

Please enter the Community Name you are applying to:

Application for Occupancy

PERSONAL (Please Print)				
Applicant Last Name	First Name	Address		
Contact Number	Email	Date of Birth	Social Security Number	
Driver's License #	Vehicle Make / Model	Color/Year		
APPLICANT: 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

Co-Applicant Last Name	First Name	Address		
Contact Number	Email	Date of Birth	Social Security Number	
Driver's License #	Vehicle Make / Model	Color/Year		
CO-APPLICANT: 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 1: Name	Age	Relationship	Social Security #	Phone # If Applicable
OCCUPANT 1: 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 2: Name	Age	Relationship	Social Security #	Phone # If Applicable
OCCUPANT 2: 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 3: Name	Age	Relationship	Social Security #	Phone # If Applicable
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



Application for Occupancy

Occupant 4: Name	Age	Relationship	Social Security #	Phone # If Applicable

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)

	Source of Income	Phone Number	Address If Applicable	Occupation	Employment Dates (If Applicable) FROM/TO	Monthly Income
1st Source					/	
2nd Source					/	
3rd Source					/	

RESIDENCE HISTORY

	Management or Mortgage Company	Phone Number	Address	Dates of Residency TO/FROM	Rental Amount	Reason for Leaving
Present Landlord				/		
Previous 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)

I hereby deposit \$_____ 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)



Application for Occupancy

What size apartment home or townhome are you interested in? _____

Date you would like to move in? _____

By signing this application, the undersigned hereby authorizes _____ 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

<u>Application Updates For Office Use Only:</u>		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.



CRIMINAL AND CREDIT HISTORY VERIFICATION AND RELEASE

Please print legibly and complete the entire form.
(All adults must complete a separate form)

FULL NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

FULL ADDRESS: _____
(Street, Apartment number)

(City, State, Zip Code)

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____

IF YES, WHEN, WHERE, AND NATURE OF THE OFFENSE: _____

ARE THERE ANY FELONY CHARGES AGAINST YOU: YES _____ NO _____

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD SUBJECT TO A LIFETIME STATE SEX OFFENDER
REGISTRATION PROGRAM IN ANY STATE? YES _____ NO _____

PLEASE PROVIDE A LIST OF STATES WHERE YOU HAVE RESIDED: _____

BY SIGNING THIS APPLICATION, THE UNDERSIGNED HEREBY AUTHORIZES THE HAVEN
AT GRAND LANDING 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: _____



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:

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.

Sherry Tester
LICENSEE

03/15/16
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