



HIGHLANDS
COOPERATIVE ASSOCIATION

Thank you for your interest in making Highlands Cooperative your new home.

Please note that when you submit your application you must include the following:

1. All information sheets filled out and signed.
2. A check list for everyone over 18 who will be residing in the townhome.
3. A copy of the 2019 Federal Income Tax Form for everyone who will reside in the town home and is employed. If you did not file a tax form, other paperwork must be submitted to verify employment and amount of income.
4. A check or money order in the amount of \$45.00 and made payable to
Highlands Cooperative.
5. When completed, return the application packet to Highlands Office
and
leave it in the drop box outside the front door.

If you have questions regarding any of the enclosed information, please contact the office at 882-0796.

Size townhome desired:

Desired Move-in Date:

(Please Print)	APPLICANT	CO-APPLICANT
First Name		
Middle Name		
Last Name		
Street Address		
City, State, Zip Code		
Contact Number		
Email		
Date of Birth		
Social Security #		
Photo ID #		
Vehicle Make/Model		

APPLICANT: Background Information for persons over 18 years old

Ever been convicted of a crime? NO YES If yes: describe offense

Other states you have resided:

Any member of your household subject to a lifetime state offender registration program in any state NO YES

CO-APPLICANT: Background Information for persons over 18 years old

Ever been convicted of a crime? NO YES If yes: describe offense

Other states you have resided:

Any member of your household subject to a lifetime state offender registration program in any state NO YES

FULL NAME of ADDITIONAL OCCUPANT #1	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED BELOW				
Ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:				
Other states you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state <input type="checkbox"/> NO <input type="checkbox"/> YES				

FULL NAME of ADDITIONAL OCCUPANT #2	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED BELOW				
Ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:				
Other states you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state <input type="checkbox"/> NO <input type="checkbox"/> YES				

FULL NAME of ADDITIONAL OCCUPANT #3	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED BELOW				
Ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:				
Other states you have resided:				



Any member of your household subject to a lifetime state offender registration program in any state	<input type="checkbox"/> NO <input type="checkbox"/> YES
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FULL NAME of ADDITIONAL OCCUPANT #4	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				
Ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:				
Other states you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state				<input type="checkbox"/> NO <input type="checkbox"/> YES

FULL NAME of ADDITIONAL OCCUPANT #5	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				
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 offender registration program in any state				<input type="checkbox"/> NO <input type="checkbox"/> YES

FULL NAME of ADDITIONAL OCCUPANT #6	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				
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 offender registration program in any state				<input type="checkbox"/> NO <input type="checkbox"/> YES

FULL NAME of ADDITIONAL OCCUPANT #7	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				
Ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:				
Other states you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state				<input type="checkbox"/> NO <input type="checkbox"/> YES

*If more than 7 additional household members, attach additional sheet.

	Name of Member/Occupant	Source of Income	Phone number	Occupation	Monthly Income
1 st Source					
2 nd Source					
3 rd Source					
4 th Source					
5 th Source					
6 th Source					
7 th Source					



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*If more source of income, attach additional sheet

RESIDENCE HISTORY						
	Management or Mortgage Co.	Phone Number	Address	Date of Residency From/To	Rental amount	Reason for Leaving
Present Landlord						
Previous Landlord						

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

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

PETS NO YES If so, please specify: (type, breed, weight, age)

EMERGENCY CONTACT			
Name	Telephone	Relationship	Email

Applicant has submitted the sum of \$ 45.00 which is a nonrefundable payment for a credit check and/or criminal conviction check.

 (Applicant Initials)

How did you hear about our Community?

Newspaper Apartment Guide Referred by : _____

Internet Drive by Other: _____

Obligation of Receiving Party: Receiving Party shall hold and maintain the Confidential Information in this application in the 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 any 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 if Disclosing Party requests, it in writing.



AGREEMENT & AUTHORIZATION SIGNATURE/S

By signing this application, the undersigned hereby authorizes Highlands Cooperative to investigate and confirm the information stated by the person/s signing this form. The undersigned understands and agrees that said investigation may include but not be 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
_____	_____
Occupant #5 Signature (If over 18)	Date
_____	_____
Occupant #6 Signature (If over 18)	Date
_____	_____
Occupant #7 Signature (If over 18)	Date
_____	_____
Management Signature.....	Date

We are an equal housing opportunity provider. We provide housing without discrimination in accordance with any/all local, state, and federal civil rights and fair housing legislation.

FOR OFFICE USE ONLY

APPLICATION UPDATES		MONIES DELIVERED W/ THIS APPLICATION	
DATE	NEW INFORMATION	Deposit	\$
		Application fee	\$
		Pet Fee/Deposit	\$
		Other	\$



HOUSEHOLD COMPOSITION CERTIFICATION

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

NAME: LAST	FIRST	M.I.	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:	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

As part of reviewing your income, the total gross income of all Applicant(s) and Occupant(s) in your household will be reviewed. Please note the following items:

1. The information on the Household Composition Certification form must be verified by you (the head of household) and must include all persons residing your home. Failure to report all occupants could result in the termination of your membership.
2. Each person eighteen (18) years of age and older:
 - Fill out a Verification Checklist (any additional checklists needed can be obtained from the Office).
 - Verify all incomes by supplying a copy of each persons most recent Federal Income Tax Return "THE DEADLINE DATE WILL NOT BE EXTENDED IF YOU FILE AN EXTENSION WITH THE IRS"
3. If you or your occupants do not file a Federal Tax Return or have an income that does not appear on a Federal Tax Return, you must provide documentation of that income. For example:
 - Social Security: The Year End Form SSA-1099 Social Security Benefit Statement (shows last years income) or the Social Security Benefit letter detailing the monthly income amount (this includes money paid to an adult for a minor).
 - Wages (only for those that did not file federal taxes last year): Proof of hire date and a current paycheck stub that shows gross year-to-date earnings.
 - Child Support: A printout of last year's income or a document stating the current child support amount.
 - Pension and other retirement income: Statement of monthly benefit amount.
 - Self-employed: A copy of the Schedule C Income Tax Form along with your Federal Income Tax Return.
 - Adoption and Foster Care subsidy (copy of a check stub, contract, etc.).
4. If your total household income exceeds the maximum income limit, a 10% surcharge will be added to your monthly carrying charge amount. Below is a table of the 2019 maximum allowable income before a surcharge would be assessed:
5. Once you have become a Member, you will be required to complete an annual income review. The total gross income of all Member(s) and Occupant(s) in your household will be reviewed.

1 person	2 people	3 people	4 people	5 people	6 people
\$42,700	\$48,800	\$54,900	\$61,000	\$65,900	\$70,800

These income limits are subject to change each year

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 (<u>Except Food Stamps and Medicare</u>). |
| <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:

- | | | |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 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.

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 (<u>Except Food Stamps and Medicare</u>). |
| <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.

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 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, act 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 agent 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

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.

Incoming Resident

Date

Incoming Resident

Date