM 87109
office@echoridgecoop.com
Phone: 505-881-9898
Fax: 505-881-0831**

Previous member or roommate
Yes ___ No ___
Under what name: _____
How did you hear about Echo
Ridge: _____

Application Fee: _____
Check #: _____
Receipt #: _____

A NO-SMOKING COMMUNITY

APPLICATION FOR MEMBERSHIP

\$40.00 NON-REFUNDABLE FEE REQUIRED (subject to change)

INDICATE YOUR FIRST, SECOND, AND THIRD CHOICE BELOW:		OCCUPANCY STANDARDS:	
# OF RESIDENTS RESIDING IN UNIT	# OF RESIDENTS RESIDING IN UNIT	UNIT SIZE	MAXIMUM INDIVIDUALS
STUDIO TERRACE ___	STUDIO BALCONY ___	STUDIO	2
1 BEDROOM TERRACE ___	1 BEDROOM BALCONY ___	1 BEDROOM	2
2 BEDROOM TERRACE ___	2 BEDROOM BALCONY ___	2 BEDROOM	4
2 BEDROOM TOWNHOME ___	3 BEDROOM TOWNHOME ___	3 BEDROOM	6

PART I - APPLICANT

APPLICANT FULL NAME: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

DRIVER LICENSE NO: _____ STATE: _____

HAVE YOU DECLARED BANKRUPTCY: YES ___ NO ___ (IF YES, ATTACH EXPLANATION)

HAVE YOU BEEN CONVICTED OF A FELONY: YES ___ NO ___ (IF YES, PROVIDE DATE AND JURISDICTION)

PART II – RENTAL HISTORY (show for 2 years)

PRESENT ADDRESS: _____ ZIP CODE: _____

DATES (FROM/TO): _____ NAME OF PROPERTY MANAGER: _____ PHONE: _____

PREVIOUS ADDRESS: _____ ZIP CODE: _____

DATES (FROM/TO): _____ NAME OF PROPERTY MANAGER: _____ PHONE: _____

PREVIOUS ADDRESS: _____ ZIP CODE: _____

DATES (FROM/TO): _____ NAME OF PROPERTY MANAGER: _____ PHONE: _____

PREVIOUS ADDRESS: _____ ZIP CODE: _____

DATES (FROM/TO): _____ NAME OF PROPERTY MANAGER: _____ PHONE: _____

DO YOU HAVE ANY CATS? YES ___ NO ___ ONLY TWO PET CATS ALLOWED.*

*** Assistance animals (ESA and SERVICE animals require letter from a medical or mental health professional)**

HAVE YOU EVER BEEN EVICTED: YES ___ NO ___ (IF YES, ATTACH EXPLANATION)

HAVE YOU BEEN SUED FOR DAMAGES TO PROPERTY: YES ___ NO ___ (IF YES, ATTACH EXPLANATION)

PART III – EMPLOYMENT/OTHER INCOME	
PRESENT EMPLOYER:	
ADDRESS:	ZIP CODE:
DATES (FROM/TO):	
NAME OF SUPERVISOR:	PHONE:
NET MONTHLY SALARY:	
PREVIOUS EMPLOYER:	
ADDRESS:	ZIP CODE:
DATES (FROM/TO):	
NAME OF SUPERVISOR:	PHONE:
NET MONTHLY SALARY:	
PREVIOUS EMPLOYER:	
ADDRESS:	ZIP CODE:
DATES (FROM/TO):	
NAME OF SUPERVISOR:	PHONE:
NET MONTHLY SALARY:	
OTHER INCOME:	SOURCE:
TOTAL MONTHLY INCOME:	
PART IV – PERSONAL REFERENCES – List 3 references not related to Applicant	
NAME:	
ADDRESS:	
PHONE NUMBER:	
NAME:	
ADDRESS:	
PHONE NUMBER:	
NAME:	
ADDRESS:	
PHONE NUMBER:	

I, _____, hereby affirm that the information contained on this application is true and correct to the best of my knowledge.

I, _____, hereby authorize Echo Ridge Homes Cooperative, Inc. to obtain information concerning my personal, credit, rental, and employment history for the specific purpose of membership with the Cooperative.

Applicant's Signature: _____ Date: _____

IT IS THE RESPONSIBILITY OF THE APPLICANT TO CONTACT ECHO RIDGE HOMES EVERY SIX MONTHS TO CONFIRM CONTINUED INTEREST.

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize the bearer of this request to release any information concerning my personal, credit, and rental and employment history to Echo Ridge Homes Cooperative, Inc. for the specific purpose of membership with the cooperative.

I, _____, hereby agree to indemnify and hold harmless the person to whom this request is presented relating to releases of information, and Echo Ridge Home for obtaining information.

I, _____, understand that any information provided is the sole property of Echo Ridge Homes Cooperative, Inc. to be used for the exclusive purpose of membership with the cooperative and will not be released to any third party.

APPLICANT SIGNATURE

DATE

APPLICANT SIGNATURE

DATE