

**REQUEST FOR INCLUSION ON ACTIVE LIST FORM (RFAL FORM)**

MEMBER'S NAME: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

MEMBERSHIP NUMBER (listed on your statements): \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (home) \_\_\_\_\_ (work) \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: (home) \_\_\_\_\_ (work) \_\_\_\_\_

TYPE OF INVESTMENT ( circle one ): NEW REFINANCING MORTGAGE REMODELING OTHER

Maximum INVESTMENT REQUESTED FROM Ameen Housing Co-op : US\$ \_\_\_\_\_ **This amount will determine your Down-Payment.**

Anticipated DATE FOR AHC INVESTMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ Estimated DURATION: \_\_\_\_\_ YEARS (optional)

**If NEW LOAN:**

YOUR Estimated INVESTMENT IN HOME: US\$ \_\_\_\_\_

Estimated PRICE RANGE FOR HOME, BETWEEN US\$ \_\_\_\_\_ & US\$ \_\_\_\_\_

Desired LOCATION OF HOME (COUNTIES) \* : \_\_\_\_\_

YOUR CURRENT MONTHLY RENT/LEASE PAYMENTS: US\$ \_\_\_\_\_

**If REFINANCING MORTGAGE or REMODELING:** (These processes are slightly different from regular funding process.)

LOCATION OF YOUR HOME \*: \_\_\_\_\_ YOUR CURRENT EQUITY IN HOME: US\$ \_\_\_\_\_

CURRENT LENDER(S) (optional) : \_\_\_\_\_ TOTAL AMOUNT CURRENTLY OWED ON HOME US\$ \_\_\_\_\_

YOUR CURRENT MONTHLY MORTGAGE PAYMENTS: US\$ \_\_\_\_\_

YOUR HOME'S VALUE \*\*: US\$ \_\_\_\_\_ DATE OF OLD APPRAISAL \*\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please acknowledge the following statements by signing below:**

1. The maximum AHC Investment Portion specified by the **Regulations** of the Co-operative is currently **US\$300,00.00.**
2. As per the **Regulations** of the Co-operative: "Members are **NOT** allowed to rent, lease or sublet all or part of the housing unit."
3. \* AHC currently funds properties in **Northern California ONLY**. For more information, review AHC's By-Laws and the Regulations.
4. For refinancing and remodelling investments from AHC, proof of your "Demonstrable Equity" in your home should be mailed with this form.
5. \*\* AHC will be scheduling an appraisal of your home **prior** to approving funds.
6. The completion and submission of this form should **NOT** be construed as a guarantee of approval for an AHC Investment.
7. This form (RFAL FORM) completed and duly signed is **REQUIRED** by the Ameen Board **BEFORE** your request is reviewed. At this time electronic versions of the RFAL FORM are **NOT** accepted. The completed and signed form should be mailed to the following address:

**ATTN: Member Services/ RFAL  
Ameen Housing Coop  
800 San Antonio Road,  
Suite 1,  
Palo Alto, CA 94303-4616**

**I/WE HAVE READ THE REGULATIONS & BY-LAWS OF AHC, I/WE UNDERSTAND THEM AND AGREE TO FULLY ABIDE BY THEM.**

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ Signature(s) of Member Date \_\_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of Spouse Date

----- **AHC use below this line** -----

Date Received by Ameen: \_\_\_\_\_ Date Reviewed at Ameen Board Mtg.: \_\_\_\_\_ Date Approved / Denied: \_\_\_\_\_

Special Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Member Notified of Board decision by Status Letter: \_\_\_\_\_ Active List "Keepers" Signature and date: \_\_\_\_\_