

**APPLICANT ELIGIBILITY CRITERIA**

**PURPOSE**

**The purpose of these procedures is to establish objective guidelines for determining whether an applicant is eligible and qualifies for membership at VILLAGE TOWNHOUSES COOPERATIVE.**

**ELIGIBILITY**

The following areas will be checked to determine whether the applicant is eligible for membership at VILLAGE TOWNHOUSES COOPERATIVE.

<u>  X  </u>	Federal/State Requirements
<u>  X  </u>	Minimum Income Level
<u>  X  </u>	Household Size
<u>  X  </u>	Credit History/Credit Score
<u>  X  </u>	Landlord References
<u>  X  </u>	Criminal Conviction History
<u>  X  </u>	Landlord/Tenant Court History
<u>      </u>	Home Visit
<u>  X  </u>	Misinformation/Fraud

Detailed criteria for those areas checked are contained in the Member Selection Criteria binder available for my review in the Cooperative office.

I understand that my/our application can be denied if it does not meet or fulfill all areas checked.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

# APPLICATION FOR OCCUPANCY

## PERSONAL (please print)

APPLICANT NAME	ARE YOU 18 OR OLDER? <input type="checkbox"/> YES	ARE YOU 62 OR OLDER? <input type="checkbox"/> YES	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO. OR GOV'T. PHOTO ID NO.
CO-APPLICANT/SPOUSE	ARE YOU 18 OR OLDER? <input type="checkbox"/> YES	ARE YOU 62 OR OLDER? <input type="checkbox"/> YES	SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NO. OR GOV'T. PHOTO ID NO.
NUMBER & STREET	APPLICANT HOME PHONE	OTHER PHONE NUMBER	E-MAIL ADDRESS	
CITY/STATE/ZIP	CO-APPLICANT HOME PHONE	OTHER PHONE NUMBER	E-MAIL ADDRESS	
OTHER OCCUPANTS NAME	RELATIONSHIP	SOCIAL SECURITY NO.	HOW MANY BEDROOMS ARE YOU REQUESTING?  _____	

Does your household require any accessibility features?  Yes  No Describe: \_\_\_\_\_

Does your household have any reasonable accommodation requests?  Yes  No Describe: \_\_\_\_\_

## INCOME (if more than 3 sources of income attach additional sheet.)

CURRENT SOURCE OF INCOME	NAME OF CONTACT PERSON	TELEPHONE NO.	IF EMPLOYED, HOW LONG?
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY INCOME			
2ND SOURCE OF INCOME	NAME OF CONTACT PERSON	TELEPHONE NO.	IF EMPLOYED, HOW LONG?
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY INCOME			
3RD SOURCE OF INCOME	NAME OF CONTACT PERSON	TELEPHONE NO.	IF EMPLOYED, HOW LONG?
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY INCOME			

## RESIDENCE HISTORY

PRESENT LANDLORD OR MORTGAGE HOLDER NAME	TELEPHONE NO.	HOW LONG?	REASON FOR LEAVING
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY RENT / MORTGAGE			
PREVIOUS LANDLORD OR MORTGAGE HOLDER NAME	TELEPHONE NO.	HOW LONG?	REASON FOR LEAVING
STREET ADDRESS	CITY	STATE	ZIP
MONTHLY RENT / MORTGAGE			
IN CASE OF EMERGENCY NOTIFY (other than occupant)	TELEPHONE	DO YOU HAVE ANY PETS? IF SO, SPECIFY (type, breed, adult weight)	

HOW DID YOU HEAR ABOUT OUR COMMUNITY?

- |   |  |
|---|--|
| <input type="checkbox"/> NEWSPAPER        | <input type="checkbox"/> DRIVE BY          |
| <input type="checkbox"/> YELLOW PAGES     | <input type="checkbox"/> DIRECT MAIL       |
| <input type="checkbox"/> APARTMENT GUIDES | <input type="checkbox"/> REFERRED BY _____ |
| <input type="checkbox"/> INTERNET         | <input type="checkbox"/> OTHER _____       |



(PLEASE SEE REVERSE SIDE)



EQUAL HOUSING OPPORTUNITY  
APP. (11/03)

# APPLICATION FOR OCCUPANCY Continued

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

Applicant Initials

I hereby deposit \$ 0 with Management as a good faith deposit in connection with this application. If application is approved and tenancy 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 this 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. NA

Applicant Initials

I (we) certify that the preceding information is accurate and complete and I (we) acknowledge that inaccuracies and/or omissions may be the basis for Management's immediate cancellation of our application. I (we) also authorize Management to verify the accuracy and correctness of these statements, to communicate with my employer and creditors, and to procure such other information which Management may require to evaluate this application.

WHAT DATE WOULD YOU LIKE TO MOVE IN? \_\_\_\_\_

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT/SPOUSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MANAGEMENT AGENT

\_\_\_\_\_  
DATE AND TIME

REASON APPLICATION DECLINED:
<input type="checkbox"/> Unfavorable credit check
<input type="checkbox"/> Unfavorable criminal conviction history
<input type="checkbox"/> Unfavorable report from previous landlord
<input type="checkbox"/> Incorrect information
<input type="checkbox"/> Number of occupants
<input type="checkbox"/> Other _____

MONIES DELIVERED WITH THIS APPLICATION	
Deposit .....	\$ _____
Credit Check Fee .....	\$ _____
Pet Fee / Deposit .....	\$ _____
Other .....	\$ _____
<b>TOTAL</b> .....	<b>\$</b> _____

Approved or  Declined By \_\_\_\_\_ Date \_\_\_\_\_

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.

Application Update(s)	
<b>Office Use Only:</b>	
Date:	New Information:



# 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 \_\_\_\_\_  
\_\_\_\_\_ 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: \_\_\_\_\_



# 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: \_\_\_\_\_

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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: \_\_\_\_\_



**Village Townhouses Cooperative**  
**5937 Haverhill Drive**  
**Lansing, Michigan 48911**  
**Office: (517) 882-3461 Fax: (517) 393-5140**  
**www.villagetownhouses.com**

TO: \_\_\_\_\_ (landlord)

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

**RE: PERMISSION TO RELEASE RENTAL HISTORY FOR:**

\_\_\_\_\_  
(Applicant's printed name followed by signature)

\_\_\_\_\_  
(Address of landlord's property where applicant resided)

The above identified person(s) has applied for residency at our property, and has indicated to us that you had this person/family as a tenant at your property. As indicated by the signature above, the tenant consents to the release of information pertaining to their rental history. We would greatly appreciate your cooperation in completing the applicable areas below:

1. How long has/did the above tenant(s) reside at this address? \_\_\_\_\_
2. What was the monthly rent? \_\_\_\_\_ Size of unit? \_\_\_\_\_
3. Has the tenant ever been behind in the payment of monthly rent? \_\_\_\_\_  
If yes, how many times? \_\_\_\_\_ Was legal action taken? \_\_\_\_\_
4. Does the tenant get along with other tenants or the neighbors in the area? \_\_\_\_\_
5. Is/Was the tenant destructive to the apartment or surrounding public areas? \_\_\_\_\_
6. Does/Did the tenant maintain desirable living conditions? \_\_\_\_\_
7. The tenant's overall conduct while residing on my property would best be described as:  
\_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor
8. If this tenant moved and re-applied for housing from you in the future, would you rent to him or her again? \_\_\_\_\_
9. Additional comments: \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

**Landlord: Please complete shaded areas and return this form to the enclosed envelope.**

**Village Townhouses Cooperative**  
**5937 Haverhill Drive**  
**Lansing, Michigan 48911**  
**Office: (517) 882-3461 Fax: (517) 393-5140**  
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TO: \_\_\_\_\_ (landlord)

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

**RE: PERMISSION TO RELEASE RENTAL HISTORY FOR:**

\_\_\_\_\_  
(Applicant's printed name followed by signature)

\_\_\_\_\_  
(Address of landlord's property where applicant resided)

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If yes, how many times? \_\_\_\_\_ Was legal action taken? \_\_\_\_\_
4. Does the tenant get along with other tenants or the neighbors in the area? \_\_\_\_\_
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7. The tenant's overall conduct while residing on my property would best be described as:  
\_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor
8. If this tenant moved and re-applied for housing from you in the future, would you rent to him or her again? \_\_\_\_\_
9. Additional comments: \_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_

**Landlord: Please complete shaded areas and return this form to the enclosed envelope.**

Village Townhouses Cooperative  
5937 Haverhill Drive  
Lansing, MI 48911

Annual Gross Household Income

All household income is included for all household members that are 18 years of age and older. This includes students.

Provide:

**Copy of 2017 filed Federal Income Tax form (page 1 & 2).**

For those who are self-employed you must include a copy of **Schedule C**.

**DO NOT USE/PROVIDE MICHIGAN INCOME TAX FORMS**

Provide: documents for CHILD SUPPORT, ADOPTION AND FOSTER CHILDREN  
SUBSIDY

OR

If you do not file income tax returns:

Provide:

Current document(s) showing the amount of income that is received from each source of income, for example, the benefit statement letter from Social Security Administration detailing what the current monthly benefit amount is. Same applies for pensions, etc.

**Please call the office at 517-882-3461 if you have any questions  
on what document you should provide.**



## Checklist for Household Composition and Eligibility

A separate checklist must be completed by each adult member of the household (age 18 or older). Failure to comply could result in denial of assistance.

---

Last Name	First Name	M.I.
-----------	------------	------

Yes    No    Answer Yes or No to Each Item:

### General

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have a child away at school who will live at my residence during school recesses.             |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is temporarily absent from the home due to employment.               |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is temporarily absent from the home due to military service.         |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is temporarily absent from the home due to placement in foster care. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is absent due to a temporary placement in nursing home or hospital.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is permanently confined in a nursing home.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently expecting a baby and have a due date of: _____                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am in the process of adopting a child(ren).   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am in the process of taking a foster child(ren) into my home.                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I am in the process of obtaining custody of a child(ren).                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | I have joint custody of the following children: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I claim as exemptions on my income tax the children listed in my joint custody agreement.       |
| <input type="checkbox"/> | <input type="checkbox"/> | There is a live-in attendant in my household for whom I have a doctor's verification.           |
| <input type="checkbox"/> | <input type="checkbox"/> | The authorized live-in attendant in my household is a relative.                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | There is a foster child(ren) or adult(s) in my household.                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | There is a child of a live-in attendant or foster child/adult in my household.                  |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently receiving Federal housing assistance. Name the location. _____                   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have another residence which I will continue to maintain. Name the location. _____            |

### Unauthorized Live-ins:

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have been advised <u>and understand</u> that I may not move any person into my unit without the prior written approval of the owner/management company. |
|--------------------------|--------------------------|---|

### Social Security Numbers:

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I am able to document Social Security numbers for all members of my family age 6 or older.   |
| <input type="checkbox"/> | <input type="checkbox"/> | I have applied for legalization under the Immigration Reform and Control Act of 1986 (IRCA), and will supply the Social Security numbers for my family members that have been assigned to us by the INS. |
| <input type="checkbox"/> | <input type="checkbox"/> | I need the allotted period of 60 days to obtain and supply documents to verify my Social Security number or the Social Security numbers of any of my dependents under the age of 18.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I have supplied the attached certification that a Social Security number has not been assigned to me or to one of my dependents under the age of 18.   |

### CERTIFICATION

I certify that to the best of my knowledge, all statements made on this checklist form are true and complete. I understand that false or incomplete statements made on this form could result in denial or could result in my monthly rate being raised by 10% to the surcharge rate.

---

Signature

---

Date

## Checklist for Household Composition and Eligibility

A separate checklist must be completed by each adult member of the household (age 18 or older). Failure to comply could result in denial of assistance.

---

Last Name	First Name	M.I.
-----------	------------	------

Yes    No    Answer Yes or No to Each Item:

### General

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | I have a child away at school who will live at my residence during school recesses.             |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is temporarily absent from the home due to employment.               |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is temporarily absent from the home due to military service.         |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is temporarily absent from the home due to placement in foster care. |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is absent due to a temporary placement in nursing home or hospital.  |
| <input type="checkbox"/> | <input type="checkbox"/> | I have a family member who is permanently confined in a nursing home.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | I am currently expecting a baby and have a due date of: _____                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am in the process of adopting a child(ren).   |
| <input type="checkbox"/> | <input type="checkbox"/> | I am in the process of taking a foster child(ren) into my home.                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | I am in the process of obtaining custody of a child(ren).                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | I have joint custody of the following children: _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | I claim as exemptions on my income tax the children listed in my joint custody agreement.       |
| <input type="checkbox"/> | <input type="checkbox"/> | There is a live-in attendant in my household for whom I have a doctor's verification.           |
| <input type="checkbox"/> | <input type="checkbox"/> | The authorized live-in attendant in my household is a relative.                                 |
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| <input type="checkbox"/> | <input type="checkbox"/> | I have another residence which I will continue to maintain. Name the location. _____            |

### Unauthorized Live-ins:

- |                          |                          |   |
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| <input type="checkbox"/> | <input type="checkbox"/> | I have been advised <u>and understand</u> that I may not move any person into my unit without the prior written approval of the owner/management company. |
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### Social Security Numbers:

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| <input type="checkbox"/> | <input type="checkbox"/> | I am able to document Social Security numbers for all members of my family age 6 or older.   |
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| <input type="checkbox"/> | <input type="checkbox"/> | I need the allotted period of 60 days to obtain and supply documents to verify my Social Security number or the Social Security numbers of any of my dependents under the age of 18.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | I have supplied the attached certification that a Social Security number has not been assigned to me or to one of my dependents under the age of 18.   |

### CERTIFICATION

I certify that to the best of my knowledge, all statements made on this checklist form are true and complete. I understand that false or incomplete statements made on this form could result in denial or could result in my monthly rate being raised by 10% to the surcharge rate.

\_\_\_\_\_  
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 (tenants/lessees) 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 work 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 acts 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 agents 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.

Heidy Cantwell  
Licensee

April 27, 2005  
Date

\_\_\_\_\_  
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

VILLAGE TOWNHOUSES COOPERATIVE  
5937 HAVERHILL DRIVE  
LANSING, MICHIGAN 48911  
(517) 882-3461

Waterbeds are not allowed within the townhouses.

If you are found in violation, your occupancy shall be terminated.

I have received and read the application package and move-in procedures. I also understand that should I have any questions concerning the move-in procedure, I can ask the Village office for assistance.

Please sign and date below:

X \_\_\_\_\_ Date \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

Village office staff initials \_\_\_\_\_ Date \_\_\_\_\_

I have received a copy of the  
Village Townhouses Cooperative  
Move-In Procedure

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Applicant's Signature

---

Date

---

Applicant's Signature

---

Date