



HIGHLANDS
COOPERATIVE ASSOCIATION

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

Below is a checklist of all the necessary paperwork to be completed and returned with the application. The application cannot be processed until all the information has been returned.

- Application**
 - Make sure all applicable areas are completed. Make sure all applicants and occupants 18 years of age or older sign the application.
- Household Composition Certification sheet**
 - Make sure to include birthdate, social security number and incomes for yourself and all occupants over the age of 18. Make sure form is signed by all applicants.
- Verification Checklist**
 - One must be completed by everyone in the household 18 years of age or older.
- Agency Discloser Statement**
 - Must be signed by all applicants.
- Colored copy of photo ID for all persons 18 years of age or older.**
- Proof of Social Security Number for all persons 18 years of age or older**
 - This can be provided with social security card, tax records, W2, check stubs.
- Proof of income for all persons 18 years of age or older**
 - 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
- Application fee (Nonrefundable)**
 - Must be check or money order.
 - \$40 per applicant for credit and/or criminal conviction check.
 - \$15 per occupant for criminal conviction check.

HIGHLANDS COOPERATIVE

APPLICATION

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		

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				

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				

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				

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				

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				



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				

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				

*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					

*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 \$ 40 PER APPLICANT for a credit check and/or criminal conviction check AND \$15 PER OCCUPANT for a criminal conviction check. THESE PAYMENTS ARE NONREFUNDABLE.

 (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 _____ 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	Membership fee	\$
		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.

LAST	NAME: 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:	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

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. |
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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.

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.

LESSORS/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:

- Lessor/owners 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 (Highlands Representative)

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