

C & C Community, 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:		(Address)
Current owner:		
Applicant:		
Co-applicant: (if more than two applicants, please as	sk for an additional application)	
Name(s) on deed:		
Current address:		(street)
		(city, state, zip)
Home phone:	Work phone:	
Length of time at this address:		
Current landlord:	Phone:	
If less than three (3) years at curren	nt address, list previous addres	ses:
Address (street, city, state, zip):		
Landlord:		
Address (street, city, state, zip):		
Landlord:		
Applicant employer:	Phone:	

Address:	
Co-applicant employer:	Phone:
Address:	
Please list all sources of monthly	income to be considered towards payment of lot rent:
Applicant income:	Co-applicant income:
Amount \$ Source	Amount \$ Source
Amount \$ Source	Amount \$ Source
Amount \$ Source	Amount \$ Source
Anticipated monthly expenses:	
Mortgage(s):	Car Payment(s):
Electric:	Auto Insurance:
Cable/Internet:	Homeowners Ins.:
Heat:	Phone(s):
Other:	
Number of persons who plan to o	occupy home
Are you or any members of your h	nousehold required to register as a sex offender?
\square Yes \square No	
• • • • • • • • • • • • • • • • • • • •	fessional) references who can speak to your likelihood obey the Community Rules and be a good ROC Members.
1. Name:	Phone:
Relationship:	
2. Name:	Phone:

Relationship:			
3. Name: I	Phone:		
Relationship:			
Please read the following information before signing to	his application:		
To join C & C Community, I/we are aware that a Members before I/we occupy the home. I/we understand that I/we I/we understand that the home must be lived in by the famrented out except under clear cases of hardship as determined.	may not move in until approval is made. nily/household purchasing and cannot be		
The ROC does not discriminate based on age, sex, rac status, physical or mental disability or national origin orientation in the approval of its members.			
Information provided in this application found to be far for denial of Membership.	alse may serve as immediate grounds		
Disclaimer : I understand that should I be accepted as a Member of the ROC, failure to provide accurate information on this Application for Membership may be grounds for Member expulsion according to the ROC Bylaws. Such expulsion would result in the loss of Membership. Loss of Membership/expulsion would result in the loss of voting privileges, an increased monthly lot rent, and may lead to eviction. By signing this application, I attest that this is accurate and true information to the best of my knowledge.			
Applicant signature:	_Date:		
Co-applicant signature:	_ Date:		

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