

INSERT PROPERTY NAME

APPLICATION

PERSONAL (Please Print)									
APPLICANT Last Name		First Name		Middle Initial	Address: City/State/Zip Code				
Phone Number		Email			Date of Birth		Social Security Number		
Driver's License #				Vehicle Make / Model		Color/Year			
APPLICANT: BACKGROUND INFORMATION FOR PERSONS OVER 18 YEARS OLD									
Ever been convicted of a crime?		<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes: describe offense:					
				Other states you have resided:					
Is any member of your household subject to a lifetime state sex offender registration program in any state?							<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CO-APPLICANT Last Name		First Name		Middle Initial	Address: City/State/Zip Code				
Phone Number		Email			Date of Birth		Social Security Number		
Driver's License #				Vehicle Make / Model		Color/Year			
CO-APPLICANT: BACKGROUND INFORMATION FOR PERSONS OVER 18 YEARS OLD									
Ever been convicted of a crime?		<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes: describe offense:					
				Other states you have resided:					
Is any member of your household subject to a lifetime state sex offender registration program in any state?							<input type="checkbox"/> YES	<input type="checkbox"/> NO	
OCCUPANT #1: Name (including middle initial)				Birthdate	Relationship	Social Security #	Phone # If Applicable		
Is Address The Same As Applicant?		<input type="checkbox"/> Yes	or	<input type="checkbox"/> No	If No Enter Address/City/State/Zip Code				
Address:									
OCCUPANT #1: BACKGROUND INFORMATION FOR OCCUPANT #1 IF OVER 18 YEARS OLD									
Ever been convicted of a crime?		<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes: describe offense:					
				Other states you have resided:					
Any member of your household subject to a lifetime state sex offender registration program in any state?							<input type="checkbox"/> YES	<input type="checkbox"/> NO	
OCCUPANT #2: Name (including middle initial)				Birthdate	Relationship	Social Security #	Phone # If Applicable		
Is Address The Same As Applicant?		<input type="checkbox"/> Yes	or	<input type="checkbox"/> No	If No Enter Address/City/State/Zip Code				
Address:									
OCCUPANT #2: BACKGROUND INFORMATION FOR OCCUPANT #2 IF OVER 18 YEARS OLD									
Ever been convicted of a crime?		<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes: describe offense:					
				Other states you have resided:					
Any member of your household subject to a lifetime state sex offender registration program in any state?							<input type="checkbox"/> YES	<input type="checkbox"/> NO	
OCCUPANT #3: Name (including middle initial)				Birthdate	Relationship	Social Security #	Phone # If Applicable		
Is Address The Same As Applicant?		<input type="checkbox"/> Yes	or	<input type="checkbox"/> No	If No Enter Address/City/State/Zip Code				
Address:									



# APPLICATION

**OCCUPANT #3: BACKGROUND INFORMATION FOR OCCUPANT #3 IF OVER 18 YEARS OLD**

Ever been convicted of a crime?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes: describe offense:
			Other states you have resided:

Any member of your household subject to a lifetime state sex offender registration program in any state?  YES  NO

OCCUPANT #4: Name (including middle initial)	Birthdate	Relationship	Social Security #	Phone # If Applicable

Is Address The Same As Applicant?  Yes or  No If No Enter Address /City/State/Zip Code

Address: \_\_\_\_\_

**OCCUPANT #4: BACKGROUND INFORMATION FOR OCCUPANT #4 IF OVER 18 YEARS OLD**

Ever been convicted of a crime?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If yes: describe offense:
			Other states you have resided:

Any member of your household subject to a lifetime state sex offender registration program in any state?  YES  NO

**INCOME (If more than 3 sources of income, attach additional sheets)**

	Place of Employment	Phone Number	Address	Occupation	Employment Dates FROM/TO	Monthly Income
1st Source						
2nd Source						
3rd Source						

**RESIDENCE HISTORY**

	Management or Mortgage Company	Phone Number	Address	Dates of Residency From/To	Rental Amount	Reason for Leaving
Present Landlord						
Applicant Landlord						

In Case of Emergency NAME:	Telephone	Relationship:	Email:

Does your household require any accessible features?  YES  NO Describe: \_\_\_\_\_

Does your household have any reasonable accommodation requests?  YES  NO Describe: \_\_\_\_\_

How Did you hear about Our Community?			Any Pets? If so, please specify: (type, breed, weight, age):		
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Apartment Guides	<input type="checkbox"/> Referred By _____			
<input type="checkbox"/> Internet	<input type="checkbox"/> Drive By	<input type="checkbox"/> Other _____			

Applicant has submitted the sum of \$ \_\_\_\_\_ which is a nonrefundable payment for a credit check and/or criminal conviction check.  
 \_\_\_\_\_ (Applicant Initials)

**We are an equal housing opportunity provider. We provide housing without discrimination on the basis of race, color, religion, sex, physical or mental handicap, familial status, national origin, or other protected classes.**



# APPLICATION

I hereby deposit \$ \_\_\_\_\_ with Management as a good faith deposit in connection with the application. If application is approved and tenancy is taken, this deposit shall apply to initial move-in costs in accordance with the terms of the lease/occupancy agreement. I understand I may cancel this application by written notice within 72 hours and receive a full refund of this good faith deposit. If application is denied, Management will refund the good faith deposit in full. I understand that it may take up to 30 days for me to receive a refund if I cancel within 72 hours or if my application is denied. I hereby agree to the above terms and conditions. \_\_\_\_\_ (Applicant Initials)

What size apartment home or townhome are you interested in? \_\_\_\_\_

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

### Agreement & Authorization Signature/s

By signing this application, the undersigned hereby authorizes \_\_\_\_\_ to investigate and confirm the information stated by the person signing the form. The undersigned understands and agrees that said investigation may include, but is not 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 _____
Management Agent Signature _____	Date _____

Application Updates For Office Use Only:		MONIES DELIVERED W/ THIS APPLICATION	
Date:	New Information:	Deposit	\$ _____
		Credit Check Fee	\$ _____
		Pet Fee / Deposit	\$ _____
		Administrative Fee	\$ _____

**Obligations of Receiving Party:** Receiving Party shall hold and maintain the Confidential Information in 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, and 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 immediately if Disclosing Party requests, it in writing.



# CRIMINAL HISTORY VERIFICATION AND RELEASE

Please print legibly and complete entire form.  
(All adults must complete a separate form.)

Full Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Full Address: \_\_\_\_\_  
(Street, Apartment Number) (City, State, Zip Code)

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, when, where, and nature of the offense: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are there any felony charges or warrants pending against you? \_\_\_\_\_

By signing this application, the undersigned hereby authorizes \_\_\_\_\_  
\_\_\_\_\_ to investigate and confirm the information stated by the person signing this form.

The undersigned understands and agrees that said investigation may included, but is not limited to, obtaining a standard credit report and criminal background investigation.

To the best of my knowledge the above information is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**Informed Consent Liability Waiver  
Re: Covid-19 and Self-Guided Tour**

I, \_\_\_\_\_ have agreed that I want to participate in a self-guided tour of [PROPERTY NAME] (hereafter "Property") and of an apartment unit located within the Property during the Governor of the State of Michigan's "Temporary requirement to suspend activities that are not necessary to sustain or protect life" order.

I understand that COVID-19 is a highly contagious communicable disease and that by agreeing to participate in a self-guided tour during this temporary shut-down, I am putting myself in greater proximity to others, which may lead to a greater chance of being infected with COVID-19 or other communicable diseases.

If I choose to participate in the self-guided tour, I hereby release and forever discharge [PROPERTY NAME], Legacy, LLC their administrators, agents, assigns, and all other persons, firms, and corporations, who it might be claimed to be liable, none of whom admit any liability from any and all claims or causes of action related to COVID-19 which have resulted or may in the future develop from any illness which might occur as a result of exposure to an infected COVID-19 individual at the Property.

I understand the Property has not and cannot make any guarantee of my safety from COVID-19 related illness. I accept full responsibility for my decision to tour the Property in spite of any danger that may be associated with my presence around others and I hereby assume all risks.

This release is binding on my heirs, executors, assigns and administrators.

I fully understand that no responsibility is assumed by [PROPERTY NAME], Legacy LLC and their affiliates.

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Signature Date



*Pinecrest Village*  
at Mackinaw

**An affordable option for:**

Independent Living  
with Assistance  
in Northern Michigan



450 S. Nicolet Street  
Mackinaw City, MI 49701



**231-436-5535**  
**877-622-2489**

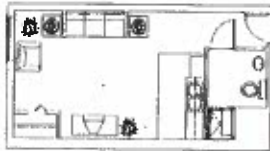
[www.pinecrestvillagemc.com](http://www.pinecrestvillagemc.com)

# *Pinecrest Village*

at Mackinaw

Pinecrest Village respects your desire for an independent lifestyle. We offer a unique blend of independent living with assistance when you need it.

**Select from our studio or one or two bedroom apartments!**



**Studio**



**One Bedroom**



**Two Bedroom**

## **THE FOLLOWING AMENITIES ARE INCLUDED IN YOUR MONTHLY CHARGE:**

- Daily meals
- Weekly housekeeping
- All utilities - including basic cable, local telephone service and WIFI
- Emergency call system provided for each resident
- Individually controlled heating & air conditioning in each apartment
- Friendly, courteous staff

[www.pinecrestvillagemc.com](http://www.pinecrestvillagemc.com)