



Shelby West  
12277 Conservation Trail  
Shelby Township, MI 48315  
Phone: 586-739-3410  
Fax: 586-997-3461

### **Shelby West Community Application**

Shelby Forest Associates practices Equal Housing Opportunity and does business in accordance with the Federal Fair Housing Laws (The Fair Housing Amendments Act of 1988) and the State of Michigan Civil Rights Act (Elliott-Larsen Civil Rights Act and the Persons with Disabilities Civil Rights Act in 1976). We do not discriminate against any person because of Race, Color, Religion, Sex, Disability, Familial Status, Age, Marital Status and/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 photographed 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 so we can do a background check. Returning all of the above items together will expedite the approval process.

Thank you for considering Shelby West for your 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 #: \_\_\_\_\_  
Make: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_  
Make: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

I hereby authorize Shelby West and/or any agent or affiliate of Shelby West (hereinafter referred to as "Community") to investigate my credit status. The application acknowledges that Shelby West has made no promises of any nature with respect to the condition of the manufactured home purchased. 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: \_\_\_\_\_





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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 Rent 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: 586-997-3461

\_\_\_\_\_  
 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 three written complaints 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 and 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

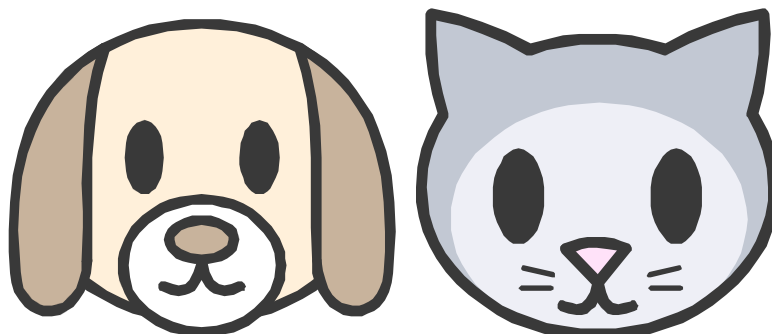
Weight: \_\_\_\_\_ pounds

Breed: \_\_\_\_\_

Color: \_\_\_\_\_

Visual Inspection of Pet By: \_\_\_\_\_

Attach Required Photo Below:



(Please check off appropriate items)

Dog

Cat

Male/Female \_\_\_\_\_

Male/Female \_\_\_\_\_

Neutered \_\_\_\_\_

Neutered \_\_\_\_\_

Spayed \_\_\_\_\_

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: \_\_\_\_\_

