

HIGHLANDS COOPERATIVE

APPLICATION

Size of Unit 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	Date of Birth	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				

FULL NAME of ADDITIONAL OCCUPANT #2	Relationship	Date of Birth	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				

FULL NAME of ADDITIONAL OCCUPANT #3	Relationship	Date of Birth	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				

FULL NAME of ADDITIONAL OCCUPANT #4	Relationship	Date of Birth	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				

FULL NAME of ADDITIONAL OCCUPANT #5	Relationship	Date of Birth	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				

FULL NAME of ADDITIONAL OCCUPANT #6	Relationship	Date of Birth	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				



FULL NAME of ADDITIONAL OCCUPANT #7	Relationship	Date of Birth	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				

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

	Name of Applicant/Occupant	Source of Income	Phone number	Occupation-if applicable	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 accessible features in the unit? <input type="checkbox"/> NO <input type="checkbox"/> YES Describe:

Does your household have any reasonable accommodation requests? <input type="checkbox"/> NO <input type="checkbox"/> YES Describe:
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PETS <input type="checkbox"/> NO <input type="checkbox"/> YES If so, please specify: (type, breed, weight, age)

EMERGENCY CONTACT			
Name	Telephone	Relationship	Email



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 management 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	App Fee/Admin Fee	\$
		Pet Deposit	\$
		Good Faith Deposit	\$
		Other	\$
		Other	\$



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

The agency status I/we have with the lessor/owner and/or the tenant lessee is a Lessor/Owners Agent.

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

Licensee

Date