

## **Applicant Packet**

### **Windy Acres Cooperative, Inc.**

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**Letter to Applicants**  
Windy Acres Cooperative, Inc.  
A Resident Owned and Operated Cooperative  
Charlestown, NH

Thank you for your interest in our community. We hope you will consider joining us as resident owners. We strive to maintain a positive and well-kept neighborhood.



**About the Park**

- Good roads, water lines and septic
- Conveniently located for natural beauty, employment, and shopping
- The park is clean and well maintained.
- This is a family oriented park—people help each other
- We have a strong sense of community.
- Members (you) create and live by the park rules. Please read them before you join.

**About the Cooperative**

- You will be an owner rather than a tenant. You will own one share in the cooperative, which collectively owns the entire park.
- Members (you) vote on the monthly lot rent to keep housing affordable.
- Members all participate as volunteers in running the cooperative and the park.
- Members create and are governed by the co-op's Bylaws. Please read them before you join.

**About the Application Process**

- Complete the Application
- Give us a non-refundable Application Fee of \$75 to pay for the credit and criminal record reports, which are required for each adult applicant.
- Interview with the Membership Committee
- Await approval by the Cooperative

**When you are approved and prior to buying your new home:**

- Pay your Seven Hundred Fifty dollars (\$750) membership fee (this one-time fee is fully refundable when you sell your home).
- Complete an Occupancy Agreement.
- Pay your first monthly lot rent, \$\_\_\_\_\_.
- Learn how the cooperative works; attend a Board Meeting.
- Sign up to participate on a committee.
- Get to know your neighbors.

If you have questions, please call \_\_\_\_\_ at (603) \_\_\_\_\_



**Application for Membership**  
\_\_\_\_\_ Cooperative, Inc.

**All information must be filled out completely. Incomplete Applications will be returned to the Applicant. If a question does not apply, place "n/a" in the space provided. Please print all information legibly.**

Applying for: \_\_\_\_\_ (Address)

Current owner: \_\_\_\_\_

**Applicant:** \_\_\_\_\_ SS #: \_\_\_\_\_

**Co-applicant:** \_\_\_\_\_ SS #: \_\_\_\_\_  
(if more than two applicants, please ask for an additional application)

**Current address:** \_\_\_\_\_ (street)

\_\_\_\_\_ (city, state, zip)

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_

Current Landlord: \_\_\_\_\_ phone: \_\_\_\_\_

**If less than five (5) years at current address, list previous addresses:**

Address (street, city, state, zip):

\_\_\_\_\_

Landlord: \_\_\_\_\_ phone: \_\_\_\_\_

Address (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:** \_\_\_\_\_

~~**Savings account #:** \_\_\_\_\_ **Bank:** \_\_\_\_\_~~

~~**Checking account #:** \_\_\_\_\_ **Bank:** \_\_\_\_\_~~

**Please list all current debt, including, student loans, car loans, personal loans, credit cards, mortgages and any other monies owed.**

1. \_\_\_\_\_ **Account #:** \_\_\_\_\_, **Balance:** \_\_\_\_\_

2. \_\_\_\_\_ **Account #:** \_\_\_\_\_, **Balance:** \_\_\_\_\_

3. \_\_\_\_\_ **Account #:** \_\_\_\_\_, **Balance:** \_\_\_\_\_

**NOTE:** Please list any and all additional loans/credit cards/debt on separate piece of paper if not enough room above.

**Level of total household income: (circle)**

\$0 - \$10,000

\$20,001 - \$30,000

\$10,001 - \$20,000

\$30,001 - plus

**# of persons who plan to occupy home** \_\_\_\_\_

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

Yes     No

**Page Two of Three Pages**

**Please list three personal references who can speak to your likelihood to pay your rent in a timely manner and obey the Park Rules and be a good cooperator. Reference many 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 Windy Acres Cooperative, I/we are aware that a Membership Fee of \$750.00 must be paid before I/we occupy the home. I/we understand that I/we may not move in until approval is made. I/we understand that the home must be lived in by the family/household purchasing and cannot be rented out. I/we understand that this application in no way guarantees my/our acceptance into the Cooperative/Community. I/we authorize the Cooperative to obtain information from current/former employers, friends and current/previous landlords. I/we hold harmless the Cooperative and its employees and/or tenants, from any action arising from these inquiries.

**The cooperative does not discriminate based on age, sex, race, creed, color, marital status, familial status, physical or mental disability or national origin or on account of that person's sexual orientation in the approval of its members.**

**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).

**Page Three of Three Pages**

*Windy Acres Cooperative, Inc  
13 Windy Acres  
Charlestown, NH 03603  
(603) 542-5221*

I/we have received, read and will abide by the Windy Acres Cooperative, Inc. Park Rules and Regulations as presented to me/us on this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Name of Resident(s) (Printed or typed)*

\_\_\_\_\_  
*Lot number*

\_\_\_\_\_  
*Signature of Resident(s)*

*We certify that these Rules and regulations were delivered to the above signed individual:*

\_\_\_\_\_  
*Cooperative Representative*

\_\_\_\_\_  
*Cooperative Representative*

Revised 11/97, 7/2000, 9/2001, 9/2002, 7/2004 & 5/2009

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer-reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

**You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

**You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

**You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

**Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it.

**However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

**You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

**Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies. This limitation no longer applies to criminal background checks or information related to criminal convictions.

**Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

**You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

**You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court. The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 * 202-326-3761
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 & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington D.C. 20552* 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 * 202-720-7051

Windy Acres Cooperative, Inc.

**Volunteer Interest Sheet**

We believe that every member of the co-op has unique talents that can be shared with the community. As such, we want to know a little bit about your interests, as well as areas in which you may have some expertise. Please check all interests that you feel comfortable doing (or are willing to learn):

- |   |   |
|---|---|
| <input type="checkbox"/> Plumbing               | <input type="checkbox"/> Wiring                             |
| <input type="checkbox"/> Water systems          | <input type="checkbox"/> Septic Systems                     |
| <input type="checkbox"/> Taking Notes           | <input type="checkbox"/> Gardening                          |
| <input type="checkbox"/> Nature Walks           | <input type="checkbox"/> Book Clubs                         |
| <input type="checkbox"/> Get out the Vote       | <input type="checkbox"/> Public Speaking                    |
| <input type="checkbox"/> Writing                | <input type="checkbox"/> Publishing a newsletter            |
| <input type="checkbox"/> Bookkeeping            | <input type="checkbox"/> Fall Clean-up                      |
| <input type="checkbox"/> Working with teenagers | <input type="checkbox"/> Public Speaking                    |
| <input type="checkbox"/> Recycling              | <input type="checkbox"/> Filing                             |
| <input type="checkbox"/> Flower Arrangements    | <input type="checkbox"/> Carpentry or Wood-working          |
| <input type="checkbox"/> Yard Sales             | <input type="checkbox"/> Easy fundraisers (bake sale, etc.) |
| <input type="checkbox"/> Organizing events      | <input type="checkbox"/> Childcare                          |
| <input type="checkbox"/> Crime Watch            | <input type="checkbox"/> Making reminder phone calls        |
| <input type="checkbox"/> Baking                 | <input type="checkbox"/> Grilling                           |
| <input type="checkbox"/> _____                  | <input type="checkbox"/> _____                              |

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

- |  |   |
|--|---|
| <input type="checkbox"/> President                   | <input type="checkbox"/> Vice-President |
| <input type="checkbox"/> Treasurer                   | <input type="checkbox"/> Secretary      |
| <input type="checkbox"/> Operations Manager/Director | <input type="checkbox"/> _____          |

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:

- |  |  |
|--|--|
| <input type="checkbox"/> Membership Committee  | <input type="checkbox"/> Finance Committee             |
| <input type="checkbox"/> Social Committee      | <input type="checkbox"/> Community Rules Enforcement   |
| <input type="checkbox"/> Maintenance Committee | <input type="checkbox"/> Ad-hoc committees, as needed. |

Thank-you for completing this form; a member of the community will be contacting you shortly about your volunteer interests.

Name (s): \_\_\_\_\_

Phone : \_\_\_\_\_

Best time to call: \_\_\_\_\_

**Windy Acres Cooperative, Inc  
Creditworthiness Criteria**

An Applicant's past and present performance in meeting financial obligations is one of the components by which an Applicant will be considered. The following will be considered as examples of unfavorable credit references and will serve as the basis for rejection of an application:

- A. A credit score of 600 or below;
- B. Five (5) or more trade line references past due in the previous two years, excluding medical accounts;
- C. Any past-due, outstanding account with a housing or utility related company, including a previous landlord and/or property management company and/or mortgage lien holder;
- D. Charge-offs and collections must show as 'paid,' or be in repayment status, with the exception of housing related debts as listed above, which must be paid in full. Proof of payment arrangements for all other unpaid charge-offs and collections, as well as proof of an initial payment on the account in collection or charge-off status will be required;
- E. Applicants with any *unsatisfied* public record;
- F. Applicants with one or more *satisfied* public records in the past three (3) years, including but not limited to:
  - 1. Civil judgment;
  - 2. Bankruptcy;
  - 3. Property tax lien;
  - 4. Federal income tax lien;
  - 5. Foreclosure.

If any of the above mentioned *unfavorable credit references are the result of a financial hardship or medical catastrophe* (military duty, divorce, disability, death of an immediate family member, loss of job, etc.), the Board of Directors may, at their own discretion, waive any or all of the above referenced creditworthiness guidelines. In such cases, the Applicant will be required to provide documentation and/or a letter of explanation of such hardship or catastrophe.

This **Creditworthiness Criteria** was approved and adopted by the Board of Directors on

March 10, 2011

The foregoing is a true and accurate account, attested by,

  
Secretary

**Authorization to Obtain Credit Report**

**Please complete separate form for each applicant prior to interview.**

Date: \_\_\_\_\_ To: **CREDIT BUREAU ASSOCIATES**  
30 Massachusetts Avenue  
North Andover, MA 01845 978-682-2199

From: **Windy Acres Cooperative**  
Address: \_\_\_\_\_ **NH,03603**

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email(if applicable) : \_\_\_\_\_

**Reason for Request:** To process new member application for Lot # \_\_\_\_\_

**PLEASE PRINT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ (important: cannot pull credit report without SS#)

**For applicant to read and sign:**

"I authorize the **WINDY ACRES COOPERATIVE** to use my name and social security # to pull a credit check from **Credit Bureau Associates**. This will be used for the sole purpose of considering my application for membership to the Cooperative."

Signature of Applicant: \_\_\_\_\_

Please print name here: \_\_\_\_\_

**For the Cooperative to read and sign:**

**FAIR CREDIT REPORTING ACT:** Cooperative agrees that reports are furnished in compliance with the provisions of Public Law 91-508 AKA Fair Credit Reporting Act.

INFORMATION IS REQUESTED FOR THE PURPOSE OF EVALUATING CREDIT RISK FOR A NEW MEMBERSHIP APPLICATION TO THE COOPERATIVE, AND FOR NO OTHER REASON. INFORMATION IS FOR THE EXCLUSIVE USE THE COOPERATIVE AND IS TO BE HELD IN STRICT CONFIDENCE. THE COOPERATIVE AGREES TO DISPOSE OF CREDIT REPORT IN AN APPROPRIATE MANNER (I.E. - SHREDDING THE DOCUMENT) AFTER A MINIMUM OF ONE FULL YEAR.

Cooperative Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adopted 06/01/05

**Authorization to Obtain Credit Report**

**Please complete separate form for each applicant prior to interview.**

Date: \_\_\_\_\_

To: **CREDIT BUREAU ASSOCIATES**  
30 Massachusetts Avenue  
North Andover, MA 01845 978-682-2199

From: **Windy Acres Cooperative**  
Address: \_\_\_\_\_ **NH,03603**

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email(if applicable) : \_\_\_\_\_

**Reason for Request:** To process new member application for Lot # \_\_\_\_\_

**PLEASE PRINT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**Cooperative Contact Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Adopted 06/01/05

**Windy Acres Cooperative, Inc  
Criminal Background Criteria**

All persons listed on the application 18 years and older are required to complete a State of New Hampshire Criminal Record Release form.

Applicants who have not lived in New Hampshire for the previous five (5) years at time of application must submit to criminal record search from their previous state(s) of residence, through a Credit Reporting Agency.

**The following may be the basis for rejection:**

- A. A felony conviction on the Applicant's criminal record, with the applicant having come off of probation or parole within the previous five (5) years;
- B. Any sexual offense conviction on the Applicant's criminal record;
- C. A conviction that is classified as a hate crime on the Applicant's criminal record;
- D. The Applicant being required to register as a sex offender in any state;
- E. Two (2) or more convictions for crimes against persons within the previous eight (8) years;
- F. An extensive criminal history record, or a combination of criminal convictions which signify that the Applicant has a disregard of local, state and/or federal laws;
- G. Other criminal convictions that signify a threat to the health, safety, security, or right to peaceful, quiet enjoyment of the premises by other residents.

This Criminal Background Criteria was approved and adopted by the Board of

Directors on 2/10/10, 2010.

The foregoing is a true and accurate account, attested by,

  
Secretary



