

BLOOMFIELD HILLS TOWNHOUSES



COOPERATIVE



155 Charles Lane Pontiac, Michigan 48341

Fax (248) 335-7533

Office (248) 335-7452

Dear Applicant

Thank you for your interest in becoming a member of our Cooperative. Stated below are a few items of information, which you should be aware of before returning your application to our office. Bedroom size depends on the size of your family.

1. **A \$40.00 Non-refundable** application fee, for head of household must be paid in the form of a money order only (cash and checks are not accepted) and submitted with your application. If more than one income is being used to income qualify those family members must also submit a **\$40.00 Non-refundable** money order also. A \$18.00 money order is required for any member of your household 18 years of age and older for a criminal check.
2. We use First American Registry/Experian to provide credit reports. They also check court records for any previous judgments for delinquent payment for previous landlord's cases.
3. In order for us to **accept** your application the following are required: Social Security Card, Michigan State ID, current Proof of income, all children **must** have birth certificates and social security card. Any custody papers if applicable.
4. We must be able to verify that your gross weekly income totals the equivalent of one month's carrying charge (rent) for the appropriate unit size you are requesting occupancy.
5. Our Membership Committee sets **minimum** income limits: One week's gross income **must** be at least one month's carrying charge.
6. When the report from First Registry and all necessary income verifications are received in our office, your application will be submitted to our Membership Committee for review. Our office will notify you whether or not your application has been approved.
7. When members move out, a \$100 resale fee is withheld from the membership and equity deposit paid at move-in. Also withheld will be any outstanding amounts for carrying charges, maintenance charges, late charges or legal costs incurred.
8. Your townhouse will be completed before you move in. If it is necessary for us to paint, clean, and /or make repairs due to negligence or abuse when you move out, those costs will also be deducted from your initial deposit.
9. Monthly rate carrying charges includes gas, water and sewer and routine maintenance. Member is responsible for paying his or her own electricity.
10. Range, Refrigerator, disposal are furnished. Range and heat are gas.
11. **NO PETS ALLOWED.**

Bloomfield Hills Townhouses Application Each Adult

Applicants full name _____ Phone # _____ DOB _____

Social Security # _____ Drivers License # _____ State _____ Exp. _____

Current Address _____ City _____ State _____ Zip _____

Current Landlords Name _____ Landlords Phone # _____

How long at this address _____ Reason for leaving _____

Previous Address _____ City _____ State _____ Zip _____

Previous Landlords Name _____ Phone _____

How long at this address _____ Reason for leaving _____

Auto Yr _____ Make _____ Model _____ State/License Plate# _____

Present Employer _____ Position _____ Mo. Income _____

Phone# _____ How long at job _____ Other income/source _____

Employers Address _____ City _____ State _____

Have you ever been party to an eviction () Yes () No Do we have your consent for a criminal background & credit check () Yes () No

Personal References

Name _____ Yrs. Known _____ Relationship _____ Phone# _____

Name _____ Yrs. Known _____ Relationship _____ Phone# _____

Name _____ Yrs. Known _____ Relationship _____ Phone# _____

Total number of adults _____ Total number of children living with you under the age of 18 _____

Name _____ SSN _____ DOB _____ Relationship to Applicant _____

Name _____ SSN _____ DOB _____ Relationship to Applicant _____

Name _____ SSN _____ DOB _____ Relationship to Applicant _____

Name _____ SSN _____ DOB _____ Relationship to Applicant _____

Please choose one:

_____ 1 BR without Basement

_____ 1 BR with Basement

_____ 2 BR with 1 full bath

_____ 2 BR with 1 1/2 bath

_____ 3 BR

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained In this application for tenant screening as may be necessary in arriving at a tenant decision, I understand that the landlord may terminate any any rental agreement entered into for any misrepresentations made above.

Signature _____ Date _____

I received from applicant the non-refundable sum of \$40.00 dollars to pay for tenant screening service from Bloomfield Hills Town-House Cooperative.

Money Order Number _____ Management Signature _____

BLOOMFIELD HILLS TOWNHOUSES COOPERATIVE



155 Charles Lane Pontiac, Michigan 48341

LANDLORD REFERENCE Each Adult

Fax (248) 335-7533

Office (248) 335-7452

TO: _____

RE: _____

Applicant Signature _____

Date _____

Dear Landlord:

The person named above has applied for a unit at Bloomfield Hills Townhouses Cooperative. He/She has authorized us to request information relating to residency in your dwelling. Please answer the following questions listed below regarding this resident. Return this statement to us either by mail or fax as soon as possible.

- 1) Date of occupancy: From _____ To _____
- 2) How many persons are listed on the lease? _____
- 3) Did this resident pay rent on time? _____
- 4) Monthly rental rate? _____
- 5) What utilities are paid by the resident? _____
- 6) Was there ever an eviction pending against this resident _____
- 7) Did the resident keep residence clean and sanitary? _____
- 8) Did resident vacate the residency owing a balance? _____
- 9) Did this resident have any NSF checks? _____ How many? _____
- 10) Would you rent to this resident again? _____

Any additional comments regarding this resident. _____

Landlord Signature _____

Date _____

BLOOMFIELD HILLS TOWNHOUSES



COOPERATIVE



155 Charles Lane Pontiac, Michigan 48341

Fax (248) 335-7533

Office (248) 335-7452

AUTHORIZATION FOR CRIMINAL HISTORY CHECK

NOTICE TO APPLICANTS: The information requested below is for the sole purpose of conducting a background investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessary make you ineligible for housing with Bloomfield Hills Townhouses Cooperative. It is Bloomfield Hills Townhouses Cooperative policy to evaluate any adverse information obtained in the background investigation based on a range of factors including but not limited to credit and rental history. Information regarding age, sex and race will not be a factor in any housing decision.

Full Name (no nicknames) _____

Maiden Name(s), Nickname(s), other Name(s) (please use dates used) _____ () Male () Female

Social Security Number _____ Month/Day/Year of Birth _____

Driver's License Number _____ State _____

Is your Driver's License Valid? Yes No Please give details _____

All address for the last 7 years: (street, city/county/state/years from-to)

In the event you do not remember the exact street address, please include a city, state and the approximate dates of residents.

1. _____ / _____ / _____ / _____
2. _____ / _____ / _____ / _____
3. _____ / _____ / _____ / _____
4. _____ / _____ / _____ / _____
5. _____ / _____ / _____ / _____

(Attach additional pages if necessary)

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information given by me herein. In consideration for being considered for housing, I release Bloomfield Hills Townhouses and it's employees and officials, any related entities, as well as any individual or entity providing information from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or actions taken concerning my housing based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of a member for Bloomfield Hills Townhouses Cooperative is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information received and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from date of signing.

X _____
Signature

Date

**BLOOMFIELD HILLS TOWNHOUSES
COOPERATIVE**

155 Charles Lane
Pontiac, MI 48341
(248)335-7452 Office
(248)335-7533 Fax

DATE: _____

TO: _____

Return to: Bloomfield Hills Townhouses

155 Charles Lane

Pontiac, MI 48341

APPLICANT: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
S.S./I.D. NUMBER: _____
DATE OF BIRTH: _____

EMPLOYMENT VERIFICATION FORM

Release: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature

Date

INFORMATION BEING REQUESTED:

Date of Hire: _____

Salary Per Year \$ _____

Hourly Rate:\$ _____

Paid Weekly, Bi-Weekly, Monthly _____

Monthly Gross pay \$ _____

Overtime Pay Rate:\$ _____

Expected Hours Worked Per Week _____

Expected Overtime Hours Per Week _____

Other Compensation, commission, etc _____