



HIGHLANDS  
COOPERATIVE ASSOCIATION

## APPLICATION INSTRUCTIONS

1. Print entire application packet. All pages must be filled out and returned to the Highlands Office with a \$45.00 check or money order.
2. You must fill out both the Criminal History Verification and the Verification Checklist for everyone over 18 who will reside in the townhome.
3. Landlord Verification is required if you are currently renting or recently rented.
4. We will require a copy of the previous year's Federal Income Tax Form (1040) to verify income for all occupants over 18. If you file a Schedule C, a copy of that must be provided also. If you did not file income tax for the previous year, please check with the office for other acceptable proof of income.
5. You will be required to provide proof of Social Security Numbers for all persons who will reside in the townhome. You can either verify the Social Security Numbers by:
  - 1) providing the actual Social Security Cards
  - 2) the person(s) are listed on the Federal Income Tax 1040 form with their Social Security Numbers

**Thank you for your interest in making  
Highlands Cooperative Association your home!**



<b>PERSONAL (Please Print)</b>					
Applicant Last Name		First Name		Address	
Contact Number		Email		Date of Birth	Social Security Number
Driver's License #		Vehicle Make / Model		Color/Year	
<b>APPLICANT: BACKGROUND INFORMATION FOR PERSONS OVER 18 YEARS OLD</b>					
Ever been convicted of a crime?		<input type="checkbox"/> NO <input type="checkbox"/> YES		If yes: describe offense:	
Are there any Felony charges against you?		<input type="checkbox"/> NO <input type="checkbox"/> YES		Other states you have resided:	
Any member of your household subject to a lifetime state sex offender registration program in any state?				<input type="checkbox"/> YES	<input type="checkbox"/> No
Co-Applicant Last Name		First Name		Address	
Contact Number		Email		Date of Birth	Social Security Number
Driver's License #		Vehicle Make / Model		Color/Year	
<b>CO-APPLICANT: BACKGROUND INFORMATION FOR PERSONS OVER 18 YEARS OLD</b>					
Ever been convicted of a crime?		<input type="checkbox"/> NO <input type="checkbox"/> YES		If yes: describe offense:	
Are there any Felony charges against you?		<input type="checkbox"/> NO <input type="checkbox"/> YES		Other states you have resided:	
Any member of your household subject to a lifetime state sex offender registration program in any state?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Occupant 1: Name		Birthdate	Relationship	Social Security #	Phone # If Applicable
Is Address The Same As Applicant? <input type="checkbox"/> Yes or <input type="checkbox"/> No If No Enter Address					
Address:					
<b>OCCUPANT 1: BACKGROUND INFORMATION FOR PERSONS OVER 18 YEARS OLD</b>					
Ever been convicted of a crime?		<input type="checkbox"/> NO <input type="checkbox"/> YES		If yes: describe offense:	
Are there any Felony charges against you?		<input type="checkbox"/> NO <input type="checkbox"/> YES		Other states you have resided:	
Any member of your household subject to a lifetime state sex offender registration program in any state?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Occupant 2: Name		Birthdate	Relationship	Social Security #	Phone # If Applicable
Is Address The Same As Applicant? <input type="checkbox"/> Yes or <input type="checkbox"/> No If No Enter Address					
Address:					
<b>OCCUPANT 2: BACKGROUND INFORMATION FOR PERSONS OVER 18 YEARS OLD</b>					
Ever been convicted of a crime?		<input type="checkbox"/> NO <input type="checkbox"/> YES		If yes: describe offense:	
Are there any Felony charges against you?		<input type="checkbox"/> NO <input type="checkbox"/> YES		Other states you have resided:	
Any member of your household subject to a lifetime state sex offender registration program in any state?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Occupant 3: Name		Birthdate	Relationship	Social Security #	Phone # If Applicable
Is Address The Same As Applicant? <input type="checkbox"/> Yes or <input type="checkbox"/> No If No Enter Address					
Address:					



# APPLICATION

## **OCCUPANT 3: BACKGROUND INFORMATION FOR PERSONS OVER 18 YEARS OLD**

Ever been convicted of a crime?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes: describe offense:	
Are there any Felony charges against you?	<input type="checkbox"/> NO <input type="checkbox"/> YES	Other states you have resided:	
Any member of your household subject to a lifetime state sex offender registration program in any state?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Occupant 4: Name	Birthdate	Relationship	Social Security # Phone # If Applicable
Is Address The Same As Applicant? <input type="checkbox"/> Yes or <input type="checkbox"/> No If No Enter Address			
Address:			

## **OCCUPANT 4: BACKGROUND INFORMATION FOR PERSONS OVER 18 YEARS OLD**

Ever been convicted of a crime?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes: describe offense:	
Are there any Felony charges against you?	<input type="checkbox"/> NO <input type="checkbox"/> YES	Other states you have resided:	
Any member of your household subject to a lifetime state sex offender registration program in any state?			<input type="checkbox"/> YES <input type="checkbox"/> NO

## **INCOME (If more than 3 sources of income, attach additional sheets)**

	Place of Employment	Phone Number	Address	Occupation	Employment Dates FROM/TO	Monthly Income
1st Source						
2nd Source						
3rd Source						

## **RESIDENCE HISTORY**

	Management or Mortgage Company	Phone Number	Address	Dates of Residency From/To	Rental Amount	Reason for Leaving
Present Landlord						
Applicant Landlord						

In Case of Emergency	Telephone	Relationship:	Email:
NAME:			

Does your household require any accessible features?  YES  NO Describe:

Does your household have any reasonable accommodation requests?  YES  NO Describe:

How Did you hear about Our Community?	Any Pets? If so, please specify: (type, breed, weight, age):
<input type="checkbox"/> Newspaper <input type="checkbox"/> Apartment Guides <input type="checkbox"/> Referred By _____ <input type="checkbox"/> Internet <input type="checkbox"/> Drive By <input type="checkbox"/> Other _____	

Applicant has submitted the sum of \$ \_\_\_\_\_ which is a nonrefundable payment for a credit check and/or criminal conviction check.  
 \_\_\_\_\_ (Applicant Initials)



## APPLICATION

I hereby deposit \$ -0- with Management as a good faith deposit in connection with the application. If application is approved and tenancy is taken, this deposit shall apply to initial move-in costs in accordance with the terms of the lease/occupancy agreement. I understand I may cancel this application by written notice within 72 hours and receive a full refund of this good faith deposit. If application is denied, Management will refund the good faith deposit in full. I understand that it may take up to 30 days for me to receive a refund if I cancel within 72 hours or if my application is denied. I hereby agree to the above terms and conditions. \_\_\_\_\_ (Applicant Initials)

What size apartment home or townhome are you interested in? \_\_\_\_\_

Date you would like to move in? \_\_\_\_\_

**Agreement & Authorization Signature/s**

By signing this application, the undersigned hereby authorizes Highlands Cooperative to investigate and confirm the information stated by the person signing the form. The undersigned understands and agrees that said investigation may include, but is not limited to, obtaining a standard credit report and criminal background investigation. To the best of my knowledge, the above information is true and accurate:

Applicant Signature _____	Date _____
Co-Applicant Signature _____	Date _____
Occupant 1 Signature (If over 18) _____	Date _____
Occupant 2 Signature (If over 18) _____	Date _____
Occupant 3 Signature (If over 18) _____	Date _____
Occupant 4 Signature (If over 18) _____	Date _____
Management Agent Signature _____	Date _____

Application Updates For Office Use Only:		MONIES DELIVERED W/ THIS APPLICATION	
<u>Date:</u>	<u>New Information:</u>	Deposit	\$ _____
		Credit Check Fee	\$ _____
		Pet Fee / Deposit	\$ _____

**We are an equal housing opportunity provider. We provide housing without discrimination on the basis of race, color, religion, sex, physical or mental handicap, familial status, national origin, or other protected classes.**

**Obligations of Receiving Party:** Receiving Party shall hold and maintain the Confidential Information in strictest confidence for the sole and exclusive benefit of the Disclosing Party. Receiving Party shall carefully restrict access to Confidential Information to employees, contractors, and third parties as is reasonably required and shall require those persons to sign nondisclosure restrictions at least as protective as those in the Agreement. Receiving Party shall not, without prior written approval of Disclosing Party, use for Receiving Party's own benefit, publish, copy, or otherwise disclose to others, or permit the use by others for their benefit or to the detriment of Disclosing Party, and Confidential Information. Receiving Party shall return to Disclosing Party any and all records, notes, and other written, printed or tangible materials in its possession pertaining to Confidential Information immediately if Disclosing Party requests it in writing.



## HOUSEHOLD COMPOSITION CERTIFICATION

Applicant's Name	Address
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**PLEASE LIST YOURSELF, ALL DEPENDENTS AND PERSONS LIVING WITH YOU.**

NAME: LAST FIRST MI	RELATION- SHIP	BIRTH DATE	PLACE OF BIRTH CITY, STATE	SOCIAL SECURITY #	OCCUPATION	ANNUAL INCOME

I/We certify that the information given above is an accurate account of our household composition and is our total household income for the next twelve months. I/We understand that false information will place me/us in violation of the terms of our Lease and/or Occupancy Agreement and render me/us liable for prosecution.

Home Phone:	Work Phone:	Emergency contact:	Phone number:
Applicant's Signature:	Date:	Co-applicant's Signature:	Date:

**To be signed at time of move-in:**

I/We certify that the information given above is still an accurate account of our household composition and total household income for the next twelve months. I/We understand that false information will place me/us in violation of the terms of the Occupancy Agreement and render I/we liable for prosecution.

Member's Signature	Date	Member's Signature	Date
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**CRIMINAL HISTORY VERIFICATION**

**PLEASE PRINT LEGIBLY AND COMPLETE ENTIRE FORM**

(Co-applicants/occupants 18 years of age or old must complete a separate form)

Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Address \_\_\_\_\_  
(Street, Apartment Number) (City, State, and Zip Code)

Employer's Name and Telephone Number \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, when, where, and nature of offense? \_\_\_\_\_

Are there any felony charges or warrants pending against you? \_\_\_\_\_

Have you ever:

Been evicted from tenancy? \_\_\_\_\_ Willfully or intentionally refused to pay rent when due? \_\_\_\_\_

**Please list residential history, starting with the most recent:**

(1) Landlord \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City, State, and Zip Code)

Reason for leaving \_\_\_\_\_

(2) Landlord \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City, State, and Zip Code)

Reason for leaving \_\_\_\_\_

**BY SIGNING THIS APPLICATION, THE UNDERSIGNED HEREBY AUTHORIZES HIGHLANDS COOPERATIVE ASSOCIATION TO INVESTIGATE AND CONFIRM THE INFORMATION STATED BY APPLICANT/OCCUPANT IN THIS APPLICATION.**

**APPLICANT/OCCUPANT UNDERSTANDS AND AGREES THAT SAID INVESTIGATION MAY INCLUDE, BUT IS NOT LIMITED TO, OBTAINING A STANDARD CREDIT LISTING OR REPORT, PERSONAL INTERVIEWS WITH APPLICANT'S/OCCUPANT'S REFERENCES OR OTHERS REGARDING APPLICANT'S/OCCUPANT'S CHARACTER, GENERAL REPUTATION AND LIFE STYLE, CRIMINAL HISTORY, AND EMPLOYMENT HISTORY.**

**APPLICANT/OCCUPANT FURTHER AGREES THAT HIGHLANDS COOPERATIVE ASSOCIATION MAY CONTACT APPLICANT'S/OCCUPANT'S PREVIOUS OR PRESENT LANDLORD(S) REGARDING PAYMENT HISTORY, CHARACTER AND LIFESTYLE.**

To the best of my knowledge the above information is true and correct.

\_\_\_\_\_  
Applicant's/Occupant's Signature

\_\_\_\_\_  
Date

## VERIFICATION CHECKLIST

COMPLETE A SEPARATE FORM FOR EACH HOUSEHOLD MEMBER WHO IS 18 OR OLDER.  
I RECEIVE OR EXPECT TO RECEIVE INCOME FROM THE FOLLOWING SOURCES:

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I file Federal Income Taxes   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a job and receive money/wages, tips or bonuses. How many jobs? _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am self employed.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Public Assistance ( <b><u>Except Food Stamps and Medicare</u></b> ).  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Social Security.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Supplemental Security Income (SSI).   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive quarterly payments from Family Independence Agency for the State-paid portion of a SSI grant.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive unearned income from family members age 17 or under (Example: Social Security).   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive disability or death benefits other than Social Security.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive unemployment benefits.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive periodic payment from Workers' Compensation.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive Veteran's Administration benefits.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive military active duty allotments.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive cash contributions or gifts including rent or utility payments on an ongoing basis from persons not living with me.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive child support or alimony. If yes, additional documentation is required (i.e. State Income Tax Return, statement from Friend of the Court, Court Order, Etc.). |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive adoption assistance payments.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive payments from retirement funds or pensions.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I receive monthly income from rental of real estate, land contract or personal property.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am a member of an Indian Tribe receiving gaming payments.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have income from sources other than those listed above (list types below).  |

**OTHER:**

- I have provided proof of Social Security Numbers for all household members 18 years of age and older.

I certify to the best of my knowledge that all statements are true, and I understand that providing false information will result in denial or termination of benefits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*NOTE\*\*\*\*\*

**YOU MUST PROVIDE PROOF OF YOUR INCOME. SEE INCOME REVIEW PAGE FOR INFORMATION ON WHAT DOCUMENT(S) NEEDS TO BE PROVIDED TO THE OFFICE.**

# LANDLORD VERIFICATION

Landlord \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

RETURN TO:

Highlands Cooperative Association  
6294 Haag Road  
Lansing, MI 48911

Telephone: (517) 882-0796

Fax: (517) 882-3799

I, _____ hereby authorize the release of any rental information		
Signature _____	Social Security No. _____	Date _____
Address _____		

The above listed person(s) has applied for residency. As indicated by the signature above, consent has been given for the release of information to our office. We would greatly appreciate your cooperation in completing the applicable areas below and returning to our office.

1. How long has/did the above tenant(s) reside at this address? \_\_\_\_\_
2. What is/was the monthly rent? \_\_\_\_\_
3. Has the tenant(s) ever been behind in the payment of monthly rent? \_\_\_\_\_  
If yes, how many times? \_\_\_\_\_ Was legal action taken? \_\_\_\_\_
4. Does the tenant(s) get along with other tenants or neighbors in the area? \_\_\_\_\_
5. Is/was the tenant(s) destructive to the apartment or surrounding public area? \_\_\_\_\_
6. Does the tenant(s) maintain desirable living conditions? \_\_\_\_\_
7. The tenant(s)' overall conduct while residing on my property would be best described as:  
\_\_\_\_\_ Excellent      \_\_\_\_\_ Good      \_\_\_\_\_ Fair      \_\_\_\_\_ Poor
8. If this tenant(s) moved & reapplied for housing in the future, would you rent to him/her again? \_\_\_\_\_
9. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
Title \_\_\_\_\_

Phone \_\_\_\_\_  
Date \_\_\_\_\_



AGENCY DISCLOSURE STATEMENT

DISCLOSURE REGARDING AGENCY RELATIONSHIPS

Before you disclose confidential information to a real estate licensee regarding a real estate transaction, you should understand what type of agency relationship you have with that licensee.

Michigan law requires real estate licensees who are acting as agents of sellers (lessors/owners) or buyers (tenant/lessee) of real property to advise the potential seller (lessors/owners) or buyers (tenant/lessee) with whom they work of the nature of their agency relationship.

LESSOR'S/OWNER'S AGENT

A lessor's/owner's agent acts solely on behalf of the lessor/owner of the property. An owner can authorize a lessor's/owner's agent to work with subagents, tenant or lessee agents and/or transaction coordinators. A subagent is one who has agreed to work with the lessor's/owner's agent, and who, like the lessor's/owner's agent, acts solely on behalf of the lessor/owner. Lessor's/owner's agents and subagents will disclose to the lessor/owner all known information about the tenant/lessee which may be used to the benefit of the lessor/owner.

TENANT'S/LESSEE'S AGENTS

A tenant's/lessee's agent, under an agency agreement with the tenant/lessee, acts solely on behalf of the tenant/lessee. Tenant's/lessee's agents and subagents will disclose to the tenant/lessee known information about the lessor/owner which may be used to benefit the tenant/lessee.

DUAL AGENTS

A real estate licensee can be the agent of both the lessor/owner and the tenant/lessee in a transaction, but only with the knowledge and informed consent, in writing, of both the lessor/owner and the tenant/lessee.

In such a dual agency situation, the licensee will not be able to disclose all known information to either the lessor/owner or the tenant/lessee.

In obligations of a dual agent are subject to any specific provisions set forth in any agreement between the dual agent, the lessor/owner and the tenant/lessee.

LICENSEE DISCLOSURE

I hereby disclose that the agency status I/we have with the lessor/owner and/or the tenant/lessee is:

- Lessor/owner's Agent
 Tenant/lessee's Agent
 Dual Agent
 None of the above

Further, this form was provided to them before disclosure of any confidential information.

Licensee

Date

Licensee

Date

By signing below, the parties confirm that they have received and read the information in this agency disclosure statement and that this form was provided before the disclosure of any confidential information specific to the potential owner/lessor or tenant/lessee.

X Incoming Resident

X Date

X Incoming Resident

X Date