

# *Colonial*

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## TOWNHOUSES COOPERATIVE

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Cooperative Living  
With You in Mind



Colonial Townhouses Cooperative, Inc.  
3818 Pleasant Grove Rd., Lansing, MI 48910  
(517) 882-4176  
Fax (517)882-2520



Equal Housing Opportunity

# *Colonial*

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## TOWNHOUSES COOPERATIVE

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Dear Future Member,

Thank you for your request for membership in our housing cooperative.

Upon receipt of your application and application fee a credit check and criminal background history will be performed to determine your eligibility. Once this has been completed, we will request proof of household income to ensure that you meet the minimum income limit requirement set by Colonial Townhouses Cooperative. After your application has been approved your name will be placed on the wait list. If your application is not approved for any reason you will be notified by mail.

Please inform us immediately of any phone number or address changes.

Cooperative living is worth waiting for and we hope that you will be patient. As your name reaches the top of the list, we will notify you of any memberships available for sale for the size townhouse you requested.

If for any reason your plans should change and cancellation is necessary please notify this office as soon as possible so your application can be placed in the inactive file.

Feel free to visit our Facebook page at [facebook.com/Colonial.Townhouses.Coop](https://facebook.com/Colonial.Townhouses.Coop).

Sincerely,  
Colonial Townhouses Cooperative Staff

Consúltenos si desea una copia de este paquete de información en español o vietnamita.

Hỏi chúng tôi nếu bạn muốn một bản sao của gói thông tin này trong Tây Ban Nha hoặc việt.



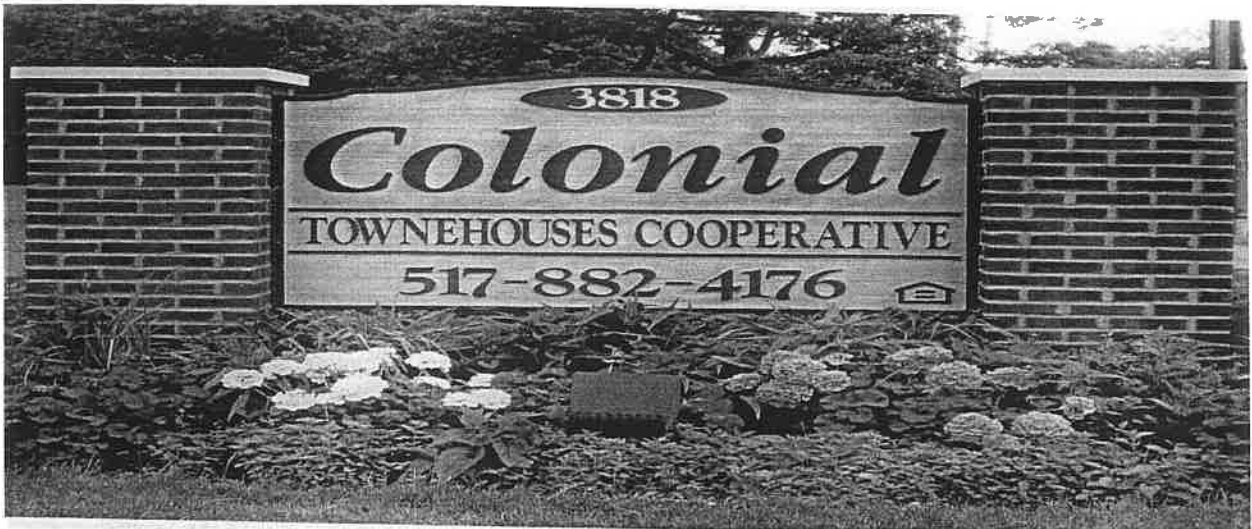
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## TOWNHOUSES COOPERATIVE

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### Benefits of Cooperative Living at Colonial Townhouses Cooperative

- Friendly staff
- 24-hour on call emergency maintenance
- Low monthly carrying fees
- Tax Benefits
- Lawn care and snow removal
- Assigned parking
- Playground and green space throughout the property
- Community building rental available to members only
- Trash removal
- Recycling
- Washing machine hook ups
- Gas ranges
- Central air conditioning
- Gas heat, cooking and hot water included in monthly carrying charges
- Many member activities and events
- Decorating and alterations allowed with approval
- Potential to build equity
- Pet friendly (breed restrictions apply)



# Colonial

## TOWNHOUSES COOPERATIVE

Size	Carrying Charges	Membership	Square Feet
1 Bedroom	\$409	\$3,500.00	410*
2 Bedroom 1 Bath	\$482	\$6,640.00	890*
2 Bedroom 1 1/2 Bath	\$492	\$6,690.00	890*
3 Bedroom 1 Bath	\$505	\$6,740.00	890*
3 Bedroom 1 1/2 Bath	\$516	\$6,790.00	890*
4 Bedroom 1 1/2 Bath Note: the wait list is currently closed for 4 bedroom townhouses	\$536	\$7,390.00	1160*

\*Approx. Square feet not including basement (if applicable)

### Minimum Income Limits

1 Bedroom = \$12,270.00

3 Bedroom = \$14,970.00

2 Bedroom = \$14,970.00

4 Bedroom = \$15,570.00

- All utilities paid except electricity.
- Gas stove furnished - Must provide own refrigerator (2-4 bedrooms).
- Pets are allowed - must be pre-approved (restrictions apply).
- Waterbeds require proof of renter's insurance.
- \$25 application fee per person, 18 years of age and older - Non-refundable application fee (covers cost of credit, criminal, and landlord check).
- NOTE: Two vehicles can be registered per household and a third vehicle with special permission. No more than three registered vehicles are permitted. Only registered vehicles can park in the parking lots

Office #

882-4176

Nearby Schools: Pleasant View-Magnet K-8

Fax #

882-2520

Lansing Magnet Stem Academy-K-8

Lansing Everett-9-12

**Restricted Dog Breeds:** Pit Bulls, Chows, Rottweiler, Great Danes, St. Bernard, Basenjis, Dobermans, Dalmatians, Shar Peis, Mastiffs, Wolf Hybrids, German Shepard's (other exclusions may apply).

(Revised: July 1, 2019)

Rental Scores are used in determining approval or denial. Colonial uses AmRent to determine the score. Information to determine the scores may include your bill-paying history, the number and type of accounts you have, collection actions, outstanding debt, income, and the number of inquiries in your consumer report. The final number, or rental score, represents an estimated level of risk as compared to the performance of other consumers in a range of scores.



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## TOWNHOUSES COOPERATIVE

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**PLEASE INCLUDE A COPY OF  
GOVERNMENT PHOTO  
I.D./DRIVER'S LICENSE AND  
SOCIAL SECURITY CARD FOR  
EACH ADULT HOUSEHOLD  
MEMBER.**

**THE APPLICATION FEE IS \$25  
PER ADULT – MONEY ORDER OR  
CASHIER'S CHECK ONLY.**

**THANK YOU!**



Equal Housing Opportunity

Correspondence\Application

Forms\COVER FOR APPLICATIONS.docx

G:\My Drive\Colonial\_Office\! OM Folder\Application

Size townhome desired:

Desired Move-in Date:

(Please Print)	APPLICANT	CO-APPLICANT
First Name		
Middle Name		
Last Name		
Street Address		
City, State, Zip Code		
Contact Number		
Email		
Date of Birth		
Social Security #		
Photo ID #		
Vehicle Make/Model		

**APPLICANT: Background Information for persons over 18 years old**

Ever been convicted of a crime?  NO  YES If yes: describe offense

Other states you have resided:

Any member of your household subject to a lifetime state offender registration program in any state  NO  YES

**CO-APPLICANT: Background Information for persons over 18 years old**

Ever been convicted of a crime?  NO  YES If yes: describe offense

Other states you have resided:

Any member of your household subject to a lifetime state offender registration program in any state  NO  YES

FULL NAME of ADDITIONAL OCCUPANT #1	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED BELOW				
Ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:				
Other states you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state <input type="checkbox"/> NO <input type="checkbox"/> YES				

FULL NAME of ADDITIONAL OCCUPANT #2	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED BELOW				
Ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:				
Other states you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state <input type="checkbox"/> NO <input type="checkbox"/> YES				

FULL NAME of ADDITIONAL OCCUPANT #3	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED BELOW				
Ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:				
Other states you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state <input type="checkbox"/> NO <input type="checkbox"/> YES				



<b>FULL NAME of ADDITIONAL OCCUPANT #4</b>	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				
Ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:				
Other states you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state <input type="checkbox"/> NO <input type="checkbox"/> YES				

<b>FULL NAME of ADDITIONAL OCCUPANT #5</b>	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				
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 offender registration program in any state <input type="checkbox"/> NO <input type="checkbox"/> YES				

<b>FULL NAME of ADDITIONAL OCCUPANT #6</b>	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				
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 offender registration program in any state <input type="checkbox"/> NO <input type="checkbox"/> YES				

<b>FULL NAME of ADDITIONAL OCCUPANT #7</b>	Relationship	Birthdate	Social Security #	PHONE # (if applicable)
Is address the same as applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO If No Enter Address				
Address, City, State, Zip Code				
Over 18 years old <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, BACKGROUND INFORMATION REQUIRED				
Ever been convicted of a crime? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, describe offense:				
Other states you have resided:				
Any member of your household subject to a lifetime state offender registration program in any state <input type="checkbox"/> NO <input type="checkbox"/> YES				

\*If more than 7 additional household members, attach additional sheet.

	Name of Member/Occupant	Source of Income	Phone number	Occupation	Monthly Income
1 <sup>st</sup> Source					
2 <sup>nd</sup> Source					
3 <sup>rd</sup> Source					
4 <sup>th</sup> Source					
5 <sup>th</sup> Source					
6 <sup>th</sup> Source					
7 <sup>th</sup> Source					

\*If more source of income, attach additional sheet



**RESIDENCE HISTORY**

	Management or Mortgage Co.	Phone Number	Address	Date of Residency From/To	Rental amount	Reason for Leaving
Present Landlord						
Previous Landlord						

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

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

PETS  NO  YES If so, please specify: (type, breed, weight, age)

**EMERGENCY CONTACT**

Name	Telephone	Relationship	Email

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

(Applicant Initials)

How did you hear about our Community?

- Newspaper       Apartment Guide       Referred by : \_\_\_\_\_  
 Internet       Drive by       Other: \_\_\_\_\_

**Obligation of Receiving Party:** Receiving Party shall hold and maintain the Confidential Information in this application in the 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 any 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 if Disclosing Party requests, it in writing.





**AGREEMENT & AUTHORIZATION SIGNATURE/S**

By signing this application, the undersigned hereby authorizes Colonial Townhouses Cooperative, Inc. to investigate and confirm the information stated by the person/s signing this form. The undersigned understands and agrees that said investigation may include but not be 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

\_\_\_\_\_  
Occupant #5 Signature (If over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Occupant #6 Signature (If over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Occupant #7 Signature (If over 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date

**We are an equal housing opportunity provider. We provide housing without discrimination in accordance with any/all local, state, and federal civil rights and fair housing legislation.**

FOR OFFICE USE ONLY

APPLICATION UPDATES		MONIES DELIVERED W/ THIS APPLICATION	
DATE	NEW INFORMATION	Deposit	\$N/A
		Application Fee	\$
		Pet Fee/Deposit	\$N/A
		Other	\$



**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 an agent of sellers (lessor's/owner's) or buyers (tenant/lessee) of real property to advise the potential seller (lessors/owners) or buyers (tenant/ lessee) with who they work of the nature of their agency relationship.

LESSOR'S/OWNER'S AGENTS

A lessor's/owner's agent acts solely on behalf of the lessor/owner of the property. An owner can authorize lessor's/owner's agent 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, acts solely on the 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 agents 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.

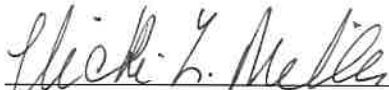
The obligations of a dual agent are subject to any specific provisions set forth in any agreement between the dual agent, the lessor/owner and the tenant/lessee.

LICENSEE DISCLOSURE

I hereby disclose that the agency status I/we have with the lessor/owner and/or the tenant/lessee is:

- Lessor's/Owner's Agent
- Tenant's/Lessee's Agent
- Dual Agent
- None of the above

Further, this information 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.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

# HOUSEHOLD COMPOSITION CERTIFICATION

Applicant's Name	Address
------------------	---------

**PLEASE LIST YOURSELF, ALL DEPENDENTS AND PERSONS LIVING WITH YOU.**

LAST	NAME: FIRST	M.I.	RELATION- SHIP	BIRTH DATE	PLACE OF BIRTH CITY, STATE	SOCIAL SECURITY #	OCCUPATION	ANNUAL INCOME

I/We certify that the information given above is an accurate account of our household composition and is our total household income for the next twelve months. I/We understand that false information will place me/us in violation of the terms of our Application and/or Occupancy Agreement and render my/our application for denial.

Home Phone:	Work Phone:	Emergency contact:	Phone number:
Applicant's Signature:	Date:	Co-applicant's Signature:	Date:

**To be signed at time of move-in:**

I/We certify that the information given above is still an accurate account of our household composition and total household income for the next twelve months. I/We understand that false information will place me/us in violation of the terms of the Occupancy Agreement and/or application and render me/us liable for prosecution.

Member's Signature	Date
Member's Signature	Date