

Colonial TOWNHOUSES COOPERATIVE

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



3818 Pleasant Grove Rd
Lansing, MI 48910

Phone: 517-882-4176
Email: Office@colonialtownhouses.com

Colonial TOWNHOUSES COOPERATIVE

Dear Future Member,

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

Upon receipt of your application, government issued photo ID, documentation of social security number and proof of all sources of verifiable income (60 days minimum history) for all over 18 years of age, a credit check will be performed to determine your eligibility. Once this has been completed and meets qualifications we will perform a criminal background screening. After your application has been approved your name will be placed on a wait list. If your application is not approved for any reason, you will be notified by mail and/or email.

Please inform us immediately of any phone number and 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 of the 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

Sincerely,

Colonial Townhouses Cooperative Staff



Colonial

TOWNHOUSES COOPERATIVE



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
- Playgrounds and green space throughout the property
- Community building rental available to members only
- Trash removal
- Washing machine hook ups
- Gas ranges
- Central air conditioning
- Gas heat, cooking and hot water included on monthly carrying charges
- Many member activities and events
- Decorating and alterations allowed with approval
- Potential to build equity



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- Pet friendly (breed restrictions apply)

Size	Carrying Charges	Membership	Square feet
1 Bedroom	\$524	\$7,000.00	410*
2 Bedroom 1 Bath	\$618	11,140.00	890*
2 Bedroom 1 ½ Bath	\$628	\$11,190.00	890*
3 Bedroom 1 Bath	\$641	\$11,240.00	890*
3 Bedroom 1 ½ Bath	\$652	\$11,290.00	890*
4 Bedroom 1 ½ Bath Note: The waitlist is currently Closed for 4 Bedroom Townhouses	\$672	\$11,890.00	1160*

Income Requirements

- Gross income must exceed 2.5 times the amount of monthly carrying charge rate. To ensure that the applicant has the ability to pay the carrying charges.
- All utilities paid except electricity.
- Gas stove furnished - Must provide own refrigerator (2-4 bedrooms).
- Pets are allowed - must be pre-approved (restrictions apply).
- \$50 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

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)

If you have any questions pertaining to this application process, please feel free to contact the office in person or by phone at 517-882-4176



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APPLICATION

Size of Unit 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		

FULL NAME of ADDITIONAL OCCUPANT #1	Relationship	Date of Birth	Social Security #	Phone # (if applicable)
Is address the same as applicant?	☐ YES	☐ NO	If No Enter Address	
Address, City, State, Zip Code				

FULL NAME of ADDITIONAL OCCUPANT #2	Relationship	Date of Birth	Social Security #	Phone # (if applicable)
Is address the same as applicant?	☐ YES	☐ NO	If No Enter Address	
Address, City, State, Zip Code				

FULL NAME of ADDITIONAL OCCUPANT #3	Relationship	Date of Birth	Social Security #	Phone # (if applicable)
Is address the same as applicant?	☐ YES	☐ NO	If No Enter Address	
Address, City, State, Zip Code				

FULL NAME of ADDITIONAL OCCUPANT #4	Relationship	Date of Birth	Social Security #	Phone # (if applicable)
Is address the same as applicant?	☐ YES	☐ NO	If No Enter Address	
Address, City, State, Zip Code				

FULL NAME of ADDITIONAL OCCUPANT #5	Relationship	Date of Birth	Social Security #	Phone # (if applicable)
Is address the same as applicant?	☐ YES	☐ NO	If No Enter Address	
Address, City, State, Zip Code				

FULL NAME of ADDITIONAL OCCUPANT #6	Relationship	Date of Birth	Social Security #	PHONE # (if applicable)
Is address the same as applicant?	☐ YES	☐ NO	If No Enter Address	
Address, City, State, Zip Code				

FULL NAME of ADDITIONAL OCCUPANT #7	Relationship	Date of Birth	Social Security #	Phone # (if applicable)
Is address the same as applicant? ☐ YES ☐ NO If No Enter Address				
Address, City, State, Zip Code				

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

	Name of Applicant/Occupant	Source of Income	Phone number	Occupation-if applicable	Monthly Income
1 st Source					
2 nd Source					
3 rd Source					
4 th Source					
5 th Source					
6 th Source					
7 th 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 accessible features in the unit? ☐ NO ☐ YES Describe:

Does your household have any reasonable accommodation requests? ☐ NO ☐ YES Describe:
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PETS ☐ NO ☐ YES If so, please specify: (type, breed, weight, age)

EMERGENCY CONTACT			
Name	Telephone	Relationship	Email

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 management 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	App Fee/Admin Fee	\$
		Pet Deposit	\$
		Good Faith Deposit	\$
		Other	\$
		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 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

The agency status I/we have with the lessor/owner and/or the tenant lessee is a Lessor/Owners Agent.

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

Licensee

Date