



Freedom Hill Cooperative, Inc
11 Redwood Rd, Loudon NH 03307
(603) 545-1239 www.FHCoop.org

APPLICATION FOR MEMBERSHIP

All information must be filled out. If a question does not apply, write "N/A" in the provided space. Please print all information legibly. Allow 3-5 business days after receipt for the processing of this application. If you wish to inquire as to its status, please email askfhc@fhcoop.org or call 603-545-1239. Do not provide confidential or sensitive information on any voice message or in an email

PARK ADDRESS APPLYING FOR:

CURRENT OWNER:

Primary Applicant: _____ Social Sec # _____ 18 years old? Y N

Current Address: _____
(may not be a PO box)

Contact Info: Phone: _____ Work Phone: _____
Email: _____ Best way/time to reach you: _____

Landlord: _____ Phone: _____
Length of time at this address: _____ If less than three [3] years, list previous addresses below:

Address: _____
Landlord: _____ Phone: _____ Years here: _____

Address: _____
Landlord: _____ Phone: _____ Years here: _____

Secondary Applicant: _____ Social Sec # _____ 18 years old? Y N

Current Address: _____
(may not be a PO box)

Contact Info: Phone: _____ Work Phone: _____
Email: _____ Best way/time to reach you: _____

Landlord: _____ Phone: _____
Length of time at this address: _____ If less than three [3] years, list previous addresses below:

Address: _____
Landlord: _____ Phone: _____ Years here: _____

Address: _____
Landlord: _____ Phone: _____ Years here: _____

Vehicle Information

Make/Model: _____ Year: _____ Color: _____ Plate: _____

Make/Model: _____ Year: _____ Color: _____ Plate: _____

Financial Information

Checking Account: Bank: _____ Balance: _____ Proof of Tax Returns for 2 years:
 Savings Account: Bank: _____ Balance: _____ Tax year: _____
 Tax year: _____

Existing Loans and Credit Cards (use other side of page if more space is required)

Creditor name: _____ Account number: _____ Phone: _____
 Monthly payment: _____ Balance: _____

Creditor name: _____ Account number: _____ Phone: _____
 Monthly payment: _____ Balance: _____

Level of household income (please circle one)

\$18,000 - \$23,000 \$23,001 - \$28,000 \$28,001 - \$35,000
 \$35,001 - \$40,000 \$40,001 - \$45,000 \$45,001 - \$50,000
 \$50,001 - \$60,000 \$60,001 - \$75,000 \$75,001 - above

Estimated Financing of Home in Park:

Monthly Payment: _____

Includes ins/taxes? ☐ Y ☐ N

☐ No financing (eg: if paying cash)

Employment

Primary Applicant's Employer: _____ Phone: _____
 Secondary Applicant's Employer: _____ Phone: _____

Other Information (for septic and compliance)

Number of persons who plan to occupy the home: _____ Number of bedrooms: _____

Personal References (no relatives)

1. Name: _____ Phone: _____
 2. Name: _____ Phone: _____
 3. Name: _____ Phone: _____

Please read the following information before signing this application:

To join Freedom Hill Cooperative, I/We are aware that a **non-refundable** Application Processing Fee of **\$125** must be paid with this application before I/We receive park approval. I/We understand that move-in is not permitted until approval is made. I/We are further aware that joining Freedom Hill Cooperative involves paying a **refundable** Membership Fee of **\$1,000.00** (usually at the time of closing). I/We understand that the home must be occupied by the home's owner/purchaser, and cannot be rented out. I/We understand that this application in no way guarantees my/our acceptance into the Cooperative/park. 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 Board of Directors, employees and/or residents, from any action arising from these inquiries.

The Cooperative does not discriminate based on age, disability, gender, family status, sexual preference, race, ethnicity, religion, or creed in the approval of its members. The Interview Committee does not have the ability to approve or disapprove membership.

Primary Applicant's Signature: _____ Date: _____
 Secondary Applicant's Signature: _____ Date: _____

Witness: _____ Witness Printed name: _____

Mail to: Freedom Hill Cooperative, Inc, 11 Redwood Rd, Loudon NH 03307
Please allow 3-5 business days, after receipt, for report to be processed