

11. No Subletting

Buyer understands and agrees that the Cooperative does not accept investors nor permit subletting. If approved for membership, the unit may only be occupied by the Buyer and those persons named in the Occupancy/Lease Agreement. Subletting is defined as occupancy by any persons whether paid or unpaid if the Member does not reside in the unit.

12. Total Agreement.

This Agreement shall supersede any prior understandings and agreements and constitutes the entire agreement between the Buyer and the Seller. No oral representation or statements shall be considered a part hereof. The Seller and the Buyer agree that neither has relied on any representation made by the Cooperative or any of its agents or employees, except as expressly set forth herein.

The Buyer and the Seller agree that time is of the essence and agree to all the terms and conditions set forth above.

This offer expires at _____ o'clock on _____ if not accepted by the seller by that time.

Buyer: _____ Date: _____

Seller: _____ Date: _____

Buyer's Agent: _____ Date: _____

Seller's Agent: _____ Date: _____

Membership Application Rexmill Square

We are pledged to the letter and spirit of the United States policy for the achievement of equal housing opportunity throughout the nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, creed, age, handicap, religion, national origin, sex, or familial status.

The cooperative is operated solely for the benefit of its members. It selects its new members according to criteria which are designed to enhance the value of the neighborhood and help reduce exposure to risk from financial loss, loss of assets, devaluation of property, damage to property, disruption of business, bad housekeeping practices, or criminal or anti-social behavior.

1. Complete a truthful and verifiable membership application and pay a non-refundable membership application fee.
2. Applicant must be of legal age to enter into contracts for membership and occupancy.
3. Applicant must show verifiable continuous residency for at least three years for each proposed household member over 20 years old.
4. Applicant must provide a recent utility bill from the current address.
5. Applicant must show a verifiable and steady source of household income for the past six months.
6. Applicant's income must be such that the combination of monthly co-op fees and share loan repayment does not exceed 25% current gross monthly income.
7. Applicant is not eligible if having been evicted from residential premises or caused bad debt losses to landlords during the last three years.
8. Applicant is not eligible if a member of the proposed household has a felony conviction or served a prison term for any felony in the past five years.
9. Applicant is not eligible if a member of the proposed household is currently an abuser or addict of controlled substances.
10. Applicant is not eligible if any member of the proposed household is required to be registered under the sex offender registration program.
11. Applicant is not eligible who is an alcohol abuser whose behavior could interfere with others' health, safety, and right to peaceful enjoyment.
12. Occupancy is limited to NOT more than two persons per bedroom.
13. All members of applicant's proposed household must be approved by the Board of Directors to determine final acceptance for membership.

I/we further understand that the membership application fees are not refundable.

Signature: _____ Date: _____

**Membership Application
Rexmill Square, Inc.**

Provide information for applicant. Do not leave blank spaces. Every member of the household 18 years of age or older named in part VI below must complete the credit application and pay a credit fee.

Name: _____ Phone: () _____ E-mail: _____

Current Address: _____ City: _____ St: _____

Since: ___/___/___ Monthly Pmt. \$ _____ Contact: _____ Ph: () _____

Do you now Own Rent ?

Do you have an insurance policy? No Yes If yes, Homeowner's policy Renter's policy

List all States you have lived in: _____

(If at current address less than three years)

Previous Address: _____ City: _____ St: _____

From: _____ to _____ Monthly Pmt. \$ _____

Part II. Income

- Income Source _____ \$ _____ /Mo.
- Income Source _____ \$ _____ /Mo.

Part III Credit Liability

<u>Creditor</u>	<u>Purpose</u>	<u>Balance</u>	<u>Payment</u>	<u>Period</u>
_____	_____	\$ _____	\$ _____ per _____	
_____	_____	\$ _____	\$ _____ per _____	

Part IV. Other Information Please answer the following questions, yes or no for all persons over 18 years.

yes no

- Do you own any income producing property?
- Have you been evicted from a residence for non-payment or other reason in past 5 years?
- Do you have any debts for past due rents or other debts that are now in collections?
- Is any proposed household member an abuser or an addict of illegal controlled substances?
- Has any proposed household member been convicted of a felony in the last five years?
- Is any proposed household member listed on the sex offender registry?
- Do you now have a dog or cat that will be living with you?
- Will this be the primary residence for you and registered household members?

Part IV. Other Household Members.

Name all others who will be living in the household.

	Name	Relationship
1.	_____	_____
2.	_____	_____
3.	_____	_____

Part V. Applicant's Certification

I/we authorize the Cooperative and its authorized employees and agents to obtain information that is pertinent to my eligibility for membership and authorize the release of any information (including documents and other materials) pertinent to determining my eligibility for membership and residency in the Cooperative.

Applicant will be required to purchase a HO-6 insurance policy prior to closing that covers losses from any mold, fungus, water damage or fire in addition to his/her personal property, appliances, etc. and which names the cooperative as a loss payee.

For each person over 20 years old attach the following:

1. Application fee
2. Proof of income
3. Utility bill at current address
4. Credit and background application for each person 18 years of age or older.
5. Government issued picture ID for each person 18 years of age or older.

Applicant's Signature: _____ Date: _____

For Board of Directors:

Unit # _____ Carrying Charges \$ _____

Applicant is approved for membership.

Applicant is denied for membership.

If denied, because: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

CREDIT AND BACKGROUND APPLICATION

The purpose of this form is to notify you that a Consumer Report will be conducted on you in the course of consideration for residency. Please fill out this form in its entirety. **SIGN and DATE** and return to the company with which you are applying for residency.

.....
Name: (Last) _____ (First) _____ (Middle) _____

List any other name used in the past 7 years:

Date of Birth ____ / ____ / _____ Social Security # _____

(If a valid social security number is not available, please provide your government issued identification number. Alternative search parameters are used for Government Issued Identification Numbers or ITINs.)

Driver's License # _____ State _____ Gender _____

Race _____ Daytime Phone # (____) _____ - _____

Current Address _____ City _____ State ____ Zip _____ Dates ____/____ to ____/____

List any other cities or towns in which you have live during the past 7 years; include dates.

List most recent employment details:

Company _____ Phone # (____) _____ - _____

Employment Dates: ____ / ____ to ____ / ____ Title _____

CERTIFICATION:

I certify that all statements made on this application are true and that I have not knowingly withheld any fact of circumstance. I authorize the investigation of all statements contained in this application and the further investigation of any information required to determine my qualifications for membership. I authorize my employers, schools and other references to release any information required to determine my qualification for membership. I waive any right to receive any written notice from Rexmill Squares, Inc. that such information has been released. I fully understand that misrepresentation or omission of facts or circumstances will be sufficient for the cancellation of my consideration for membership. I agree that if at any time prior to being approved for membership, if any reference or report is obtained which is considered to be unsatisfactory, Rexmill Square Inc. reserves the right to deny membership.

Applicant's Signature _____ Today's Date ____/____/____

***** APPLICANT – DO NOT WRITE BELOW THIS LINE *****

TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:

Company: Rexmill Square, Inc.

Contact: Hester Marshal Fax: 404-363-9124 Email: RexmillSquare@bellsouth.net

Please check all that you wish completed and return to AllCheck @ (770) 592-7115 (fax) or info@allcheck.com.

___ State Criminal History (List States: _____) ___ National Criminal History ___ Consumer Credit Report

___ Current/Previous Employer Verification ___ Current/Previous Residency Verification

Disclaimer: While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by AllCheck Screening Services, Inc. and since public records data on any on individual, group of individuals, company, or companies can be contained in more than on repository, AllCheck Screening Services, Inc. can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without liability on the part of AllCheck Screening Services, Inc. its sources, officers, agents or employees. Furthermore, you agree to indemnify AllCheck Screening Services, Inc., its sources, agents and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individual's criminal records history, credit history and/ or workers compensation claim history.

AUTHORIZATION

AUTHORIZATION REGARDING BACKGROUND INVESTIGATION

I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the company, "Allcheck Screening Services, Inc. 8358 Main Street, Woodstock, GA, 30188, voice (770) 592-7411, fax (770) 592-7115" at any time after receipt of this authorization and throughout my residency if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state or federal agency, institution, school or university (public or private), information service bureau, employer or insurance company to furnish any and all background information requested by AllCheck Screening Services, Inc. 8358 Main Street, Woodstock, GA, 30188, voice (770) 592-7411, fax (770) 592-7115, another outside organization acting on behalf of the Company, and/or the Company itself. I understand that by agreeing below, that I am signing the Authorization form directing the background check as described in the disclosure.

Name: _____

Date: _____ Agree to terms: [] Yes or [] No

Last 4 digits of SSN or Government Id: _____

Applicant's Signature: _____

**Credit Application
Share Credit Corp.**

For: **Rexmill Square, Inc**

SECTION A

Applicant: _____ Unit: _____

Last four digits of SSN #: _____

SECTION B Income. (check all that apply)

- Social Security:... Monthly payment \$ _____
- SSI.....Monthly payment \$ _____
- Pension:Monthly payment \$ _____
- Alimony:Monthly payment \$ _____
- Employment:.....Monthly earnings \$ _____
- Total household monthly income: \$ _____**

SECTION C Legal Obligations.

- Are there active judgments against you? Yes No Monthly Payment \$ _____
- Are there active garnishments against you? Yes No If yes, Pmt:/Mo. \$ _____
- Have you declared bankruptcy in the past 7 years? Yes No Discharged? Yes No
- Have you been foreclosed upon or evicted in the past seven years? Yes No
- If Yes, from where?: _____

SECTION D Monthly Obligations

- What is your monthly car loan payment. \$ _____
- What is your monthly cost for car insurance & gasoline. \$ _____
- What is your average monthly electric bill. \$ _____
- What is your average monthly phone & cable bill. \$ _____
- What is your average monthly credit card payment. \$ _____
- What is your monthly obligation to pay child support or alimony. \$ _____
- What is your monthly cost for child care. \$ _____
- What is your monthly student loan payment. \$ _____

Total Monthly Obligations..... \$ _____

Applicant: _____

SECTION E Loan Request

Loan amount Requested \$ _____ to be repaid in _____ monthly payments.

Purpose: Purchase a Membership.
 Home Improvements/ Equity.

If home improvements, has the board of directors already approved? Yes No

OPTIONAL INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following is requested by the Federal Government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information but are encouraged to do so. The law provides that a lender may neither discriminate on the basis of this information, nor on whether you choose to furnish it. However, if you choose not to furnish it, under Federal regulations the lender is required to note race and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check the appropriate box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

Applicant: Sex M F Race/ National Origin _____
 I do not wish to furnish this information.

NOTICE: Applicant is required to purchase an HO-6 insurance policy before loan proceeds will be disbursed. The policy must provide coverage to include moisture and mold protection and name the Cooperative as a loss payee. The applicant will furthermore be required to provide continued coverage for the entire time while occupying a dwelling unit in the Cooperative.

I hereby certify that I have read the foregoing statements and knowing that you will rely upon the representations made by me in this application or to the Cooperative and in order to induce you to grant this credit, I authorize you to obtain such information as you may require concerning the statements made in this application.

I certify that all replies in this application are true and accurate and agree that the application shall remain the property of Share Credit Corp whether or not the credit is granted. I agree to notify you of material change in this application.

Applicant's Signature: _____ Date _____