

APPLICATION

PERSONAL (Please Print)					
Applicant Last Name		First Name		Address	
Contact Number		Email		Date of Birth	Social Security Number
Driver's License #			Vehicle Make / Model	Color/Year	
APPLICANT: BACKGROUND INFORMATION FOR PERSONS OVER 18 YEARS OLD					
Ever been convicted of a crime?		<input type="checkbox"/> NO <input type="checkbox"/> YES		If yes: describe offense:	
Are there any Felony charges against you?		<input type="checkbox"/> NO <input type="checkbox"/> YES		Other states you have resided:	
Any member of your household subject to a lifetime state sex offender registration program in any state?					<input type="checkbox"/> YES <input type="checkbox"/> No
Co-Applicant Last Name		First Name		Address	
Contact Number		Email		Date of Birth	Social Security Number
Driver's License #			Vehicle Make / Model	Color/Year	
CO-APPLICANT: BACKGROUND INFORMATION FOR PERSONS OVER 18 YEARS OLD					
Ever been convicted of a crime?		<input type="checkbox"/> NO <input type="checkbox"/> YES		If yes: describe offense:	
Are there any Felony charges against you?		<input type="checkbox"/> NO <input type="checkbox"/> YES		Other states you have resided:	
Any member of your household subject to a lifetime state sex offender registration program in any state?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Occupant 1: Name		Birthdate	Relationship	Social Security #	Phone # If Applicable
Is Address The Same As Applicant? <input type="checkbox"/> Yes or <input type="checkbox"/> No If No Enter Address					
Address:					
OCCUPANT 1: BACKGROUND INFORMATION FOR PERSONS OVER 18 YEARS OLD					
Ever been convicted of a crime?		<input type="checkbox"/> NO <input type="checkbox"/> YES		If yes: describe offense:	
Are there any Felony charges against you?		<input type="checkbox"/> NO <input type="checkbox"/> YES		Other states you have resided:	
Any member of your household subject to a lifetime state sex offender registration program in any state?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Occupant 2: Name		Birthdate	Relationship	Social Security #	Phone # If Applicable
Is Address The Same As Applicant? <input type="checkbox"/> Yes or <input type="checkbox"/> No If No Enter Address					
Address:					
OCCUPANT 2: BACKGROUND INFORMATION FOR PERSONS OVER 18 YEARS OLD					
Ever been convicted of a crime?		<input type="checkbox"/> NO <input type="checkbox"/> YES		If yes: describe offense:	
Are there any Felony charges against you?		<input type="checkbox"/> NO <input type="checkbox"/> YES		Other states you have resided:	
Any member of your household subject to a lifetime state sex offender registration program in any state?					<input type="checkbox"/> YES <input type="checkbox"/> NO
Occupant 3: Name		Birthdate	Relationship	Social Security #	Phone # If Applicable
Is Address The Same As Applicant? <input type="checkbox"/> Yes or <input type="checkbox"/> No If No Enter Address					
Address:					



APPLICATION

OCCUPANT 3: BACKGROUND INFORMATION FOR PERSONS OVER 18 YEARS OLD

Ever been convicted of a crime?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes: describe offense:	
Are there any Felony charges against you?	<input type="checkbox"/> NO <input type="checkbox"/> YES	Other states you have resided:	
Any member of your household subject to a lifetime state sex offender registration program in any state?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Occupant 4: Name	Birthdate	Relationship	Social Security #	Phone # If Applicable

Is Address The Same As Applicant? Yes or No **If No Enter Address**

Address: _____

OCCUPANT 4: BACKGROUND INFORMATION FOR PERSONS OVER 18 YEARS OLD

Ever been convicted of a crime?	<input type="checkbox"/> NO <input type="checkbox"/> YES	If yes: describe offense:	
Are there any Felony charges against you?	<input type="checkbox"/> NO <input type="checkbox"/> YES	Other states you have resided:	
Any member of your household subject to a lifetime state sex offender registration program in any state?			<input type="checkbox"/> YES <input type="checkbox"/> NO

INCOME (If more than 3 sources of income, attach additional sheets)

	Place of Employment	Phone Number	Address	Occupation	Employment Dates FROM/TO	Monthly Income
1st Source						
2nd Source						
3rd Source						

RESIDENCE HISTORY

	Management or Mortgage Company	Phone Number	Address	Dates of Residency From/To	Rental Amount	Reason for Leaving
Present Landlord						
Applicant Landlord						

In Case of Emergency	Telephone	Relationship:	Email:
NAME:			

Does your household require any accessible features? YES NO Describe: _____

Does your household have any reasonable accommodation requests? YES NO Describe: _____

How Did you hear about Our Community?	Any Pets? If so, please specify: (type, breed, weight, age):
<input type="checkbox"/> Newspaper <input type="checkbox"/> Apartment Guides <input type="checkbox"/> Referred By _____ <input type="checkbox"/> Internet <input type="checkbox"/> Drive By <input type="checkbox"/> Other _____	

Applicant has submitted the sum of \$ _____ which is a nonrefundable payment for a credit check and/or criminal conviction check.
 _____ (Applicant Initials)



APPLICATION

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

What size apartment home or townhome are you interested in? _____

Date you would like to move in? _____

Agreement & Authorization Signature/s

By signing this application, the undersigned hereby authorizes **Cambridge Club Apartments** 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
_____ 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
_____ Management Agent Signature	_____ Date

Application Updates For Office Use Only:

MONIES DELIVERED W/ THIS APPLICATION

Date:	New Information:	Deposit	\$ _____
		Credit Check Fee	\$ _____
		Pet Fee / Deposit	\$ _____

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.

Obligations of Receiving Party: Receiving Party shall hold and maintain the Confidential Information in 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, and 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 immediately if Disclosing Party requests it in writing.



Landlord Verification Form

Dear: _____
(Landlord)

_____ has an application for occupancy at Cambridge Club Apartments.
(Prospects Name)

My address is/was _____.

I authorize you to release the following information to Cambridge Club Apartment Homes.

X _____ X _____ / _____ / _____
Signature Date

This release of 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 a currently an outstanding balance? _____ Amount? _____

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

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

Did you receive a 30 day notice? _____

Were there damages to the premises? _____

Would you rent to this applicant again? _____

Signed: _____ Title: _____

Print name: _____ Management Company: _____

Telephone: _____ Fax Number: _____

Date: _____ / _____ / _____

Please fax completed form to fax #734-930-1930 or email it to cambridgeleasing@legacypmc.com

Employment Verification Form

Dear Employer:

I, _____ Social Security #, _____

(Please Print Name)

have an application in process for occupancy at Cambridge Club Apartment Homes. To process the rental application I permit you to release the following information to them. Please complete form and return it to the community. Thank you for your assistance.

X _____

Employee Signature

X _____ / _____ / _____

Date

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

Company Name: _____

Company Address: _____

Position with Company: _____

Start Date: _____ / _____ / _____

Type of Employment: 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: _____

Print name: _____

Date: _____ / _____ / _____

Telephone: _____

Fax Number: _____

Obligations of Receiving Party: Receiving Party shall hold and maintain the Confidential Information in 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, and 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 immediately if Disclosing Party requests it in writing.

Please fax completed form to property Fax #734-930-1930 or email it to (cambridgeleasing@legacypmc.com)

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