

Hilal Housing Co-Operative

1811 Catherine St., Santa Clara, CA 95050
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Custodial Account (Under 18 – Non-voting)

Custodial (Minor) Information (Please TYPE or PRINT) *denotes optional fields.

Name: _____
First Name Middle Name Last Name

Male ___ Female Date of Birth (MM/DD/YYYY): _____ Social Security No.: _____

Address (No PO Box): _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Custodian Information (Please TYPE or PRINT) *denotes optional fields.

Name: _____ Membership No: _____
First Name Middle Name Last Name

Primary Phone: _____ Secondary Phone *: _____

Email: _____ Relationship: _____

Payment Enclosed (Deposit will only be accepted from member and beneficiary on HHC record).

Membership Fee: \$ 0.00 Investment: \$ _____ Total Enclosed: \$ _____
Non-Refundable \$2,000.00 Minimum \$2,000.00 Minimum

I have read and acknowledge the terms and conditions as described in HHC Governing documents.

Member Signature: _____ Date: _____

----- For Office Use Only - Do not write below this line -----

Date Received: _____ Received By: _____ Account No.: _____