

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: _____