Application Instructions:

Each person that would be on the lease must fill out the application and return to ocmamail@gmail.com along with the following documentation:

1. Bank statements showing current balance
2. Paystubs for the last three months
3. Previous year’s tax returns and W2
4. Employment verification letter
5. Three letters of reference

The Ossining Camp Meeting Association Board of Trustees will contact you regarding setting up an in-person interview. We ask that all persons over 18 that would live at Campwoods be present at the interview. No interview will be scheduled prior to receiving the required documentation.

You will be notified in writing upon acceptance or denial of your application. The Board reserves the right to take up to 30 days after an interview to make a decision on an application.

A background check will be run for each occupant over 18. A credit check will be run for each person proposed to be on the lease. A fee of $45 is required for each background check and is due with the application.

|  |  |  |  |
| --- | --- | --- | --- |
|   |  |  |  |
| Applicant Name |  |  |  |
| Email address |  | Home phone | Cell Phone |
| All other occupants  |  |  | Relationship to applicant |
|  |  |  |  |
|  |  |  |  |
| **Current residence**Address  |   | City  | State  |  Zip  |
| Own/Rent  |  Monthly rent/mortgage  | Dates of residency (From/To)  |  Reason for moving  |
| Owner/Manager’s name  |   | Phone number |  |
| **Previous residence**Address  |   | City State  |  ZIP  |
| Own or rent  |  Monthly rent/mortgage  | Dates of residency (From/To)  |  Reason for moving  |
| Owner/Manager’s name  |   | Phone number |  |
| Employment history**Current employer**   |   | Occupation |  |
| Employer address  |   | Employer’s phone  | Dates of employment  |
| Name of supervisor  |   | Monthly pay |  |
| **Previous employer**  |   | Occupation |  |
| Employer address  |   | Employer’s phone  | Dates of employment  |
| Name of supervisor  |   | Monthly pay  |  |
| Credit history  | Bank/Institution  |  Balance on deposit or Balance owed  |
| Checking account  |  |  |
| Savings account  |  |  |
| Credit card  |  |  |

Auto loan/ Additional debt:

# References

Name Phone Number Relationship

# General information Yes No

Have you ever been late or delinquent on rent or mortgage

Have you ever been evicted?

Have you ever filed for bankruptcy?

Have you ever been party to a lawsuit?

Have you ever been convicted of a felony?

If yes to any of the above, please explain why.

Do you have any pets?

If yes, list number and type.

 type.

Yes

No

Is there anything negative in your credit or background check you want to comment on?

Vehicle(s) make / model/ and license plate:

 Member of any clubs or civic organizations:

How did you learn about Campwoods Grounds?

**OCMA Applicant Certification**

1. I hereby acknowledge receipt of the By-Laws and Rules and Regulations of the Ossining Camp Meeting Association (“OCMA”).
2. I hereby authorize OCMA and/or its agents to obtain a credit and/or background report for use in evaluating my application.
3. I acknowledge and agree that pursuant to the By-Laws my application is subject to receipt of the written approval of the OCMA Board of Trustees (the “Board”). I acknowledge and agree that no rights accrue to me due to submission of an application and agree to release and hold harmless OCMA and its agents, including without limitation the Board, from and against any and all loss or expense arising out of or in connection with my application.

Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cottage # \_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resident Over 18:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cottage # \_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E:mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_