## **Cooperative Membership Exhibit Section 213**

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

Fewer than ten respondents annually.

**Privacy Act Notice:** The information requested on this form is to be used by the Department of Housing and Urban Development to list the prospective cooperative members and to indicate the identification number of the property, number of rooms, unit cost, down-payment, and monthly unit payment for each prospective member. It will not be disclosed outside the Department except as required and permitted by law. You do not have to give us this information, but, if you do not, the cooperative and its members may be denied benefits under this program. The Department is authorized to collect this information by Section 213(a) and 213(a)(3) of the National Housing Act (NHA), 12, U.S.C., 1701 et seq.

**Note:** No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by law and regulations (24 CFR 200.143).

Name and Address of Mortgagee	Project Number (to be inserted by HUD)				
Name and Address of Mortgagor					

Name and Address of Mortgagor

Co	Cooperative Statement						F	or HUD U	se Only	
Name and Address of Member	Identity* No. of Properties	Number of Rooms	Unit Cost	Down Payment	Monthly Unit Payment	Available Assets	Gross Monthly Effective Income	Net Monthly Effective Income	Expense	Remark
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	

Сооре	erative Sta	tement				For HUD Use Only					
Name and Address of Member (1)	Identity* No. of Properties (2)	Number of Rooms (3)	Unit Cost (4)	Down Payment (5)	Monthly Unit Payment ** (6)	Available Assets (7)	Gross Monthly Effective Income (8)	Net Monthly Effective Income (9)	Monthly Housing Expense (10)	Remarks	
	(2)	(0)	(+)	(0)	(0)	(,,	(0)	(0)	(10)		
Certification, (name of certifying officer)					ı	(official	title)	ı			
the undersigned, do hereby certify that:	(a) the fo	regoing	information c	ontained	in 2 page					bmitted to the	
Federal Housing Commissioner as a rec											
Housing Commissioner to insure the n											
undersigned; (c) said information is com			rrect to the be	st of my k	nowledg	e and bel	ief; and (	d) I am dı	ıly authori	zed to execute	
this certification on behalf of the propo			.11 oo ! C		mov:!d: 1'	n +le - · ·		ant 1	odelo de es	and a server to	
I hereby certify that all the information s			-	_			_				
Warning: HUD will prosecute false claims and so Date (mm/dd/yyyy)   Signature of Propose			ni inay resultin (	anninai and	By (Offici		o U.S.U. 10	<i>ι</i> υτ, τυτυ, ΄	1012; 31U.	<i>ა.</i> ∪. <i>ა12</i> 9,3802)	
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* This column is for use in connection with only. Insert the same identity number and	Sales Typ	e Cooper	atives	Attach	credit rer	ort and si	gned pers	sonal finar	ncial statem	nent (Universal	
order as indicated on the Schedule of Pro	perties, fo	rm HUD-9	2461.	Reside	ential Loar gement Ty	n Applicati	on form fo	r Sales Ty	pe; form HI	JD-93232-A for	
** Monthly Unit Payment taken from Sched	ule C of fo	rm HUD-9	3201.	wanag	jement ry	pe) orea	membe	i listea.			