

*Application Fee \$125.00  
\$100.00 Refundable  
\$25.00 Non-refundable  
100% Applicable Towards Purchase*

*Application for Membership in  
Penn Center House, Inc.*



*PENN CENTER HOUSE, INC.  
1900 John F. Kennedy Blvd.  
Philadelphia, Pa. 19103  
Penncenterhouse.com  
215-563-5580*

Revised: 3/26/2018

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
\_\_\_\_\_ AGE \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ADDRESS FOR THE PAST FIVE YEARS \_\_\_\_\_  
(Use reverse side if necessary)

MARITAL STATUS \_\_\_\_\_

SIZE AND TYPE UNIT DESIRED

- 2 ROOMS (efficiency) limited to occupancy by one person
- 3 1/2 ROOMS (small one bedroom "Junior") limited to occupancy by two persons
- 4 ROOMS (large one bedroom) limited to occupancy by two persons
- 5 ROOMS (two bedroom) limited to occupancy by four persons
- COMBO (varies) limited to occupancy by four persons

DATE OF DESIRED OCCUPANCY \_\_\_\_\_

PRESENT RESIDENCE  OWN  LEASED

Name of Landlord \_\_\_\_\_

Date Occupancy Began \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

IF OWNED BY YOU – DATE ACQUIRED \_\_\_\_\_

PERSONAL REFERENCES

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone No. \_\_\_\_\_

## FINANCIAL INFORMATION

INCOME:

	Name	Name
Salary or Earnings	\$ _____	_____
Other Income – Interest	_____	_____
Pension	_____	_____
Social Security	_____	_____
Other	_____	_____
<b>TOTAL:</b>	_____	_____
Investments	_____	_____

**Please supply verification in the form of your most recent Federal Income Tax return. All financial information must show a minimum net worth of two times the purchase price of the unit.**

EMPLOYMENT:

*(List most recent first)*

Name & Address of Employer	Name of Superior	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF SELF EMPLOYED:

Company Name & Address	Kind of Business	How Long In Business
_____	_____	_____
_____	_____	_____

Check:    Owner    Partner    Officer of Cooperation

PERSONAL INFORMATION

UNIT OCCUPANTS OTHER THAN APPLICANT

NAME	AGE	RELATIONSHIP TO APPLICANT
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Do you agree that no bird, cat or any other animal shall be kept or harbored in the building unless the Cooperation has expressly given permission? If permission is granted, such bird or cat is not permitted in any common area unless caged. No Dogs Permitted. \_\_\_\_\_

Do you intend to bring any pets? If so, please list. \_\_\_\_\_

Have you or any other proposed occupant of the unit ever been convicted of a crime?

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If yes; when and for what offenses? \_\_\_\_\_

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What was disposition of the cases? (Answer on reverse side)

Give names of persons with whom you are acquainted who are currently residents of Penn Center House.

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Do you or any proposed occupant of your unit play a musical instrument, and what type?

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**MISCELLANEOUS:** (List any other information you feel may be helpful in having your application approved.) \_\_\_\_\_

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**Please acknowledge each of the items below by initialing in the space provided.**

- \_\_\_\_\_ 1. Penn Center House is a limited equity cooperative and as such determines the sales prices for all units.
- \_\_\_\_\_ 2. There is a one-time initial, non-refundable, investment associated with buying a unit at Penn Center House. This investment consists of a Capital Reserve & Reconstruction Fee and a Subscription Fee. These amounts are included in the purchase price and are not considered assessments. Furthermore, Penn Center House does not permit assessments of its Members.
- \_\_\_\_\_ 3. No portion of the above mentioned fees is ever refundable, regardless of the duration of the occupancy.
- \_\_\_\_\_ 4. Penn Center House is not a short term living solution. A resident typically needs to live here for 4 - 5 years to justify the initial investment when compared to an equivalent Center City rental unit.
- \_\_\_\_\_ 5. Unit occupancy at Penn Center House is limited to those individuals listed on the Membership Certificate and/or those occupants subsequently registered with Management. Subletting is strictly prohibited.
- \_\_\_\_\_ 6. Penn Center House does not allow mortgages nor any other borrowing which involves using a unit as collateral.
- \_\_\_\_\_ 7. Penn Center House is not a Care facility and will not supply "special Services" not granted to all Members.
- \_\_\_\_\_ 8. Penn Center House does NOT allow Members who execute their Occupancy Agreement after March 26, 2018, to smoke in their units or in any common areas. Smoking is allowed on the West end of the rooftop terrace. Members who executed their occupancy agreement prior to March 26, 2018 are exempt from the smoking ban and are permitted to smoke in their unit.
- \_\_\_\_\_ 9. Penn Center House has a strict "no Dogs" policy, service animals with proper documentation being excepted.
- \_\_\_\_\_ 10. I/We assure the Corporation , upon becoming a Member, that I/we will do or hire someone to do the cleaning, trash removal and any other chores necessary to maintain my/our apartment in good living condition, should I/we be unable to myself/ourselves.
- \_\_\_\_\_ 11. I/We assure the corporation that ten (10) days prior to closing I/we will obtain and maintain in full force and effect during the term of this agreement, as same may be extended or renewed from time to time, homeowner's insurance policy form HO-6 or condominium owner's policy, or similar coverage covering:  
(a) for a limit of liability not less than \$25,000.00, the additions, alterations, fixtures, equipment, improvements and installations which are within the unfinished interior surfaces of the perimeter walls, floor and ceiling of the dwelling unit, including but not limited to, air-conditioning units, washer-dryer, refrigerator, range, dishwasher, oven, shades and fold-away doors; and (b) for a limit of liability not less than \$300,000.00 per occurrence, the Member and members of his/her family residing in the dwelling unit against claims made or suits brought because of bodily injury or property damage. Such insurance policy shall be issued by a financially responsible company, acceptable to the corporation authorized to issue such policy, and licensed to do business in the Commonwealth of Pennsylvania. The Member shall deliver evidence of such insurance to the Corporation's designated agent within five (5) days following demand thereof by the corporation.

Penn Center House  
Application for Membership

I/We understand and agree to the conditions set forth herein. I/We certify that the statements herein contained are true and correct and that we acknowledge that the Board of Directors shall rely on the information I/we have provided as the basis to evaluate my/our application for membership I Penn Center House, Inc.

I/We agree, authorize and permit verification, by Penn Center House, of all information herein provided.

I/We understand that the Board of Directors reserves the right to approve or disapprove any application.

The receipt and evaluation of this application does not bind the Board of Directors to approve same.

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SIGNATURE

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DATE

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PRINT NAME

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SIGNATURE

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DATE

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PRINT NAME