



FOR OFFICE USE ONLY
Sent Out By: _____

APPLICATION

MICHIGAN SHORES COOPERATIVE

Thank you for your interest in residing in Michigan Shores Cooperative. We look forward to processing your application. Please answer all questions on this application. Enter "None" or N/A for those questions which do not apply to you. **Applications will not be considered unless they are fully completed.** Please print using black or blue pen. Do not use white out.

This application is for **one person**. **A separate application must be completed if a second person will occupy the apartment.** Check our website at www.michiganshores.net or speak to the Cooperative Manager at 231-352-7217 for waitlist status information. Do not hesitate to contact us with any questions about our application process, our Cooperative Manager is just a phone call away.

APPLICANT INFORMATION

| | | |
|-----------------|------------|--------------------------------|
| NAME | | |
| _____ | _____ | _____ |
| Last Name | First Name | Middle Initial |
| CURRENT ADDRESS | | TELEPHONE NUMBER AND AREA CODE |
| _____ | _____ | () _____ |
| Street Address | Apt. No. | E-mail: |
| _____ | _____ | _____ |
| City | State | Zip Code |

HOUSEHOLD COMPOSITION

If you are the head of household (HOH), please complete this section which provides information about other household members. You must indicate one of the HUD approved relationship codes for each household member. If you are not the HOH, please skip this section.

| | |
|--|--|
| 1. Will anyone else live in the unit with you? If yes, please provide the following information and note that all adults must complete their own application: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other household member's full name | Relationship to head of household |

| | |
|--|--|
| | <input type="checkbox"/> Co-head/Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other adult <input type="checkbox"/> Foster adult/child <input type="checkbox"/> Live-in aide (<i>Live-in aides must be approved before move in</i>) <input type="checkbox"/> None of the above |
|--|--|

HOUSING INFORMATION

| | |
|--|--|
| | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Michigan Shores Co-op has come to be a healthier and safer environment to live in by becoming 100% smoke free. Smoking is not allowed within the individual apartments, the common areas, and within 25 feet of the building. This includes Electronic Cigarettes. Do you acknowledge that you are aware of this smoke free policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. The Controlled Substances Act prohibits all forms of marijuana use, therefore, the use of medical or recreational marijuana is illegal under federal law even if it is permitted under state law and is not allowed on the Michigan Shores property. Do you acknowledge that you are aware of this zero-tolerance marijuana use policy, and agree that you, your guests, and service providers hired by you will abide by this policy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you understand that failure to comply with the smoking and marijuana policies may result in termination of tenancy? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. The management and property staff do not provide, nor has the authority to provide, any personal care or personal supervision services. All care and supervision services must be provided by the resident or aides supervised by the resident or the resident's representative(s). Michigan Shores Cooperative does not provide assistance with personal activities or daily living. Are you able to meet all the obligations of tenancy with or without assistance from outside the building? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Legally, do you need permission of another person (i.e. court appointed guardian) to make leasing or financial decisions? If yes, please provide her/his contact information: Name: _____ Phone number: (_____) _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

LANDLORD INFORMATION

| | |
|--|--|
| Do you currently own a home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will Michigan Shores be your primary home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PETS & ASSISTANCE/COMPANION ANIMALS

Please review the Rules for Animal Ownership. They are available upon request. The presence of any animal must be approved before the animal is allowed to be kept in the unit. **Please note that only one four-legged, warm-blooded, domesticated animal is allowed per apartment as a pet. Accommodations can be made for assistance animals. Pets and assistance animals must be approved before they are allowed to live in the unit.**

| 7. Do you plan to keep an animal in your apartment? Michigan Shores allows one pet per unit. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---------------------------------|--|
| 8. If yes, please provide the following information: | | |
| ANIMAL TYPE <i>(dog, cat, turtle, etc.)</i> | BREED <i>(if applicable)</i> | WEIGHT |
| | | |
| | | |

PARKING

| | |
|--|--|
| 9. This building offers one parking space per member. Any additional vehicles will have to park outside the garage. Do you require an extra parking space? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

APPLICANT SIGNATURE AND CERTIFICATION

I understand the information in this application will be used to determine eligibility for a unit and that this information will be checked. I understand that any false information may make me ineligible for a unit.

I certify that all information given in this application and in the attachments: application's information and the citizenship declaration are true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, management may decline my application or, if move-in has occurred, terminate my Lease Agreement.

I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request to the company, within a reasonable time, for the disclosure of the name and address of the consumer reporting agency and the third party reporting agency, so that I may obtain a complete disclosure of the nature and scope of the investigation.

This authorization is limited to use regarding this facility.

I understand that it is a criminal offense, punishable by a \$10,000 fine or 10 years imprisonment or both, to make willful statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

During the application process, if your address and/or phone number is to change, it is your responsibility to provide us with the new address and/or phone number.

This facility is committed to serving all eligible and qualified individuals regardless of disability. If you need a reasonable accommodation to reside or continue to reside in this facility and have an equal opportunity to participate in the project, you should bring that fact to the management's attention. The management will try to work with you

to reach an accommodation in keeping with the fundamental nature of the project and within the budgetary and administrative limits of the facility.

Notification of Non-Discrimination Based on Disability: Michigan Shores Cooperative does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

SIGNATURE

DATE

AUTHORIZATION TO RELEASE INFORMATION

I am applying for a Membership at Michigan Shores Cooperative. My signature below authorizes credit reporting agencies and/or landlord references and law enforcement agencies to release all pertinent information requested.

Applicant's Name (please print) _____

Applicant's Signature _____

Date of Birth _____

Applicant's Social Security Number _____

All Social Security Numbers Used by Applicant _____

If you have no social security number, you claim you are exempt because:

- You are an ineligible non-citizen
- You were 55 as of _____

Date _____



PLEASE RETURN THIS APPLICATION TO:

**Michigan Shores Cooperative
Attn: Cooperative Manager
641 Michigan Avenue
Frankfort, Michigan 49635**



Application-MIShores