

ADDITIONAL OCCUPANT ADMISSIONS

Interviewer sign off sheet

Shareholder(s) Name(s): _____

Address: _____

Email: _____ Phone #: _____

Proof of Shareholders residency:

- | | | | |
|---|-----|----|----|
| 1. Utility bills (PSE&G, Cable or Phone) addressed to the apartment | Yes | or | No |
| 2. Photo ID addressed to the apartment | Yes | or | No |

A'ddl Occupant

Name: _____

Photo I.D.: _____

Relationship to Shareholder: _____

Additional Occupant must adhere to the co-op rules including but limited to:

- Deliveries must be scheduled with the office
- Pet Regulations / Restrictions
- No Subletting
- No Parking on premise

Reason for occupancy: _____

Shareholder(s) signature

Date

A'ddl Occupant (s) signature

Date

Interview by signature

Date