



**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**

This application is for **one person**. **A separate application must be completed if a second person will occupy the apartment.** 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

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
<b>Other household member's full name</b>	<b>Relationship to you</b>

	<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
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### HOUSING INFORMATION

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. Smoking marijuana falls under the smoke free rule. Smoking is not allowed within 25 feet of the building. Do you acknowledge that you are aware of this zero-tolerance smoking 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 smoking 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? Durable Power of Attorney? If yes, please provide her/his contact information:  Name: _____ Phone number: (_____)_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PETS & ASSISTANCE/COMPANION ANIMALS

Please review the Pet Policy. The presence of any animal must be approved before the animal is allowed to be kept 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:		
<b>ANIMAL TYPE</b> <i>(dog, cat, turtle, etc.)</i>	<b>BREED</b> <i>(if applicable)</i>	<b>WEIGHT</b>

### PARKING

9. This building offers one indoor parking space per member. Any additional vehicles will have to park outside the garage.	
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### 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 it is a criminal offense, to make willful statement or misrepresentation.

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

When would you like to move in? \_\_\_\_\_

Can you pay the Member Share cost investment plus first month's Monthly carrying charge upon signing the paperwork? \_\_\_\_\_

Michigan Shores Cooperative members must be at least 55 years old, do you qualify? \_\_\_\_\_

Do you have pets? Michigan Shores allows one pet per unit. \_\_\_\_\_

Michigan Shores may require a background and credit check, you can see available units, but if you want to proceed with the purchase of the membership, you will need to pass a credit and/or background check, do you authorize Michigan Shores to proceed with the screening? Any cost for such, will be paid for by Michigan Shores. \_\_\_\_\_

Michigan Shores Cooperative is a smoke free building, do you smoke? \_\_\_\_\_ There is a strict no smoking within 25 feet of any entrance or exit door. Please see our No Smoking policy. This includes smoking marijuana. Do you agree to follow this policy?  
\_\_\_\_\_

How many residents will be occupying the unit permanently? \_\_\_\_\_ We have an occupancy policy that dictates how many residents can live in a type of unit. Each occupant must be independently approved for membership at Michigan Shores.

Michigan Shores Cooperative is an independent retirement community. There is no assistance provided for members. Can you live independently and perform the Activities of Daily Living? Feeding, Dressing, Bathing, Transferring, Toileting and Walking. \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_