

# Boston Towne Houses Cooperative, Inc.

## Verification of Prospective Member's Current/Former Residence

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address Applicant lived at \_\_\_\_\_

Month/Yr. Of Occupancy \_\_\_\_\_

Dear Sir/Madam:

The above captioned individual has filed an application with us for Cooperative living. We would appreciate verification of your experience with this party as your resident.

Time period of residence \_\_\_\_\_

Late in rental payments ( ) Yes ( ) No \_\_\_\_\_ times late

If yes, how many times late in the past 24 months.

Did the applicant keep any pets? ( ) Yes ( ) No

As to the cleanliness and care  
of the applicant's dwelling,  
describe the dwelling

( ) Excellent ( ) Good ( ) Fair ( ) Poor

Have other residents complained  
about this applicant's conduct      ( ) Yes      ( ) No

If yes, please provide a short explanation

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Signature

Date

\_\_\_\_\_  
Title:

\_\_\_\_\_

**Please mail this form directly to:**

**Boston Towne Houses Cooperative, Inc  
20427 Fifteen Mile Road  
Clinton Township, Michigan**

**\*\*This form may not be hand delivered by the applicant**