MERRITT ISLAND COOPERATIVE HOUSING ASSOCIATION, INC

253 N- Banana River Dr.
Merritt Island, FL 32952
Phone 321-453-1772
Fax 321-453-1945
Office@MICHAFL.org

To Perspective Members:

Good cause for disapproval by the Association (through the Board of Directors or the Review Committee) of any prospective transfer of a membership to potential purchaser(s) shall include, but not be limited to, the following violating behaviors:

a. The applicant(s) seeking approval have failed to submit a Membership Application form, as promulgated by the Board of Directors or the Review committee, or have submitted an incomplete Membership Application form.
b. The applicant(s) seeking approval have materially misrepresented or falsified any fact or information upon the Membership Application form, or otherwise in the review process, such as misidentifying the persons who shall occupy the unit (all occupants must be listed and their occupancies reviewed and approved.
c. The applicant(s) seeking approval, or the seller on their behalf, have failed to pay any transfer fee levied by the Association.
d. The applicant(s) seeking approval have failed to make an appointment for, or to attend, Review Committee screening.
e. The applicant(s) seeking approval have not agreed to, or failed to provide, or refused to release any background investigation or reports that may be required by the Association in its review of the prospective transfer.

Moreover, after Association initial approval of a membership transfer, Association authority to subsequently disapprove said transfer shall remain available to the Association upon any discovery of good cause for disapproval, in this regard, the Association can take advantage of all available legal and equitable remedies to reverse the transfer including, but not limited to, transferring the membership back to the Association, ejecting, evicting or otherwise dispossessing the occupants from the unit, bringing legal or equitable action against the occupants for all Association costs in such actions, or any other actions available to reverse the transfer.

I have read and understand the above policy set forth by the MICHA Board of Directors.

Signed by perspective members:

Signature: _____ Date_____

Signature: _____ Date_____

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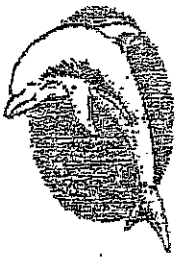

Authorization to Release All Requested Information to MICHA

I _____ do herby authorized the release of all requested information to the Merritt Island Cooperative Housing Association, Inc. (MICHA), for the purpose of a complete investigation of my credit, past residences, police and criminal record, employment, all income and personal references.

I understand, the following documents must be submitted with my application:
Driver's License/State ID, Social Security card, Vehicles Registration and Insurance card. Accepted Proof of Income: Current *letter from; Social* Security, SSI, Pension, Annuities 2 years of. Current income tax returns, W-2's, 1099's, Unemployment payments.

I understand that my application for residence at MICHA will be **fully reviewed.** I will then be **interviewed** by the MICHA Membership Committee, as part of the process. **Any inaccuracies and/or omissions may be grounds for immediate cancellation of my application.**

Based upon the information gathered by the investigations, my completed application and my interview, a decision will be made either to approve or disapprove my application for Residence at MICHA.

I understand that **my application fee of $75.00 for applicant and $35.00 for co-applicant is non-refundable.** I further understand that the approval of my application does not constitute my immediate placement within MICHA.

Applicant Print Name: _____

Applicant Signature: _____

Paid $75.00 Check/Money Order # _____ Date_____

Co-Applicant Print Name: _____

Co-Applicant Signature: _____

Paid $35.00 Check/Money Order # _____ Date_____

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MICHA Applicant Application

*Confidential

Application must be completed in full & have copies of all necessary documents in order to be processed

Applicant Full Name (alias', maiden) _____

DOB _____ SS# _____ DL# _____ DL state _____

Full Address _____ City _____ State _____ Zip _____

Phone# _____ Cell # _____ Work# _____ Email _____

Vehicle registration _____ Insurance Card _____ License Plate # _____ State _____

Make _____ Model _____ Year _____ Color _____

APPLICANT EMPLOYMENT HISTORY

*Current Employer _____ Contact person _____
(first and last name)
Address _____ Phone # ( ) _____

City & State _____ Zip _____

Date started _____ Date ended _____

Job _____ Pay rate _____

* Employer _____ Contact person _____
(first and last name)
Address _____ Phone # ( ) _____

City & State _____ Zip _____

Date started _____ Date ended _____

Job _____ Pay rate _____

• Employer _____ Contact person _____
(first and last name)
Address _____ Phone # ( ) _____

City & Staie _____ Zip _____

Date started _____ Date ended _____

Job _____ Pay rate _____

I understand, the following documents must be submitted with my application:

Driver's License/State ID, Social Security card, Vehicles Registration and Insurance card.
Accepted Proof of Income: Current *letter from; Social* Security, SSI, Pension, Annuities
2 years of. Current income tax returns, W-2's, 1099's, Unemployment payments.

APPLICANT PREVIOUS RESIDENCES: LAST 3 RESIDENCES

Landlord/Mortgage Company _____

Address: _____ Contact Person _____
(first and last name)

City & State _____ Phone # ( ) _____

Zip Code _____ from: _____ to: _____

Landlord/Mortgage Company _____

Address: _____ Contact Person _____
(first and last name)

City & State _____ Phone # ( ) _____

Zip Code _____ from: _____ to: _____

Landlord/Mortgage Company _____

Address: _____ Contact Person _____
(first and last name)

City & State _____ Phone # ( ) _____

Zip Code _____ from: _____ to: _____

APPLICANT PERSONAL REFERENCES **3 – First & Last Names, Address, Phone #**

Name _____ Address _____

Phone # ( ) _____ City & State _____ Zip _____

Name _____ Address _____

Phone # ( ) _____ City & State _____ Zip _____

Name _____ Address _____

Phone # ( ) _____ City & State _____ Zip _____

I am fully aware this application will be reviewed by the MICHA Membership Committee. I do solemnly swear that the following information is accurate and complete. I acknowledge that any inaccuracies and/or omission be the basis for immediate cancellation of this application by MICHA.

Applicant Signature _____ Date _____

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MICHA Co-Applicant Application

*Confidential

Application must be completed in full & have copies of all necessary documents in order to be processed

Applicant Full Name (alias', maiden) _____

DOB _____ SS# _____ DL# _____ DL state _____

Full Address _____ City _____ State _____ Zip _____

Phone# _____ Cell # _____ Work# _____ Email _____

Vehicle registration _____ Insurance Card _____ License Plate # _____ State _____

Make _____ Model _____ Year _____ Color _____

APPLICANT EMPLOYMENT HISTORY

*Current Employer _____ Contact person _____
(first and last name)

Address _____ Phone # ( ) _____

City & State _____ Zip _____

Date started _____ Date ended _____

Job _____ Pay rate _____

* Employer _____ Contact person _____
(first and last name)

Address _____ Phone # ( ) _____

City & State _____ Zip _____

Date started _____ Date ended _____

Job _____ Pay rate _____

• Employer _____ Contact person _____
(first and last name)

Address _____ Phone # ( ) _____

City & Staie _____ Zip _____

Date started _____ Date ended _____

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2 years of. Current income tax returns, W-2's, 1099's, Unemployment payments.

APPLICANT PREVIOUS RESIDENCES: LAST 3 RESIDENCES

Landlord/Mortgage Company _____

Address: _____ Contact Person _____
(first and last name)

City & State _____ Phone # ( ) _____

Zip Code _____ from: _____ to: _____

Landlord/Mortgage Company _____

Address: _____ Contact Person _____
(first and last name)

City & State _____ Phone # ( ) _____

Zip Code _____ from: _____ to: _____

Landlord/Mortgage Company _____

Address: _____ Contact Person _____
(first and last name)

City & State _____ Phone # ( ) _____

Zip Code _____ from: _____ to: _____

APPLICANT PERSONAL REFERENCES **3 – First & Last Names, Address, Phone #**

Name _____ Address _____

Phone # ( ) _____ City & State _____ Zip _____

Name _____ Address _____

Phone # ( ) _____ City & State _____ Zip _____

Name _____ Address _____

Phone # ( ) _____ City & State _____ Zip _____

I am fully aware this application will be reviewed by the MICHA Membership Committee. I do solemnly swear that the following information is accurate and complete. I acknowledge that any inaccuracies and/or omission be the basis for immediate cancellation of this application by MICHA.

Applicant Signature _____ Date _____