



13955 Bronte Drive
Shelby Township, MI. 48315
Phone: 586-247-1650
Fax: 586-566-7134

Community Application

Shelby Forest Associates practices Equal Housing Opportunity and does business in accordance with the Federal Fair Housing Law (The Fair Housing Amendments Act of 1988). We do not discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status or National Origin.

- Application: Please fill out completely.
- Two recent pay check stubs. From each applicant. If self-employed, last year taxes and schedule "C".
- Purchase Agreement (if applicable)
- Copy of Social Security Card
- Copy of Driver License
- Signed Landlord information request
- Complete Pet Agreement Rider. All dogs must be photograph by office staff prior to approval.
- Read and initial a copy of the rules and regulations of our community.

Accommodations are granted to those that require them to fully and equally enjoy the housing opportunity we provide. Persons requesting an accommodation for a non-apparent disability may be required to provide documentation of the necessity, whether physical or mental, that requires the accommodation.

All adults who are going to occupy the home must fill out and sign an application.. This is so we can do a background check. Returning all of the above items together will expedite the approval process.

Thank you for considering Shelby Forest for you future residency.



ADDRESS: _____ **LOT:** _____

Applicant Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Phone: _____ Driver's License #: _____

Email: _____

Applicant Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Monthly Earnings: _____

Length of Service: _____

Co- Applicant Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Phone: _____ Driver's License #: _____

Email: _____

Co- Applicant Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Monthly Earnings: _____

Length of Service: _____

Current Monthly Payment of Home / Rent: _____

Creditors	Balance Owed	Monthly Payment



Other's living in the home (full name and date of birth)

- 1.
- 2.
- 3.
- 4.

Person to notify in case of an emergency:

Name: _____ Phone: _____

Vehicle Information:

Make: _____ Year: _____ Color: _____ License Plate #: _____
Make: _____ Year: _____ Color: _____ License Plate #: _____

I hereby authorize Shelby Forest and /or any agent or affiliate of Shelby Forest (hereinafter referred to as "Community") to investigate my credit status. The application acknowledges that Shelby Forest has made no promises of any nature with respect to the condition of the manufactured home purchase. In addition, applicants understand that community does not warrant that the home purchased is in conformity with applicable building codes, that the home is free from defects, or the mechanical, plumbing, or electrical systems, including appliances connected there are in working order.

I hereby acknowledge that all statements are true to the best of my knowledge. Any falsification on this application can be grounds to deny acceptance into the community or reasonable grounds for eviction proceeding.

Date: _____

Applicant Signature: _____

Co- Applicant Signature: _____





13955 Bronte Drive
Shelby Township, MI. 48315
Phone: 586-247-1650 Fax: 586-566-7134

I (We) authorize you to release any information that is requested
Regarding my (our) tenancy history

Date _____

Name _____ Address _____

City & Zip _____

Landlord/Community Name _____

Landlord Telephone /Fax Number _____

Applicant Signature _____

=====
We Need Verification of Residency on the Above Named Individual

Date Moved In _____ Amount of Rent _____

Date Rent is Due _____ Date Usually Paid _____

Number of Late Payments _____ Number of NSF _____

Lease in The Name(s) Of _____

Lease Scheduled to Expire On _____ Days Notice Required _____

Was Proper Notice Given _____ Any Neighbor Complaints _____

Any Problems To Management _____

Did Management Notify Resident It Would Not Continue To Rent To Them _____

Would You Tent To The Resident Again? _____ Condition of Dwelling _____

In Order To Complete Our Credit Information, Please Forward This By Fax As
Soon As Possible. Thank You For Your Cooperation.
Our Fax Number Is: 586-566-7134

Signature of Person Signing

Date



Pet Agreement Rider

1. Management agrees that Resident(s) may keep a _____ according to the terms of this Pet agreement. No other animal may be substituted in any event.
2. Limit of One (1) dog or One (1) cat per household. Pet must be Community approved, i.e. Management must see the pet first. Dog owners must provide proof of a Dog Rider on their Home Owners Insurance Policy.
3. Resident(s) agree to size and weight limitations as follows: Maximum height of 18", Maximum weight 25 pounds. A dog that is 18' or under or 25 pounds or under when approved by Management that grows to a size over 18' or more than 25 pounds, must be removed from the community at the request of Management.
4. Vicious breeds are strictly prohibited. Vicious breed restrictions apply to but are not limited to the following breeds: American Pit Bull Terrier, American Staffordshire Terrier, Boxer, Chow, Dalmatian, Doberman Pincher, German Sheppard, Husky, Labrador, Pit Bull, Retriever, Rottweiler and Sharpei. Crossbreeds that contain one or more of these breeds are strictly prohibited. It is at the discretion of Management as to what is considered a vicious breed.
5. Resident(s) agree to keep the animal on a leash at all times while outside of the home. Pets cannot be left outside unaccompanied at any time. No dog kennels or housing is allowed outside of Resident(s)' home. Any animal roaming the community unescorted may be picked up and brought to the humane society. Pets picked up and brought to the humane society will not be allowed back into the community.
6. When walking a pet do not let your pet walk on others lawn. Resident(s) must bring the necessary equipment, i.e. bag and gloves, to clean up and properly dispose of their pet's waste. Waste deposited by pets in their own yard must be picked up on a daily basis. The Community reserves the right to perform testing to identify any pet waste and violations and/or fines may be assessed accordingly.
7. Resident(s) must obey all local and State licensing and health regulations and community rules concerning the animal. A copy of license and health records must be provided to Community office. Any Pet that cause bodily harm must be removed from the community.
8. Resident(s) agree to pay an additional \$10.00 per month to be included in the lot rent which is payable the first of each month. Yard damage, holes in the grass etc. will be the pet owner's responsibility to repair.
9. All Residents have a right to peaceful enjoyment. Resident(s) agree that one written complaint of neighboring Resident(s) and/or Management concerning noise (barking), odor or unsanitary conditions may cause this agreement to be revoked and constitute removal of the pet within a five-day period.
10. Resident(s) understands that Management may terminate this Pet Agreement between Resident(s) and Community upon any default of this Pet Agreement. Therefore, any default of this Agreement shall be a default of any Lease Agreement between Resident(s) and Management.
11. Resident further agrees to hold harmless, indemnify and defend Management from any ad all claims and/or action any party may bring against Management based upon any incident arising out of Resident's pet. Management disclaims any responsibility for the occurrence of harm, injury or death to a pet caused by agents or employees or by Residents or their occupants, guests, visitors or invitees.

Resident _____

Dated _____

Management _____

Dated _____



PET CHECK LIST

Resident _____ Lot: _____

Given Name: _____

Age _____

Height _____ inches

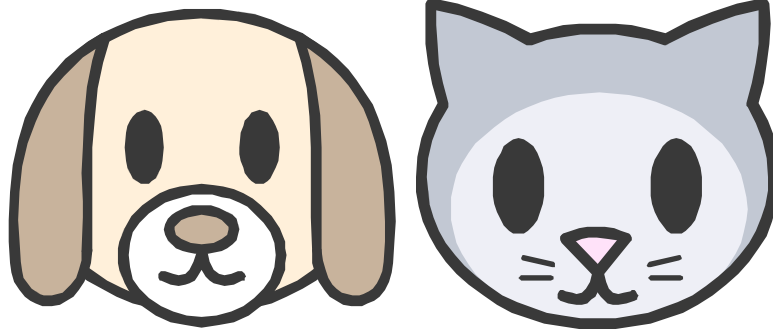
Weight _____ pounds

Breed _____

Color _____

Visual Inspection of Pet By _____

Attach Required Photo Below:



(Please check off appropriate items)

Dog

Male / Female _____

Neutered _____

Spayed _____

Cat

Male / Female _____

Neutered _____

Spayed _____

De-clawed _____

Attach Copy of License _____

Attach Copy of Health Record _____ (Must Show Proof of Neutered/Spayed and De-Clawed for Cats)

Attach Home Owner Insurance Rider for any Dog _____

Resident _____

Date _____

Management _____

Date _____

