

Black Rock Gardens Cooperative, Inc.

2825 Fairfield Avenue, Bridgeport, CT 06605

Telephone (203) 333-5737

Email: brgc2825@gmail.com

Dear Proposed Buyer:

Prior to beginning your application, please submit to BRGC office, a copy of the signed contract between buyer and seller. The board will confirm that the contract has been accepted. Once accepted, the application should be completed.

When you return your completed application, please be sure to make two (2) copies and the items listed below. All person(s) applying for an Apartment Leasehold are required to supply this office with the following data:

1. Check covering application and background check fees as follows:

Application fee - \$400.00; Co-applicant and/or additional resident fee - \$100.00; Multi-State Background check fee - \$100.00 per person; Credit check fee - \$75.00 per person. Note: children under the age of 18 are not considered as an additional resident. However, once they turn 18 they will need to apply to become an additional resident.

2. Completed application forms with the signed authorization to run criminal, and credit checks. **Please read through these carefully and provide explicit answers, labeling the supporting documents that correlate to the answers.**

3. Copy of Photo ID

4. Copy of the fully- executed BINDER/CONTRACT.

5. Mortgage payments or Rent receipts for the last 6 months.

6. The most recent four (4) payroll stubs for each applicant.

7. The last (2) year's Federal Income Tax Returns for each applicant, including W2 forms for each applicant for each of the last two (2) years. All applicants must show sufficient income for the 2 years prior to making application.

8. Bank statements for the last three (3) months for both Checking Statements and/or Savings Accounts.

9. Written Statement (optional): Additional information pertinent to your application.

10. Letter of commitment from Bank, if Applicant is applying for financing in order to purchase. The Board of Directors will not meet and interview a new Applicant until there is a commitment letter from the Bank. That will need to be included in the package being sent to the Board.

After this information is received in the office and the background and credit check are complete, the office will contact you for an interview at your convenience. Please read the Bylaws and Rules and Regulations prior to your interview. Please contact the BRGC office if you have any questions.

After you have been approved, the seller will submit to you a Resale Certificate. The Certificate will contain insurance information and financial data. Thank you and we look forward to having you as a leasehold member.

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DISCLOSURE NOTICE TO APPLICANTS

REGARDING CONSUMER CREDIT REPORTS FOR

CREDIT EXTENSION

A consumer credit report including information concerning your credit and indebtedness may be obtained in connection with your application for credit extension or financial review from American Screening, LLC, PO Box 1444, Hebron, CT 06248, Phone: 888-251-4044. Website: www.americanscreening.com.

You can obtain a copy of your files by sending American Screening, LLC at the address listed above a written request, including a copy of proper identification, by certified mail. "Proper identification" includes documents such as a valid driver's license, Social Security card, military identification card or credit card.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____

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AUTHORIZATION FOR CREDIT EXTENSION BACKGROUND REPORT

I have read the Disclosure Regarding Credit Extension Background Report provide by Black Rock Gardens Cooperative, Inc. ("COMPANY") and this Authorization to Obtain Credit Extension Background Report. By my signature below, I hereby consent to the preparation by American Screening, LLC, a consumer reporting agency (address: PO Box 1444, Hebron, CT 06248, Tel: 888-251-4044, Email: www.americanscreening.com) of background reports regarding me and the release of such reports to the COMPANY and its designated representatives, to assist the COMPANY in making a credit extension decision involving me at the time after receipt of this authorization, to the extent permitted by law. To this end, I hereby authorize, without reservation, any state or federal law enforcement agency or court, educational institution, motor vehicle record agency, credit bureau or other information service bureau or data repository, or employer to furnish any and all information regarding me to American Screening, LLC and/or the COMPANY itself, and authorize American Screening, LLC to provide such information to the COMPANY. I agree that a facsimile ("fax"), electronic or photographic copy of the Authorization shall be as valid as the original.

I acknowledge receipt of a copy of the Consumer Financial Protection Bureau's 'A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT.' INFORMATION FOR PROCESSING OF BACKGROUND SCREEN REPORTS ONLY (to be used for no other purposes).

Full Name _____

First Name _____ Middle Name _____ Last Name _____
Date of Birth: ____/____/____ Social Security #: ____-____-____

Driver's License Number: _____ State Licensed Issued: _____

Current Residence Address: _____

Number & Street _____
City _____ State _____ Zip _____

List all Residence Addresses in Past Seven Years (attach additional sheets if necessary)

If a graduate, what was your NAME at the time of degree receipt? _____

Please list alternate names you have used in the last 7 years:

First Name Middle Name Last Name

First Name Middle Name Last Name

First Name Middle Name Last Name

Signature: _____

Print Name: _____

Date: _____

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BLACK ROCK GARDENS COOPERATIVE, INC. ("COMPANY") may obtain from American Screening, LLC, PO Box 1444, Hebron, CT 06248, Phone 888-251-4044, Email www.americanscreening.com, a consumer report and/or an investigative consumer report ("REPORT") that contains background information about you in connection with your extension of credit application. The REPORT may contain information about your character, general reputation, personal characteristics and mode of living. The REPORT may include, but is not limited to, criminal and other public records and history; public court records (e.g., bankruptcies, tax liens and judgments); motor vehicle and driving records; educational and employment history verification; Workmen's Compensation claims; professional disciplinary actions; drug/alcohol test results; and Social Security verification and address history, subject to any limitations imposed by applicable federal and state law. The information may be obtained from public record and private sources, including government agencies and judicial records, former employers and educational institutions and any other sources.

If an investigative consumer REPORT is obtained, in addition to the description above, the nature and scope of any such REPORT will be employment certifications and references, or personal references.

Signature

Print Name

Today's Date

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STATE LAW NOTICES RELATING TO YOUR BACKGROUND REPORT

WASHINGTON STATE APPLICANTS ONLY: You also have the right to request from the consumer reporting agency a written summary of our rights and remedies under the Washington Fair Credit Reporting Act.

CALIFORNIA, MASSACHUSETTS, MINNESOTA, NEW JERSEY AND OKLAHOMA APPLICANTS ONLY: Please check the box on the left if you would like a free copy of any REPORT obtained by COMPANY from American Screening, LLC.

NEW YORK APPLICANTS ONLY: By signing the authorization, you acknowledge that you have received a copy of New York Correction Law Article 23-A. You have the right, upon written request, to be informed whether an investigative consumer REPORT was requested. If such a REPORT was requested, you will be provided with the name and address of the consumer reporting agency that prepared the REPORT and you can contact that agency to inspect or receive a copy of the REPORT.

MAINE APPLICANTS ONLY: Upon request, you will be informed whether or not an investigative consumer report was requested and, if such a report was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from us, within 5 business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any reports.

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First Name Middle Last Social Security Number

Street Address City State Zip

Date of Birth: ____/____/____

Home Phone Cell Phone Work Phone

Applicant Email Address: _____

Previous Address City State Zip

Do you: Own ____ Rent ____ Other ____ Monthly rent/mortgage: _____

Employer: _____ Occupation: _____ Years on Job: ____

IF THERE ARE 2 APPLICANTS TO BE CONSIDERED AS LEASEHOLDERS, EACH MUST COMPLETE A LEASEHOLDER CREDIT AUTHORIZATION (FROM PAGE 2)

First Name Middle Last Social Security Number

Street Address City State Zip

Date of Birth

Home Phone Cell Phone Work Phone

Previous Address City State Zip

Do you:
Own ____ Rent ____ Other ____ Monthly rent/mortgage: _____

Employer: _____ Occupation: _____ Years on Job: ____

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Leasehold Application

Date: _____

Name(s) of Applicant: _____

Unit Address: _____ Present Owner: _____

Purchase Price: _____ Leasehold No. _____

IMPORTANT: Please read directions carefully before completing application.

This Application will not be considered unless all starred (*) items regarding the mortgage are completed.

FINANCING INFORMATION

*Are you applying for a mortgage? (circle one) YES NO

If yes, please answer the following:

*Name of Bank: _____

*Mortgage Amount: _____ *Interest Rate: _____

*Monthly Payment: _____ *Term of Mortgage (years): _____

****If paying cash for unit, you *must* supply the source and proof of money in your account. ****

Other Application Information

Name(s) of Occupants to reside in unit: _____

Children: _____ Age: _____ Age: _____ Age: _____ (add more of needed)

Person to call in case of emergency: _____

Relationship: _____ Address: _____

Home/Cell Phone: _____ Work Phone: _____

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Debts Owed and Liabilities (Use a separate sheet, if necessary)

List debts or other liabilities such as alimony, child support, credit and charge accounts, installment contracts, etc.

Total Assets: \$ _____

Less Outstanding Debts: \$ _____

Net Worth \$ _____

Credit References: Include name, address and telephone number

1. _____

2. _____

3. _____

Are you a co-maker, endorser or guarantor on any loan or contract? Yes _____ No _____

If yes, for whom? _____ To whom? _____

Have you declared bankruptcy in the last 14 years? Yes _____ No _____

Updated 5-22-19