



AMEEN HOUSING CO-OPERATIVE OF CALIFORNIA, INC.

2060 Walsh Avenue, Suite 101, Santa Clara CA 95050
Phone: 408-986-9786 Fax: 408-986-9787 Website: www.ameenhousing.com

REQUEST FOR INCLUSION ON ACTIVE LIST FORM (RFAL FORM) REQUEST FOR RE-ACTIVATE ON / HOLD ON / REMOVE FROM ACTIVE LIST (RHAL FORM)

*Without Membership Number this form is not accepted
*Any change in AHC records please update ASAP using the Membership application
*Member balance MUST be \$50,000.00 or 10% of the total investment, whichever is less to be ELIGIBLE for inclusion on the ACTIVE LIST
*For Refinancing 15% equity and 5 % cash is required to be added in Active list

I WOULD LIKE MY NAME TO BE (Check ONE):

BUY NEW HOME REFINANCE RE-ACTIVE ON HOLD REMOVED

PLEASE TYPE OR PRINT:

NAME: _____ MALE: FEMALE:
(First) (Middle) (Last)

MEMBERSHIP NUMBER: _____

Maximum Investment required From Ameen Housing Co-op: US\$: _____

Anticipated Date for Ameen Housing Investment: _____ Estimated Duration: _____

IF PURCHASING NEW HOME

Your Estimated Investment in Home: **Minimum 20% Required:** US \$ _____ (Maximum equity can be any amount)

Estimated Price Range: US \$ _____ US \$ _____

Desired Location of Home (**ONLY CALIFORNIA Counties**): _____

IF REFINANCING AN EXISTING HOME IN CALIFORNIA:

Location of your Home: _____ Date of Purchase and Price: _____

Your Equity in Home: US \$: _____ Total Amount Currently Owed US \$: _____

Current Monthly Mortgage Payment: US \$: _____

Estimated Value of Your Home: US \$: _____ Date of Last Appraisal: _____

Please acknowledge the following statements by signing below:

1. Always Read Current Regulations, Bylaws and FAQ's
2. As per AHC Regulations Maximum Ameen Housing Co-op (AHC) is **US\$950,000.00**
3. **For New Home Purchase** You **MUST** have minimum of **\$50,000** or **10% of the total Investment**, whichever is less, in your account to qualify for inclusion in Active List (AL)
4. **For Refinancing** you must have **15% Equity and 5%** cash (of the loan amount invested in AHC) to be added in Active list
5. **In case of Refinancing**, AHC will order an appraisal of the property to determine your equity in the Home.
6. As per the **Regulations**, members are **NOT** allowed to **rent** or sublet part or all of the Housing Unit.
7. AHC currently funds properties in **CALIFORNIA** only.
8. **The Minimum Time Period for HOLD is 45 days.** You will NOT be eligible to REACTIVATE on **AL until 45 days** have passed from the date AHC received your HOLD request.
9. The completion and submission of this form does **NOT** guarantee approval of AHC Investment.
10. Email the forms to support@ameenhousing.com. Mail the forms to the address given on the website, www.ameenhousing.com.

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

MEMBER Signature _____ Date _____ SPOUSE Signature _____ Date _____

..... AHC Office below this line

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

Special Notes: _____

Date Member Notified of Board decision AL #: _____ Active List "Keepers" Signature and date: _____