Brookfield Management Company

MAIN OFFICE
27883 Independence St. Ste.103G
Farmington Hills, MI 48336
Phone: (248) 615-8920 * Fax: (248) 615-8923
Hours: Monday to Friday 8am-5:30pm. / Saturday 10am-4pm.

WELCOME TO: Cedar Springs Mobile Estates

What you will Need to Apply:

When you return your application, anyone in the household or that may live part-time in the household that are of the age 18 years or older, will be required to bring a **Driver's License** or a **State Identification Card**, **proof of income fort eh past 30 days** (at a job you have been at for 6 months or longer), **Social Security Card**. Here are a few examples of supporting documentation that can be brought in, the last 30 Days of your bank account, federal tax return for the last calendar year. You will also need to bring a **Money Order in the amount of \$25.00** for each adult over 18 years of age (you may bring one money order for this). Make all payments payable to Cedar Spring Mobile Estates (or CSME).

The \$25.00 fee is non-refundable and is used for processing your credit and administrative fees. Please note that your application will not be processed without all the required documents.

We will not accept your application if:

- Prior Evictions
- · Prior Foreclosures and/or Bankruptcies filed
- · We are restrictive on felony convictions, which will be reflected on your report (please see page
- · Insufficient income that enough to cover all obligations and rent.

Security Deposit:

With approved credit, security deposit will be equal to one month's rent. With bruised credit, if accepted, security deposit will equal to 1 ½ month's rent. After paying the initial holding fee of \$200.00, you are required to come in weekly and pay \$100.00 or Bi-weekly and pay \$200.00, until the total move in cost is paid, prior to move in. Once a payment is missed the home will be placed back on the market and your deposit will be forfeited.

Once Approved:

If you are approved and do not move into the home for any reason, all monies deposited to the account will be forfeited. You are also required to contact **DTE Energy at (800) 477-4747** and **Consumers Energy at (800) 477-5050** to have the utilities transferred to your name at the new address, we must confirm both confirmation numbers.

I have read and understand the above information and agree to the terms and conditions of this application.

PRINT NAME	TODAY'S DATE
SIGNATURE	LEASING AGENT
SIGNATURE	LEASING AGENT

Cedar Springs Mobile Estates

400 Susan Cedar Springs, MI 49319 Telephone: (616) 696-0820 Fax: (616) 696-1277

Rental Application

Applicant Personal Information:

Full Name:			
Current Address:			
(Street)	(City)	(State)	(Zip)
Home Phone:			A A 100
Social Security Number:	Date of Birth:		
Email Address:			com
(Required)			
Second Applicant/ Co-Signo	er Information:		
Full Name:			
Current Address:			
(Street)	(City)	(State)	(Zip)
Home Phone:	Cell Phone:		
Social Security Number:	Date of Birth:		
Email Address:			com
(Required)			
Additional Occupants:			
List all others that will reside wit	th you, in the home (full or part time	•)	
Name:	Date of	of Birth:	
Relationship to you:			

Name:		_ Date of Bi	rth:
Relationship to you:		-	
Name:		_ Date of Bi	rth:
Relationship to you:		-	
Employment History:			
Applicant 1: Current Employer:			
Address:			
(Street)	(City)	(State)	(Zip)
Work Phone:			
Applicant 2: Current Employer:			
Address:			
(Street)	(City)	(State)	(Zip)
Work Phone:			
Pets:			
Do you have any pets? Y/N			
Number of pets:	Breed of the animal:		
Description of Animal:	o pets per household. There is a \$1,500 n o	There is a \$500 on-refundable	pet fee for new
month for the pet(s). **Certain re			

Image of pet: Please attach image	of your pet(s)		
Miscellaneous:			
Have you ever been:			
 Convicted of a felony? Y 	/ N		
Evicted? Y / N			
If Ves to either of these place	so ovolcin:		
If Yes to either of these, pleas	se ехріаіт.		

Emergency Contacts:			
Emergency Contact 1:			
Dolotionahia ta vavv			
Relationship to you:			
Address:			
(Street)	(City)	(State)	(Zip)
Dhono:			
Phone:			
Emergency Contact 2:			
Polationabin to vev			
Relationship to you:			
Address:			
(Street)	(City)	(State)	(Zip)
Dhono			
Phone:			

I certify that permission is given to run mu background and that all the information given above is true and correct and understand that my lease or rental agreement may be terminated if I have made any material false or incomplete statements in this application. I authorize verification of the information provided in this application.

PRINT NAME PRINT NAME			
CIONATURE	PRINT NAME	PRINT NAME	
CIONATURE			
SIGNATURE	SIGNATURE	SIGNATURE	

Cedar Springs Mobile Estates 400 Susan

400 Susan Cedar Springs, MI 49319 Telephone: (616) 696-0820 Fax: (616) 696-1277

VERIFICATION OF RENTAL HISTORY

10:	
We are requesting verification of rental history for the	individual named below, who
states they are a present or former tenant.	
I HEREBY AUTHORIZE YOU TO RELEASE INFORMATI	ON REGARDING MY
TENANCY TO THE INQUIRING LANDLORD.	
TENANT SIGNATURE	DATE
Please complete the information and fax to: (616) (<u> 596-1277</u> .
Thank you for your cooperation.	
Cordially,	
Cedar Springs Mobile Estates	
Rental history of	
Date moved in Moved out	Monthly rent \$
Was rent paid on time? Number of time	mes late?
What was included in rent?	
Number of persons in family? Did the	y follow the rules?
Compilation has all and Compilate 20	
Complaints by others (explain)?	
Care of rental unit:	

Any damage?	Any pets?
	, poor, explain)
Would you rent to them again?	Did they give notice to move?
If not, why?	security deposit?
	Phone: