

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

Below is a checklist of all of the necessary paperwork to be completed and returned with the application:
 Application Make sure all applicable areas are completed. Make sure all applicants and occupants 18 or older sign the application.
 Household Composition Certification sheet Make sure to include birthdate, social security number, and incomes, where applicable, for yourself and all occupants. Make sure sign by all applicants.
☐ Verification Checklist for all persons 18 or older.
☐ Agency Disclosure Statement
☐ <u>Colored</u> copy of photo I.D. for all persons 18 or older.
 Proof of Social Security Number for all persons 18 or older. This can be provided with a social security card, tax records, or W2.
 Proof of income for all persons 18 or older. This is the most recent year's Federal 1040 Tax Return. If you do not file a tax return, refer to the INCOME REVIEW sheet for more details.
☐ \$45 filing fee in Personal Check or Certified Funds
For Questions, contact Highlands Cooperative Office at (517) 882-0796.

Highlands Cooperative

COOPERATIVE MARKET APPLICATION

				Size townnome desi	reu.	
				Desired Move-in Dat	te:	
(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						
Verilcie iviake/iviodei						
APPLICANT: Background		A SALES AND ADDRESS OF THE PARTY OF THE PART				
Ever been convicted of a		□ NO □ YES	If yes: describe of	rense		
Other states you have res		ifations state offen			INO TIVES	
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						
Any member of your nousehold subject to a metime state offender registration program in any state NO YES						
FULL NAME of ADDITION	AL OCCUPANT #1	Relationship	Birthdate	William Control of the Control of th	PHONE # (if applicable)	
FULL NAME of ADDITION	AL OCCUPANT #1	Relationship	Birthdate	Social Security #	PHONE # (if applicable)	
				William Control of the Control of th	PHONE # (if applicable)	
Is address the same as ap	plicant? YES		Birthdate ter Address	William Control of the Control of th	PHONE # (if applicable)	
	plicant? YES		ter Address	Social Security #	PHONE # (if applicable)	
Is address the same as ap Address, City, State, Zip C	pplicant? YES Code D YES IF YES, I	☐ NO If No Ent	ter Address	Social Security #	PHONE # (if applicable)	
Is address the same as ap Address, City, State, Zip C Over 18 years old \(\square\) NC	oplicant? YES Code D YES IF YES, I	NO If No Ent	ter Address	Social Security #	PHONE # (if applicable)	
Is address the same as ap Address, City, State, Zip O Over 18 years old NO Ever been convicted of a	pplicant? YES Code D YES IF YES, I crime?	NO If No Ent	DRMATION REQUI	Social Security # RED BELOW ffense:	PHONE # (if applicable) NO YES	
Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res	pplicant? YES Code D YES IF YES, I crime?	NO If No Ent	DRMATION REQUI	Social Security # RED BELOW ffense:		
Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res	oplicant? YES code D YES IF YES, I crime? sided: sehold subject to a l	NO If No Ent	DRMATION REQUI	Social Security # RED BELOW ffense:		
Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res Any member of your hour	oplicant? YES code D YES IF YES, I crime? sided: sehold subject to a l	NO If No Ent	DRMATION REQUI If yes, describe o	Social Security # RED BELOW ffense: ogram in any state	□ NO □ YES	
Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res Any member of your hour	pplicant? YES code D YES IF YES, I crime? sided: sehold subject to a I	NO If No Entered NO If No If No Entered NO If N	DRMATION REQUI If yes, describe o	Social Security # RED BELOW ffense: ogram in any state	□ NO □ YES	
Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res Any member of your hour FULL NAME of ADDITION	pplicant? YES rode D YES IF YES, If	NO If No Ent	DRMATION REQUII If yes, describe of the der registration properties of the describe of the de	Social Security # RED BELOW ffense: ogram in any state	□ NO □ YES	
Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res Any member of your house FULL NAME of ADDITION Is address the same as ap	pplicant? YES rode D YES IF YES, If	NO If No Ent	DRMATION REQUI If yes, describe of der registration pro- Birthdate ter Address	Social Security # RED BELOW Iffense: Ogram in any state Social Security #	□ NO □ YES	
Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res Any member of your hou. FULL NAME of ADDITION Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a	pplicant? YES code D YES IF YES, If YE	NO If No Ent	DRMATION REQUI If yes, describe of der registration pr Birthdate	Social Security # RED BELOW Iffense: Ogram in any state Social Security #	□ NO □ YES	
Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res Any member of your hou. FULL NAME of ADDITION Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res	oplicant? YES code D YES IF YES, If Y	NO If No Ent	DRMATION REQUI If yes, describe of der registration pro- Birthdate ter Address DRMATION REQUII If yes, describe of	Social Security # RED BELOW ffense: Social Security # RED BELOW ffense:	NO YES PHONE # (if applicable)	
Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res Any member of your hou. FULL NAME of ADDITION Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a	oplicant? YES code D YES IF YES, If Y	NO If No Ent	DRMATION REQUI If yes, describe of der registration pro- Birthdate ter Address DRMATION REQUII If yes, describe of	Social Security # RED BELOW ffense: Social Security # RED BELOW ffense:	□ NO □ YES	
Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res Any member of your house Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res Any member of your house Any member of your house Is address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res Any member of your house	pplicant? YES code D YES IF YES, If Y	NO If No Entered NO YES	DRMATION REQUI If yes, describe of der registration pro- Birthdate ter Address DRMATION REQUII If yes, describe of	Social Security # RED BELOW ffense: Ogram in any state Social Security # RED BELOW ffense: ogram in any state	NO YES PHONE # (if applicable)	
Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res Any member of your hou. FULL NAME of ADDITION Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res	pplicant? YES code D YES IF YES, If Y	NO If No Ent	DRMATION REQUI If yes, describe of der registration pro- Birthdate ter Address DRMATION REQUII If yes, describe of	Social Security # RED BELOW ffense: Social Security # RED BELOW ffense:	NO YES PHONE # (if applicable)	
Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res Any member of your hou. FULL NAME of ADDITION Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res Any member of your hou. FULL NAME of ADDITION	oplicant? YES code D YES IF YES, If YE	NO If No Ent BACKGROUND INFO NO YES ifetime state offend Relationship NO If No Ent BACKGROUND INFO NO YES ifetime state offend Relationship	DRMATION REQUIDED IN THE PROPERTY OF THE PROPE	Social Security # RED BELOW ffense: Ogram in any state Social Security # RED BELOW ffense: ogram in any state	NO YES PHONE # (if applicable) NO YES	
Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res Any member of your hour FULL NAME of ADDITION Is address the same as ap Address, City, State, Zip C Over 18 years old NC Ever been convicted of a Other states you have res Any member of your hour FULL NAME of ADDITION Is address the same as ap	pplicant? YES code D YES IF YES, If YE	NO If No Ent BACKGROUND INFO NO YES ifetime state offend Relationship NO If No Ent BACKGROUND INFO NO YES ifetime state offend Relationship	DRMATION REQUI If yes, describe of der registration pro- Birthdate ter Address DRMATION REQUI If yes, describe of der registration pro-	Social Security # RED BELOW ffense: Ogram in any state Social Security # RED BELOW ffense: ogram in any state	NO YES PHONE # (if applicable) NO YES	
Is address the same as ap Address, City, State, Zip Cover 18 years old NCE Ever been convicted of a Other states you have resonant and the states you have resonant and the states are as ap Address, City, State, Zip Cover 18 years old NCE Ever been convicted of a Other states you have resonant and member of your house. FULL NAME of ADDITION Is address the same as ap Address, City, State, Zip Cover 18 years old Note of Address and States you have resonant and the states you have resonant an	pplicant? YES code D YES IF YES, If Y	NO If No Ent BACKGROUND INFO NO YES ifetime state offend Relationship NO If No Ent BACKGROUND INFO NO YES ifetime state offend Relationship Relationship NO If No Ent	DRMATION REQUIL If yes, describe of the descri	Social Security # RED BELOW ffense: Social Security # RED BELOW ffense: ogram in any state Social Security #	NO YES PHONE # (if applicable) NO YES	
Is address the same as ap Address, City, State, Zip Cover 18 years old NCE Note: Not	pplicant? YES code YES IF YES, IF crime? sided: sehold subject to a l VAL OCCUPANT #2 pplicant? YES code YES IF YES, IF crime? sided: sehold subject to a l AL OCCUPANT #3 pplicant? YES code IF YES, IF code	NO If No Enterest NO In No Ent	DRMATION REQUIDED IN THE PROPERTY OF THE PROPE	Social Security # RED BELOW ffense: Social Security # RED BELOW ffense: ogram in any state Social Security #	NO YES PHONE # (if applicable) NO YES	
Is address the same as ap Address, City, State, Zip Cover 18 years old NCE Ever been convicted of a Other states you have resonant and the states you have resonant and the states are as ap Address, City, State, Zip Cover 18 years old NCE Ever been convicted of a Other states you have resonant and member of your house. FULL NAME of ADDITION Is address the same as ap Address, City, State, Zip Cover 18 years old Note of Address and States you have resonant and the states you have resonant an	pplicant? YES code D YES IF YES, If YES, If YES, If YES, If YES, If YES pplicant? YES code D YES IF YES, If Y	NO If No Ent BACKGROUND INFO NO YES ifetime state offend Relationship NO If No Ent BACKGROUND INFO NO YES ifetime state offend Relationship Relationship NO If No Ent	DRMATION REQUIL If yes, describe of the descri	Social Security # RED BELOW ffense: Social Security # RED BELOW ffense: ogram in any state Social Security #	NO YES PHONE # (if applicable) NO YES	



Page 1 of 4 revised 4/2019

	Relationship	Birthdate	Social Security #	PHONE # (if applicable)				
Is address the same as applicant? YES	NO If No En	ter Address						
Address, City, State, Zip Code								
	BACKGROUND INFO	DRMATION REQUIR	RED					
Ever been convicted of a crime?	□ NO □ YES	If yes, describe of	ffense:					
Other states you have resided:								
Any member of your household subject to a	lifetime state offen	der registration pro	ogram in any state	☐ NO ☐ YES				
FULL NAME of ADDITIONAL OCCUPANT #5	Relationship	Birthdate	Social Security #	PHONE # (if applicable)				
Is address the same as applicant? YES NO If No Enter Address								
Address, City, State, Zip Code								
Over 18 years old NO YES IF YES, BACKGROUND INFORMATION REQUIRED								
Ever been convicted of a crime? NO YES If yes, describe offense:								
Are there any Felony charges against you?	□ NO □ YES	Other states you						
Any member of your household subject to a	lifetime state offen	der registration pro	ogram in any state	□ NO □ YES				
FULL NAME of ADDITIONAL OCCUPANT #6	Relationship	Birthdate	Social Security #	PHONE # (if applicable)				
	Troise and training	D	Social Section, in	Trons name pp. 1000.				
Is address the same as applicant? YES	NO If No En	ter Address						
Address, City, State, Zip Code		661 7 166. 555						
	BACKGROUND INFO	ORMATION REQUIR	RFD					
Ever been convicted of a crime?	NO YES	If yes, describe of						
Are there any Felony charges against you?	NO YES	Other states you						
Any member of your household subject to a lifetime state offender registration program in any state NO YES								
in the interest of the interes								
FILL NAME of ADDITIONAL OCCUPANT #7	Relationship	Rirthdate	Social Security #	PHONE # (if applicable)				
FULL NAME of ADDITIONAL OCCUPANT #7	Relationship	Birthdate	Social Security #	PHONE # (if applicable)				
			Social Security #	PHONE # (if applicable)				
Is address the same as applicant? YES		Birthdate ter Address	Social Security #	PHONE # (if applicable)				
Is address the same as applicant? YES Address, City, State, Zip Code	NO If No En	ter Address	-	PHONE # (if applicable)				
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES,	NO If No En	ter Address	ED	PHONE # (if applicable)				
Is address the same as applicant? YES Address, City, State, Zip Code	NO If No En	ter Address DRMATION REQUIR If yes, describe o	EED ffense:	PHONE # (if applicable)				
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES, Ever been convicted of a crime?	NO If No En	DRMATION REQUIR If yes, describe of	ED fense: have resided:					
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES, Ever been convicted of a crime? Any member of your household subject to a	NO If No En	DRMATION REQUIR If yes, describe of Other states you der registration pro	ED fense: have resided:					
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES, Ever been convicted of a crime?	NO If No En	DRMATION REQUIR If yes, describe of Other states you der registration pro	ED fense: have resided:					
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES, Ever been convicted of a crime? Any member of your household subject to a *If more than 7 additional household mer	BACKGROUND INFO NO YES lifetime state offen mbers, attach addi	DRMATION REQUIR If yes, describe of Other states you der registration pro itional sheet.	EED fense: have resided: ogram in any state	NO YES				
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES, Ever been convicted of a crime? Any member of your household subject to a *If more than 7 additional household mer	NO If No En	DRMATION REQUIR If yes, describe of Other states you der registration pro itional sheet.	ED fense: have resided: ogram in any state	NO YES				
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES, Ever been convicted of a crime? Any member of your household subject to a *If more than 7 additional household mer	BACKGROUND INFO NO YES lifetime state offen mbers, attach addi	DRMATION REQUIR If yes, describe of Other states you der registration pro itional sheet.	EED fense: have resided: ogram in any state	NO YES				
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES, Ever been convicted of a crime? Any member of your household subject to a *If more than 7 additional household mer Name of Member/Occupant 1st Source	BACKGROUND INFO NO YES lifetime state offen mbers, attach addi	DRMATION REQUIR If yes, describe of Other states you der registration pro itional sheet.	EED fense: have resided: ogram in any state	NO YES				
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES, Ever been convicted of a crime? Any member of your household subject to a *If more than 7 additional household mer	BACKGROUND INFO NO YES lifetime state offen mbers, attach addi	DRMATION REQUIR If yes, describe of Other states you der registration pro itional sheet.	EED fense: have resided: ogram in any state	NO YES				
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES, Ever been convicted of a crime? Any member of your household subject to a *If more than 7 additional household mer Name of Member/Occupant 1st Source 2nd Source	BACKGROUND INFO NO YES lifetime state offen mbers, attach addi	DRMATION REQUIR If yes, describe of Other states you der registration pro itional sheet.	EED fense: have resided: ogram in any state	□ NO □ YES				
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES, Ever been convicted of a crime? Any member of your household subject to a *If more than 7 additional household mer Name of Member/Occupant 1st Source	BACKGROUND INFO NO YES lifetime state offen mbers, attach addi	DRMATION REQUIR If yes, describe of Other states you der registration pro itional sheet.	EED fense: have resided: ogram in any state	□ NO □ YES				
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES, Ever been convicted of a crime? Any member of your household subject to a *If more than 7 additional household mer Name of Member/Occupant 1st Source 2nd Source 3rd Source	BACKGROUND INFO NO YES lifetime state offen mbers, attach addi	DRMATION REQUIR If yes, describe of Other states you der registration pro itional sheet.	EED fense: have resided: ogram in any state	□ NO □ YES				
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES, Ever been convicted of a crime? Any member of your household subject to a *If more than 7 additional household mer Name of Member/Occupant 1st Source 2nd Source	BACKGROUND INFO NO YES lifetime state offen mbers, attach addi	DRMATION REQUIR If yes, describe of Other states you der registration pro itional sheet.	EED fense: have resided: ogram in any state	□ NO □ YES				
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES, Ever been convicted of a crime? Any member of your household subject to a *If more than 7 additional household mer Name of Member/Occupant 1st Source 2nd Source 3rd Source 4th Source	BACKGROUND INFO NO YES lifetime state offen mbers, attach addi	DRMATION REQUIR If yes, describe of Other states you der registration pro itional sheet.	EED fense: have resided: ogram in any state	□ NO □ YES				
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES, Ever been convicted of a crime? Any member of your household subject to a *If more than 7 additional household mer Name of Member/Occupant 1st Source 2nd Source 3rd Source	BACKGROUND INFO NO YES lifetime state offen mbers, attach addi	DRMATION REQUIR If yes, describe of Other states you der registration pro itional sheet.	EED fense: have resided: ogram in any state	□ NO □ YES				
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES, Ever been convicted of a crime? Any member of your household subject to a *If more than 7 additional household mer Name of Member/Occupant 1st Source 2nd Source 3rd Source 4th Source 5th Source	BACKGROUND INFO NO YES lifetime state offen mbers, attach addi	DRMATION REQUIR If yes, describe of Other states you der registration pro itional sheet.	EED fense: have resided: ogram in any state	□ NO □ YES				
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES, Ever been convicted of a crime? Any member of your household subject to a *If more than 7 additional household mer Name of Member/Occupant 1st Source 2nd Source 3rd Source 4th Source	BACKGROUND INFO NO YES lifetime state offen mbers, attach addi	DRMATION REQUIR If yes, describe of Other states you der registration pro itional sheet.	EED fense: have resided: ogram in any state	□ NO □ YES				
Is address the same as applicant? YES Address, City, State, Zip Code Over 18 years old NO YES IF YES, Ever been convicted of a crime? Any member of your household subject to a *If more than 7 additional household mer Name of Member/Occupant 1st Source 2nd Source 3rd Source 4th Source 5th Source	BACKGROUND INFO NO YES lifetime state offen mbers, attach addi	DRMATION REQUIR If yes, describe of Other states you der registration pro itional sheet.	EED fense: have resided: ogram in any state	NO YES				

^{*}If more source of income, attach additional sheet



Page 2 of 4 revised 4/2019

RESIDENCE HIST							F
	Management or	Phone	Addr	ess	Date of Residency	Rental	Reason for
	Mortgage Co.	Number			From/To	amount	Leaving
Present							
Landlord							
Previous							
Landlord							
Does your house	ehold require any acc	essible features?	ПиоПу	ES Describe			
0							
Does your house	ehold have any reaso	nable accommod:	ation requests	2 NO C	VES Describe:		
DOES YOU HOUSE	enola have any reaso	nable accommode	acion requests	. L 140 L	_ ILS Describe.		
PETS NO	TVEC If so places of	assifu Ituas bess	al unalaht sas	١			
PEIS NO	YES If so, please s	becity: (type, bree	d, weight, age)			
EMERGENCY CO	NTACT		Side I				
Name	ne Telephone Relationship		Email				
Applicant has su	bmitted the sum of \$	45.00 which is a	nonrefundable	payment for	or a credit check and,	or criminal con	viction check.
				• •	·		
(Applicant Initial	ls)						
	-						
How did you hea	ar about our Commur	nitv?					
Newspaper		ment Guide	Referr	ed by			
петэрарет	Пиран	ment dalac	neren	cu by			
☐ Internet	☐ Drive	hv	☐ Other	••			
		-1		-			
Obligation of Re	ceiving Party: Receiv	ing Party shall hol	ld and maintair	n the Confid	lential Information in	this application	in
_					Receiving Party shal		

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.



Page 3 of 4 revised 4/2019

AGREEMENT & AUTHORIZATION SIGNATURE/S	
	stigate and confirm the information stated
by the person/s signing this form. The undersigned understands and agrees that said investigations are significant.	
obtaining a standard credit report and criminal background investigation. To the best of m	y knowledge, the above information is true
and accurate.	
Applicant Signature	Date
Co Applicant Signature	Dete
Co-Applicant Signature	Date
Occupant #1 Signature (If over 18)	Date
O	
Occupant #2 Signature (If over 18)	Date
Occupant #3 Signature (If over 18)	Date
	5
Occupant #4 Signature (If over 18)	Date
a de la companya de	
Occupant #5 Signature (If over 18)	Date
Occupant #6 Signature (If over 18)	Date
Occupant #7 Signature (If over 18)	Date
Occupant in a signature (ii over 10)	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	\$	



Page 4 of 4

HOUSEHOLD COMPOSITION CERTIFICATION

		N ANNUAL INCOME			32	
		оссиралом				
		SOCIAL SECURITY#				
Address	YOURSELF. ALL DEPENDENTS AND PEDSONS 1 MAINS WITH YOUR	PLACE OF BIRTH CITY, STATE				
	ELF. ALL DEPE	ВІКТН ОАТЕ				
	E LIST YOURS	RELATION- SHIP				
	PLEASE LIST	M.L.				
lame		NAME: FIRST				
Applicant's Name		LAST				

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.

	voork 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.

lember's Signature	Date	Member'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	I file Federal Income Taxes
		I have a job and receive money/wages, tips or bonuses. How many jobs?
		l am self employed.
		receive Public Assistance (Except Food Stamps and Medicare).
	Ц	receive Social Security
닏	님	receive Supplemental Security Income (SSI).
		I receive quarterly payments from Family Independence Agency for the State-paid portion of a SSI grant.
		I receive unearned income from family members age 17 or under (Example: Social Security).
		I receive disability or death benefits other than Social Security.
	\Box	I receive unemployment benefits.
\sqsubseteq	Щ	I receive periodic payment from Workers' Compensation.
님	닏	I receive Veteran's Administration benefits.
\vdash	\sqsubseteq	receive military active duty allotments.
		I receive cash contributions or gifts including rent or utility payments on an ongoing basis from persons not living with me.
\sqcup		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 Ftc.)
\vdash		receive adoption assistance payments.
\forall		receive payments from retirement funds or pensions.
		I receive monthly income from rental of real estate, land contract or personal property.
밁	Ц	I am a member of an Indian Tribe receiving gaming payments.
Ш	Ц	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.
أناسمما		
false i	nforma	e best of my knowledge that all statements are true, and I understand that providing ation will result in denial or termination of benefits.
Signat	ure	Date
		Date:

******NOTE*****

YOU MUST PROVIDE PROOF OF YOUR INCOME. SEE <u>INCOME REVIEW PAGE</u> 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	
H	H	I file Federal Income Taxes I have a job and receive money/wages, tips or bonuses. How many
		jobs?
		am self employed.
H	H	receive Public Assistance (Except Food Stamps and Medicare).
H	H	receive Social Security.
Ħ	H	I receive Supplemental Security Income (SSI).
لبيب		I receive quarterly payments from Family Independence Agency for the State-paid portion of a SSI grant.
		I receive unearned income from family members age 17 or under (Example: Social
2000	_	Security).
		receive disability or death benefits other than Social Security.
		I receive unemployment benefits.
Ц	Ц	receive periodic payment from Workers' Compensation.
Ц		I receive Veteran's Administration benefits.
Н		I receive military active duty allotments.
		I receive cash contributions or gifts including rent or utility payments on an ongoing
		basis from persons not living with me.
		I receive child support or alimony. If yes, additional documentation is required (i.e.
П		State Income Tax Return, statement from Friend of the Court, Court Order, Etc.).
Ħ	H	receive adoption assistance payments. I receive payments from retirement funds or pensions.
Ħ	Ħ	I receive monthly income from rental of real estate, land contract or personal
_	Ц	property.
П		l am a member of an Indian Tribe receiving gaming payments.
Ī	Ħ	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.
	8 2	
certif	y to th	e best of my knowledge that all statements are true, and I understand that providing
raise ir	ntorma	tion will result in denial or termination of benefits.
Signati	ure	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.

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