# TOWNHOUSE MANOR COOPERATIVE

A Market Rate Community
8700 Kaltz, Center Line, MI 48015

Dear Applicant,

Thank you for your interest in Townhouse Manor Cooperative. The attached application is to be filled out completely and returned to the on-site office located at the above address or mailed to Townhouse Manor Cooperative, 8700 Kaltz in Center Line, MI 48015 **Attn: Susan Haan.** The application is to be returned with a money order payable to **Townhouse Manor Cooperative** in the amount of $75.00 for **each applicant** 18 years of age and older.

**Guidelines for processing your application are as follows:**

A. A criminal report and sex offenders will be run on all applicants 18 and older.
**(This may change your application amount depending on the number of adults).**
B. A credit report will be run on all applicants 18 and older.
**(This may change your application amount depending on the number of adults).**
C. Applications will only be approved if you have a credit score of 650 or higher, no criminal background in the past 10 years, meet income guidelines, and landlord verification.

The unit sizes and the monthly carrying charges for Townhouse Manor are as follows:
***(Carrying Charges are subject to change upon new fiscal)***

| | |
|---|---|
| **One Bedroom** | $430.00 |
| **Two Bedroom** | $460.00 |
| **Three Bedroom** | $470.00 |

Appliances that are included in each unit are a stove, refrigerator, and garbage disposal. Each member is responsible for their own electric, gas, telephone, and cable. For a point of information, ***NO*** **dogs are allowed** (except service animals); one cat is allowed if it has been neutered and is an indoor cat. **ALL animals MUST be registered with management**. Vaccination records and a picture of the animal MUST be ALWAYS kept current and on file with management.

If you have any questions, please feel free to contact the management company at the address and/or phone number below or susan@cpmsupport.com

Sincerely,

CUSTOMIZED PROPERTY MANAGEMENT
Managing Agent for Townhouse Manor Cooperative

Susan Haan

Susan Haan
**Vice President**

# Townhouse Manor Cooperative

**8700 Kaltz Center Line, MI 48015**
***A Market Rate Community***
***Managed by: Customized Property Management***

EQUAL HOUSING OPPORTUNITY

**$75.00 Processing Fee**

**Address applying for:** _____

## APPLICATION FOR MEMBERSHIP

**Applicant Name**: _____ Phone Number: _____

Social Security Number: _____ Date of Birth_____

Current Address: _____ Length at this address: _____
Address, City, State, Zip

**Co-Applicant Name**: _____ Phone Number:_____

Social Security Number: _____ Date of Birth_____

Current Address: _____ Length at this address: _____
Address, City, State, Zip

## PLEASE PROVIDE RESIDENCY INFORMATION FOR THE LAST THREE (3) YEARS

Current Landlord Name Landlord's Phone No.

Landlord's Complete Address, City, State, Zip

Prior Address #1 Length at this address ( )

Prior Landlord Name Prior Landlord's Phone No.

Prior Landlord's Complete Address, City, State, Zip

Prior Address #2 Length at this address ( )

Prior Landlord Name Prior Landlord's Phone No.

Prior Landlord's Complete Address, City, State, Zip

Have you ever applied for membership here before? Yes ☐ No ☐

**Please list names, addresses and telephone numbers of two relatives or friends who generally know how to contact you and/or can be notified in case of an emergency.**

( )

Name Telephone No.

Address, City, State Zip

( )

Name Telephone No.

Address, City, State Zip

## HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the applicant & all other members who will be living in the unit. Give relationship of each family member to the applicant.

| Applicants full name | Relationship | Birthdate | Age | Sex | Soc. Sec. Number |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## APPLICATION QUESTIONS

Have you or any household member ever been convicted of a felony? ☐Yes ☐No

Have you ever been evicted? ☐Yes ☐No

Is this your primary place of residency? ☐Yes ☐No

Do you have a pet? ☐Yes ☐No

If you currently have a pet, please list the type here: _____

## ASSETS INFORMATION

**List all checking and savings accounts (including IRA's, Keogh accounts, Certificates of Deposit) household members.**

| FAMILY MEMBER | BANK NAME | ACCOUNT NUMBER | CURRENT BALANCE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## OTHER INCOME - AMOUNTS RECEIVED MONTHLY

ADC $

Welfare $

SSI $

VA Benefits $

Pension/Annuity $

Other $

## EMPLOYMENT EARNINGS - PAST AND/OR PRESENT

| APPLICANT | CO-APPLICANT |
|---|---|
| Employer: _____ | Employer: _____ |
| Address, City, State, Zip: _____ | Address, City, State, Zip: _____ |
| Phone Number: _____ | Phone Number: _____ |
| Hourly Rate:_____Annual Rate:_____ | Hourly Rate:_____Annual Rate:_____ |
| Length of time employed: _____ | Length of time employed: _____ |
| Employer: _____ | Employer: _____ |
| Address, City, State, Zip: _____ | Address, City, State, Zip: _____ |
| Phone Number: _____ | Phone Number: _____ |
| Hourly Rate:_____Annual Rate:_____ | Hourly Rate:_____Annual Rate:_____ |
| Length of time employed: _____ | Length of time employed: _____ |

## VEHICLE INFORMATION

Automobile: _____ License Plate Number: _____

**Make, model, year**

Automobile: _____ License Plate Number: _____

**Make, model, year**

## APPLICATION CONSENT

The undersigned applicant(s) hereby consent to allow **Townhouse Manor Cooperative** ("corporation"), itself or through its designated agents or employees, to obtain a consumer report and criminal record information on each of us and to obtain and verify each of our credit, employment, and residential history information for the purpose of determining whether to approve membership. We also agree and understand that the owner and its agents and employees may obtain additional consumer reports and criminal record reports on each of us in the future to update or review our account. Upon my/our request, the owner will tell me/us whether consumer reports or criminal reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

_____ _____

**Applicant Initials** **Co-Applicant Initials**

Please list any states (with addresses, if possible) in which you have lived that are not listed on the first page.

## COMMENTS/ADDITIONAL INFORMATION

_____

_____

_____

## APPLICATION CERTIFICATION

I/WE CERTIFY THAT, IF APPROVED TO MOVE INTO THIS COOPERATIVE, THE UNIT I/WE OCCUPY WILL BE MY/OUR PRIMARY RESIDENCE. ANY FALSE STATEMENTS WILL BE CAUSE FOR DENIAL OF THIS APPLICATION.

_____ _____

Applicant Signature Date

_____ _____

Co-Applicant Signature Date

_____ _____

Management Representative Signature Date

# TOWNHOUSE MANOR COOPERATIVE

Employment Verification

## Section I

(To be completed by applicant)

I understand and agree that my signature constitutes authorization for the release of my employment information to Townhouse Manor Cooperative, 8700 Kaltz, Center Line, MI 48015.

_____ _____

Employee Signature Social Security Number

_____

Date

## Section II

**To be completed by Personnel or Human Resource Department at applicant's place of business and mailed or faxed** to Townhouse Manor Cooperative, 8700 Kaltz, Center Line, MI 48015 or faxed to (586) 510-4630.

Name of Company: _____

Address: _____

Telephone Number: _____

Name of Employee: _____

(Please Print)

Date of Hire: _____

Probability of Continued Employment: ☐ Yes ☐ No

Yearly Gross Income: $_____ Earnings by Hour/Week/Month: $_____

Comments:

_____

_____

_____

_____ _____

Signature of Person Completing Form Title of Person Completing Form

_____

Date

# TOWNHOUSE MANOR COOPERATIVE

Verification of Residency

(To be completed by applicant/s)

I/WE hereby authorize Townhouse Manor Cooperative to contact the leasing office of the complex where I/WE currently reside for the purpose of securing information relative to that residency.

| | |
|---|---|
| Printed Name of Applicant | Printed Name of Co-Applicant |
| *Signature* of Applicant | *Signature* of Co-Applicant |
| *Social Security Number of Applicant* | *Social Security Number of Co-Applicant* |

Name of Complex and Address of Resident(s)

**(To be completed by manager of apartment complex where applicant(s) currently reside)**

Please provide the following information and **mail or fax** to Townhouse Manor Cooperative, 8700 Kaltz, Center Line, MI 48015.

Current Monthly Rent: $ _____ Lease Expiration Date: _____

| | YES | NO |
|---|---|---|
| 1. Did Resident(s) make monthly payments as agreed? | ☐ | ☐ |
| 2. If answered "no" please indicate number of times late: _____ | ☐ | ☐ |
| 3. Has Resident(s) check ever been returned for non-sufficient funds? | ☐ | ☐ |
| 4. If answered "yes", please indicate number of times: _____ | ☐ | ☐ |
| 5. Is Resident current now? | ☐ | ☐ |
| 6. Does Resident abide by Rules and Regulations? | ☐ | ☐ |
| 7. Was proper Notice to Vacate submitted as agreed? | ☐ | ☐ |

My signature below constitutes agreement that I have answered all questions truthfully and to the best of my knowledge.

| | |
|---|---|
| Printed Name of Complex Representative | *Signature* of Complex Representative |
| Telephone Number | Date |

# TOWNHOUSE MANOR COOPERATIVE

## Statement of Purchasing Guidelines

It is the pledge of this Cooperative community to treat all current and prospective members in a fair and professional manner, **without regard to race, color, religion, sex, familial status, handicap, national origin, age, or any other characteristics protected** by law. Applicants will be approved if they collectively score between 8-10 points based on a ten-point scoring system as follows:

| | | | |
|---|---|---|---|
| Income Qualify | 2 pts | | |
| Good Job Verification (2 yrs minimum) | 2 pts | Credit Qualify (National Risk Score above 650) | 3 pts |
| Good Previous Residency Verification | 1 pts | Criminal Background (must not have criminal activity) | 2 pts |

**Purchasing Application** - Must be completed by each applicant without omissions or falsifications and must be submitted with the application fee. Application fees are non-refundable, and the $75.00 fee is per applicant. Anyone who does not answer any one of the written questions or who answers any questions falsely will be denied a unit in the community.

**Occupancy Guidelines** - The maximum number of person per unit:

| | |
|---|---|
| One Bedroom | 2 people |
| Two Bedroom | 4 people |

**Residency Verification** - The following will be verified: Two years of residency, prompt rental/mortgage payments, adherence to community policies, proper notice to vacate and fulfilling lease obligations. An applicant with a prior eviction will be automatically denied. If a balance was owed to another landlord, a written statement must be provided on the landlord's letterhead that the debt has been satisfied.

**Income Verification** - Gross household monthly income must be at least 3.5 times the monthly carrying charges. Self- employed applicants must provide the previous year's tax return. Unemployed applicants must provide documentation in the form of a bank statement, IRA, 401K, or trust fund, reflecting a balance equal to the rent for the entire lease term. Management reserves the right to request any documents necessary to verify income being used to qualify for a unit.

**Job Verification** - The following will be verified: Two years of employment, position held and salary. If income cannot be verified by the employer in writing, then the most recent pay stubs may be requested. Management reserves the right to request a copy of the offer of employment letter if applicant has not started working for current employer.

**Credit/Criminal History** - A credit check will be completed on each applicant and will be evaluated for payment history. If an agreement for a payment plan has been arranged on any outstanding debt, then proper documentation must be provided. If a Chapter 7 bankruptcy reflects on the credit report, management will take this under special consideration. **Any criminal activity is grounds for the application to be denied.**

I have read, understand, and agree to the terms and conditions outlined above.

_____ _____

Signature of Purchaser Date

_____ _____

Signature of Purchaser Date