

Animas View MHP Cooperative, Inc.

Bylaws/Community Rules/Membership Agreement - Acknowledgement Form

I/We _____ are applying for Membership in the Animas View MHP Co-op as a condition to the right to rent a lot located at 288 Animas View Dr., Durango, CO 81301. I/we have received and read a copy of the Animas View MHP Co-op's Bylaws, Community Rules, and Membership Agreement.

By signing and dating this form, I/we acknowledge that we understand and will obey the **Bylaws, Community Rules, and Membership Agreement** of Animas View MHP Co-op. If I/we do not follow these Bylaws and Rules, I/we understand that it could be grounds for expulsion from Membership and/or eviction from the community.

Applicant signature: _____ Date: _____

Co-applicant signature: _____ Date: _____

This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. 1681b(a)(2).

I/We further authorize the **Animas View MHP Co-op** to contact the references listed on my/our application in order to assess my/our **Application for Membership** in said Co-op.

I/We further authorize the **Animas View MHP Co-op** to verify past and present landlord references in order to assess my/our **Application for Membership** in said Co-op.

I/We understand that a photocopy and/or facsimile of this document shall also serve as an authorization to provide the information requested.

The information obtained is only to be used in the processing of my/our **Application for Membership**.

Applicant

Date

Co-applicant

Date

Animas View MHP Co-op, Inc.

Application for Membership

All information must be filled out completely. Incomplete applications will be returned to the applicant(s). If a question does not apply, place "n/a" in the space provided. Please print all information legibly.

Applying for: Animas View MHP Co-op, 288 Animas View Dr. Trlr # _____, Durango, CO 81301

Current Homeowner(s): _____

Applicant: _____ SS#: _____

Co-applicant: _____ SS #: _____

(*If more than two applicants, please ask for an additional application.)

Name(s) on deed/title: _____

Current address (street, city, state, zip): _____
(street)

(city, state, zip)

Home phone: _____ Work phone: _____

Length of time at this address: _____

Current Landlord: _____ Phone: _____

If fewer than three (3) years at current address, list previous addresses:

Address 1 (street, city, state, zip): _____

Landlord: _____ Phone: _____

Address 2 (street, city, state, zip): _____

Landlord: _____ Phone: _____

Applicant employer: _____ **Phone:** _____

Address: _____

Co-applicant employer: _____ **Phone:** _____

Address: _____

Vehicle make/model: _____ **Year:** _____ **Color:** _____

Vehicle make/model: _____ **Year:** _____ **Color:** _____

Please list all *monthly* income to be considered towards payment of lot rent:

Applicant income:

Amount: \$ _____ Source: _____
Amount: \$ _____ Source: _____
Amount: \$ _____ Source: _____
Total monthly income: \$ _____

Co-applicant income:

Amount: \$ _____ Source: _____
Amount: \$ _____ Source: _____
Amount: \$ _____ Source: _____
Total monthly income: \$ _____

Anticipated monthly expenses:

Mortgage(s): _____
Electricity: _____
Cable/Internet: _____
Heat: _____
Other: _____

Car Payment(s): _____
Auto Insurance: _____
Homeowners Ins.: _____
Phone(s): _____

Total number of persons who plan to occupy home: _____

Are you or any Members of your household required to register as a sex offender?

Yes No

Please list three personal references who can speak to your likelihood to pay your rent in a timely manner, obey the Community Rules, and be a good Co-op Member. References may not include relatives.

1. Name: _____ Phone: _____

Relationship: _____

2. Name: _____ Phone: _____

Relationship: _____

3. Name: _____ Phone: _____

Relationship: _____

Please read the following information before signing this application:

To join Animas View MHP Co-op, I/we are aware that a Membership fee of \$100 must be paid before I/we occupy the home. I/we understand that I/we may not move in until approved. I/we understand that the home must be occupied by the family/household who purchased it and cannot be rented out unless in clear cases of hardship as determined by the Co-op Board of Directors. I/we understand that this application in no way guarantees my/our acceptance into the ROC/ community. I/we authorize the Co-op to obtain information from current/former employers, friends and current/previous landlords. I/we hold harmless the Co-op and its employees and tenants from any action arising from these inquiries.

The Co-op does not discriminate based on race, color, religion, sex, disability, family status, national origin, sexual orientation, marital status, lawful source of income, age, or ancestry in the approval of its Members.

If any information in this application is found to be false, it is immediate grounds for denial or revocation of Membership.

Certification/Representation of Accuracy: I/We understand that should I/we be accepted as a Member of the Animas View MHP Co-op, misrepresentation of information on this Application for Membership may be grounds for Member expulsion according to the Co-op Bylaws. Such expulsion would result in the loss of Membership. Loss of Membership/expulsion would result in the loss of voting privileges, loss of Member credit toward rent, and may lead to eviction. By signing this application, I/we attest that this is accurate and true information to the best of my/our knowledge.

Applicant signature: _____ **Date:** _____

Co-applicant signature: _____ **Date:** _____

NOTE: Applications that are incomplete, illegible, or are not accompanied by the proper documentation will be returned to the applicant(s).

Animas View MHP Cooperative, Inc.

Pet Registration Form

Please fill out one form per pet.

Please attach a photo of your pet to this registration form.

Pet owner's name(s): _____

Pet owner's address: _____

Pet owner's phone number: _____

Pet owner's email address: _____

Pet's name: _____ Tag #: _____

_____ cat

_____ dog

_____ other – specify: _____

Breed: _____ Color: _____

Insurance company: _____ Phone: _____

Account #: _____

Address: _____

Agent: _____

If you are not at home, who can handle this pet?

Name: _____ Phone: _____

Failure to comply with the Community Rules specifically related to pets is a breach of your Membership Agreement and is sufficient grounds for eviction. See state law for more information.

The Community Rules specifically related to pets will be strictly enforced.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Please check all activities that you feel comfortable doing (or are willing to learn):

- | | |
|---|---|
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Septic systems |
| <input type="checkbox"/> Water systems | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Taking notes | <input type="checkbox"/> Book club |
| <input type="checkbox"/> Nature walks | <input type="checkbox"/> Publishing a newsletter |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Fall/Spring clean-up |
| <input type="checkbox"/> Working with teenagers | <input type="checkbox"/> Knitting group |
| <input type="checkbox"/> Recycling | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Flower arrangements | <input type="checkbox"/> Carpentry or wood-working |
| <input type="checkbox"/> Organizing events | <input type="checkbox"/> Yard sales |
| <input type="checkbox"/> Crime watch | <input type="checkbox"/> Easy fundraisers (bake sale, etc.) |
| <input type="checkbox"/> Baking | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Board games enthusiast | <input type="checkbox"/> Making reminder phone calls |
| <input type="checkbox"/> _____ | <input type="checkbox"/> Grilling |

I am interested in learning more about the following roles on the ROC's Board of Directors:

- President
- Vice-President
- Treasurer
- Secretary
- Operations/Maintenance Director

There are many ways for Members to have a voice in the community. One great way to get to know your neighbors, as well as to have a say in how things are run, is to join a committee. Please check the committee below which you feel best serves your interests and talents:

- Membership Committee
- Finance Committee
- Social Committee
- Community Rules Enforcement
- Maintenance Committee
- Ad-hoc Committees, as needed

Thank you for completing this questionnaire. A Member of the community will be contacting you shortly about your volunteer interests.

Name(s): _____
Phone: _____
Best time to call: _____



A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to www.ftc.gov/credit, or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

You must be told if information in your file has been used against you. Anyone who uses information from a consumer reporting agency to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you and give you the name, address, and phone number of the agency that provided the information.

You can find out what is in your file. At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identity theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See www.ftc.gov/credit for details about how to obtain your free report.

You have a right to know your credit score. Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on www.ftc.gov/credit. In some mortgage transactions, you will get credit score information without charge.

You can dispute inaccurate information with the consumer reporting agency. If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to www.ftc.gov/credit.

Inaccurate information must be corrected or deleted. A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.

Outdated negative information may not be reported. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need as determined by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Identity theft victims and active duty military personnel have additional rights. Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are



away from their regular duty station may file “active duty” alerts to help prevent identity theft. For more information, visit www.ftc.gov/credit.

Your consent is required for reports that are provided to employers. A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent. Blanket consent may be given at the time of employment or later.

You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers. These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future. You may opt-out at the major credit bureaus by calling 1-888-567-8688.

You may seek damages from violators. If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.

The FCRA gives several federal agencies authority to enforce the FCRA:

TO COMPLAIN ABOUT:	PLEASE CONTACT:
Consumer reporting agencies, creditors, and others not listed below	Federal Trade Commission FCRA Consumer Response Center - 1-877-382-4357 (Toll-Free) Washington, DC 20580
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer Help FRCH Washington, DC 20551 888-851-1920
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision 800-842-6929 Complaints Washington, DC 20552
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Education
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management 202- Washington, DC 20590 366- 1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of GIPSA Deputy Administrator - Washington, 202- DC 20250 720- 7051

Para información en español, visite www.ftc.gov/credit o escriba a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.