



*An application must be complete before the screening process can commence. Please use the checklist below to ensure your application is complete before the application is submitted to our office*

## **APPLICATION CHECKLIST**

- \_\_\_\_\_ Application and all other documents signed and dated by each applicant.
- \_\_\_\_\_ Identification and Social Security Number- Provide copies of Government issued photo identification(s) and social security card(s) for each applicant 18 years of age or older.
- \_\_\_\_\_ Income Information – Provide income information for all occupants 18 years of age and older. Instructions are included.
- \_\_\_\_\_ \$50 money order or a cashier check per applicant 18 years of age or older, payable to Village Townhouses Cooperative. This is non-refundable.

*\*Please note the application process consists of 2 steps. After the preliminary approval for income and credit is completed, all applicants 18 years of age and older must return and sign the Criminal Background Release form. This will initiate step 2 for the criminal background screening to be conducted for final approval.*

*Please call our office with any questions at (517)882-3461 or email us at [webmail@villagetownhouses.com](mailto:webmail@villagetownhouses.com).*

# 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		

<b>FULL NAME of ADDITIONAL OCCUPANT #1</b>	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				

<b>FULL NAME of ADDITIONAL OCCUPANT #2</b>	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				

<b>FULL NAME of ADDITIONAL OCCUPANT #3</b>	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				

<b>FULL NAME of ADDITIONAL OCCUPANT #4</b>	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				

<b>FULL NAME of ADDITIONAL OCCUPANT #5</b>	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				

<b>FULL NAME of ADDITIONAL OCCUPANT #6</b>	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				



<b>FULL NAME of ADDITIONAL OCCUPANT #7</b>	<b>Relationship</b>	<b>Date of Birth</b>	<b>Social Security #</b>	<b>Phone # (if applicable)</b>
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.

	<b>Name of Applicant/Occupant</b>	<b>Source of Income</b>	<b>Phone number</b>	<b>Occupation-if applicable</b>	<b>Monthly Income</b>
1 <sup>st</sup> Source					
2 <sup>nd</sup> Source					
3 <sup>rd</sup> Source					
4 <sup>th</sup> Source					
5 <sup>th</sup> Source					
6 <sup>th</sup> Source					
7 <sup>th</sup> Source					

\*If more source of income, attach additional sheet

<b>RESIDENCE HISTORY</b>						
	<b>Management or Mortgage Co.</b>	<b>Phone Number</b>	<b>Address</b>	<b>Date of Residency From/To</b>	<b>Rental amount</b>	<b>Reason for Leaving</b>
Present Landlord						
Previous Landlord						

Does your household require accessible features in the unit? ☐ 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)

<b>EMERGENCY CONTACT</b>			
<b>Name</b>	<b>Telephone</b>	<b>Relationship</b>	<b>Email</b>



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 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, 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

4/8/25  
\_\_\_\_\_  
Date

## 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 Requirement
<u>  X  </u>	Income
<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

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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.

Provide:

**Copy of most recent filed Federal Income Tax form (page 1 & 2) or W2's.**

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

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

If you do not file income tax returns, have income not reported on an income tax return, or have more recent income to report, acceptable sources include:

Housing assistance, housing choice vouchers provided under 42 USC 1437f, public assistance, veterans' benefits, Social Security, supplemental security income or other retirement programs, and other programs administered by any federal, state, local, or nonprofit entity. Acceptable documentation for the above source is a benefit letter or third-party printout from the provider.

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



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

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Applicant's Signature

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Date

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Applicant's Signature

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Date

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Applicant's Signature

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Date

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Applicant's Signature

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Date

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Management Signature

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Date

**\*PLEASE LIST ALL VEHICLES IN THE HOUSEHOLD\***  
**Village Townhouses Cooperative**

**VEHICLE REGISTRATION:**

Make \_\_\_\_\_ Model \_\_\_\_\_ Yr \_\_\_\_\_ Lic. Plate # \_\_\_\_\_ Color \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Yr \_\_\_\_\_ Lic. Plate # \_\_\_\_\_ Color \_\_\_\_\_

**Emergency Contact Information:**

1st Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Ph.# \_\_\_\_\_

2nd. Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Ph. # \_\_\_\_\_

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