

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)



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 \$ _____ 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. _____

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

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

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

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)	
Office Use Only:	Date: _____
Date: _____	New Information: _____



CONSENT FOR CREDIT AND CRIMINAL BACKGROUND CHECKS

I understand that Cambridge Club Apartments and Midwest Management Co., may obtain and review information contained in credit reports and criminal history, to evaluate my qualification for residency or to be an occupant. You considered a occupant if you stay in the apartment home 30 days or more per year.

I authorize Cambridge Club Apartments and Midwest Management Co. to obtain my credit report and criminal history for use in considering my application as a resident or occupant and at any later date if there is cause for so long as I am a resident or occupant.

Date _____ Signature _____

Date _____ Signature _____

Date _____ Signature _____

CRIMINAL BACKGROUND CHECK ONLY FOR OCCUPANT(S)

Date _____ **Signature** _____ **Birth Date** _____

Print Name _____ **Month/Day/Year**

Social Security # _____

Date _____ **Signature** _____ **Birth Date** _____

Print Name _____ **Month/Day/Year**

Social Security # _____

Date _____ **Signature** _____ **Birth Date** _____

Print Name _____ **Month/Day/Year**

Social Security # _____

EMPLOYMENT VERIFICATION

Dear Employer:

I _____ Social Security # _____
(Please print name)

have an application in process for occupancy at **Cambridge Club Apartment home community.**

To process the rental application I permit you to release the following information to them.

Please complete this form and return it to the community. Thank you for you assistance.

Signed: _____ Date: _____
(Employee Signature)

This release for information will expire thirteen (13) months from the date of signature.

Company Name: _____

Position with Company: _____

Starting Date: _____ Type of Employee: Full Time _____ Part-
Time _____ Temp. _____

Gross Salary (please specify weekly or monthly): _____
(If hourly please specify hourly rate and average hours worked per week)

Is his/her employment expected to continue: _____ Yes _____ No

Signed: _____ Title _____

Please print Name: _____ Date _____

Telephone Number: _____ Facsimile
Number: _____

Please **Fax back to (734)930-1930**
Your Fast Response is appreciated

programs/documents/moveins/employmentverivacation

LANDLORD VERIFICATION

Dear: _____

_____ has an application for occupancy at Cambridge Club Apartments.

My address is/was _____

I authorize you to release the following information to Cambridge Club Apartments.

X _____ / ____ / ____
Signature Date

This release for information will expire in (13) months from the date of signature.

Please verify that _____ is/was a resident at the address indicated.

Is this applicant a _____ Current or _____ Former resident?

Lease Dates: From _____ to _____

Did the applicant have a roommate? _____

Amount of rent due? _____

Were rental payments made on a timely basis? _____

If no, how many late payments were received? _____ Late fees paid? _____

Did you ever have to file a court order to collect rent? _____

IF yes, did you take judgment? _____ If yes, has it been satisfied? _____

Is there currently an outstanding balance? _____ Amount? _____

Did the applicant adhere to the rules and regulations and terms of the lease during their occupancy? _____

Have you received any complaints with regard to their apartment home? _____

Were there damages to the premises? _____

Would you rent to this applicant again? _____

Signed: _____ Title: _____

Please print name: _____ Date: _____

Telephone: _____ Fax number: _____

Thank You for your prompt attention: Please fax this completed form to: 734-930-1930

PENALTIES FOR MISUSING THIS CONSENT

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false and fraudulent statements. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S. C. 208(f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

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.

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