

# Sylvan Valley Estates, Inc.

45225 Grand River Avenue  
NOVI, MICHIGAN 48375-1019

RE: Sylvan Valley Estates  
Application for Residency

(248) 349-2500

Dear Prospective Resident:

Thank you for your interest in becoming a member of our community!  
Attached is the Application for Residency for Sylvan Valley Estates, Inc.

You, and anyone 18 years or older that will be living in the home, must complete all of the questions in full.

The homeowner (title holder) will complete all sections and questions under section: Owner Occupant Information. If there is a Co-owner and/or additional resident over 18, the co-applicant must complete their questions under the section: Spouse/ Secondary Owner/ Additional Occupant Information. Please print and complete additional application pages if there is more than one additional occupant over the age of 18.

All occupants over age 18 must also sign the top and bottom sections of the Information Release. The 2 signature lines on the left-hand side are for the Applicant and the 2 signature lines on the right-hand side are for the co-applicant.

All drivers must also complete and sign the Release of Information Authorization.

If you are requesting to bring an animal into the community, please include a copy of our Animal Approval Request form along with proof of vaccination, spay/ neutering, state licensing and a picture of your animal. Animals must be given written approval by management before being brought into the community.

Upon completion of the Application for Residency, please mail or drop off your completed application, along with the below list of documents and payment to the main office. Our address is:  
**Sylvan Valley Estates, Inc., 45225 Grand River Ave. Novi, MI 48375.**

To process your application, please include the following documents:

- Copy of current driver's license or state ID, front and back, of all applicants 18 years of age or older.
- Copy of social security card of all applicants 18 years of age or older.
- Copy of 2 most current paystubs for all owner occupants.
- Copy of prior year w-2 for all owner occupants.
- Processing Payment of \$60 for each owner occupant to run Credit, Background & OMV reports, payable to **Sylvan Valley Estates, Inc.**
  - If there is an additional occupant, the fee is \$20.00 per report, depending on whether the co-applicant is to be a co-owner, and/or drives.

If you have any questions, please call me at 248-349-2500, ext 217.

Sincerely,  
Brian Knafel- Office Manager

# APPLICATION FOR RESIDENCY

Date: \_\_\_\_\_ Community \_\_\_\_\_ Site No. \_\_\_\_\_

**EACH OCCUPANT OVER THE AGE OF 18 MUST COMPLETE APPLICATION, SUBMIT TO CRIMINAL AND OMV BACKGROUND CHECKS AND BE APPROVED BEFORE RESIDING IN THE COMMUNITY.**

**Owner occupants, their spouse, and/or co-owner(s), must complete Employment and Creditor information sections AND submit to a Credit background check. Occupants under the age of 18 must be documented under Additional Occupants section.**

## Owner Occupant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Driver's Lic. /State ID #: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rent or Own: \_\_\_\_\_ Landlord/ Management Co. Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Move In Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Monthly Payment: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rent or Own: \_\_\_\_\_ Landlord/ Management Co. Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Move In Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Move Out Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Previous Monthly Payment: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

Other Source of Income: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Have you ever been Evicted? Yes: \_\_\_\_ No: \_\_\_\_

If Yes, Explain: \_\_\_\_\_

Have you ever had a foreclosure or repossession? Yes: \_\_\_\_ No: \_\_\_\_

If Yes, Explain: \_\_\_\_\_

Have you ever filed for bankruptcy? Yes: \_\_\_\_ No: \_\_\_\_

if Yes: Chapter 7 \_\_\_\_ Chapter 13 \_\_\_\_

Explain: \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor? Yes \_\_\_\_ No \_\_\_\_

If yes, please attach additional sheet with explanation.

**Owner Occupant Creditor Information**

List all creditors, past and present, including all installment loans, credit cards, and medical bills, and any obligations of alimony, child support, or separate maintenance payments. (Attach additional sheets if necessary.)

Creditor	Address	Phone	Account No.	Balance	Mthly Payments

**Emergency Contacts**

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_



**Spouse/ Secondary Owner/ Additional Occupant Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Driver's Lic. /State ID #: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rent or Own: \_\_\_\_\_ Landlord/ Management Co. Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Move in Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Current Monthly Payment: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Rent or Own: \_\_\_\_\_ Landlord/ Management Co. Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Move In Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Move Out Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Previous Monthly Payment: \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gross Monthly Income: \$ \_\_\_\_\_

Other Source of Income: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Have you ever been Evicted? Yes: \_\_\_\_ No: \_\_\_\_

If Yes, Explain: \_\_\_\_\_

Have you ever had a foreclosure or repossession? Yes: \_\_\_\_ No: \_\_\_\_

If Yes, Explain: \_\_\_\_\_

Have you ever filed for bankruptcy? Yes: \_\_\_\_ No: \_\_\_\_

if Yes: Chapter 7 \_\_\_\_ Chapter 13 \_\_\_\_

Explain: \_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor? Yes \_\_\_\_ No \_\_\_\_

If yes, please attach additional sheet with explanation.

**Spouse/ Second Occupant Creditor Information (if applicable)**

List all creditors, past and present, including all installment loans, credit cards, and medical bills, and any obligations of alimony, child support, or separate maintenance payments. (Attach additional sheets if necessary.)

Creditor	Address	Phone	Account No.	Balance	Mthly Payments

**Emergency Contacts**

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_



**Additional Occupants**

List Name, Birth-date, and SSN of all other occupants that will be living in the dwelling. **Any occupants 18 and over must complete Spouse/ Secondary Owner/ Additional Occupant Information section**

Full Name	Date of Birth	SSN#
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Full Name	Date of Birth	SSN#
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Full Name	Date of Birth	SSN#
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Full Name	Date of Birth	SSN#
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**Additional Information**

Do you have an animal? Yes \_\_\_ No \_\_\_ Type: \_\_\_\_\_ Breed: \_\_\_\_\_

If a Dog:  
Height (shoulder to paw): \_\_\_\_\_ Weight: \_\_\_\_\_

\*All animal requests must be made by a supplemental Animal Approval Request form and must be approved by management before being brought into the community. See Management for Community Standards and Procedures regarding animals.

**Vehicles**

How many vehicles will be brought into the community? \_\_\_\_\_

1) Year	Make	Model	Color	License Plate No.	State
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2) Year	Make	Model	Color	License Plate No.	State
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## INFORMATION RELEASE

**PRIVACY POLICY:** This Privacy Policy reflects the policy of all of the entities that make up Little Valley Homes, Inc. family of companies (affiliates) and third parties as to our treatment of nonpublic personally identifiable information that we collect when you, the "customer" or "consumer" apply for residency in a manufactured housing community from us. This policy also covers our treatment of nonpublic personally identifiable information that our business partners share with us. We collect and may disclose certain nonpublic personally identifiable information about you with your permission or as required by law. These disclosures typically include information necessary to process a transaction on your behalf or to conduct company operations, and they arise from your authorization. A transaction includes the processing of your application for residency in a manufactured housing community and the placement of any and all insurance. Nonpublic personally identifiable information we collect and may disclose includes: information provided by you on your application or other forms (such as names and addresses) and information about your transactions (purchase/financing) with our affiliates, third parties, or us. As necessary to effect, administer and enforce our products and services we may disclose information to certain affiliates, or third parties as permitted by law. We do not reveal nonpublic personally identifiable information to any parties not specifically associated with the residency or as required by law. This **Privacy Policy Notice** is provided as applicable, by the following Little Valley Homes, Inc. companies and affiliates. Little Valley Estates, Inc., Spring Valley Estates, Inc., Hylander Valley, Inc., Sylvan Valley Estates, Inc., Three Oaks Estates, Inc., and Lor-Mar Agencies, Inc.

I (We) hereby warrant to the truth of this Rental Application in its entirety. Further, I (We) recognize that any falsification of this application can be grounds to deny acceptance into the community or reasonable grounds for eviction proceedings. I (We) authorize the management to perform a credit investigation to verify information which pertains to my (our) credit and financial responsibility. I (We) further attest that I am (we are) 18 years of age or older.

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**Applicant Signature**                      **Date**

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**Applicant Signature**                      **Date**

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**Applicant grants authorization to obtain consumer report information from various local, state, and/or Federal government agencies, including and without limitation, various law enforcement characteristics, and/or mode of living. Applicant also grants authorization to obtain landlord, criminal and fugitive checks. I(We) certify that I (We), the undersigned applicant(s), have read and agreed to all of the entries made upon this application form and do also agree to all the provisions printed on the face of these documents:**

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**Signature of Legal Age Applicant**                      **Date**

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**Signature of Legal Age Applicant**                      **Date**

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**Witness**                                                              **Date**



Please complete the following information regarding the home you are going to purchase:

Year \_\_\_\_\_ Make \_\_\_\_\_ Floor Size \_\_\_\_\_ Serial # \_\_\_\_\_

Current Owner \_\_\_\_\_ Sales Price: \_\_\_\_\_ Down Payment \_\_\_\_\_

Financed by: \_\_\_\_\_ Telephone # \_\_\_\_\_

Dealer: \_\_\_\_\_ Telephone # \_\_\_\_\_ Salesperson \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Is home currently in community: Yes \_\_\_\_\_ No \_\_\_\_\_

Status of resale inspection: Complete \_\_\_\_\_ Incomplete \_\_\_\_\_

Base rent	\$ _____
Tax	\$ _____
Refuse Removal	\$ _____
Added Occupant	\$ _____
Pet	\$ _____
Other	\$ _____
<b>Total Monthly Rent</b>	<b>\$ _____</b>
Security Deposit	\$ _____
Amount Required for Move-In	\$ _____

**Income Debt Ratio Factor:**

House payment	\$ _____		
Community Rent	\$ _____		
Total Housing	\$ _____	Total Income	\$ _____ Housing Ratio _____ %
Outstanding Debts	\$ _____	Total Income	\$ _____ Debt Ratio _____ %

**Comments:**

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

Approved: \_\_\_\_\_

Denied: \_\_\_\_\_

Credit .....
Criminal .....
Landlord .....
Animal App .....
_____
_____
_____

