

Three Oaks Estates, Inc.

45225 Grand River Avenue
NOVI, MICHIGAN 48375-1019

RE: Three Oaks 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 Three Oaks 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:
Three Oaks 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 **Three Oaks 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: ____/____/____



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: ____ / ____ / ____



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.

Applicant Signature **Date**

Applicant Signature **Date**

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:

Signature of Legal Age Applicant **Date**

Signature of Legal Age Applicant **Date**

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	\$	_____
Total Monthly Rent	\$	_____
Security Deposit	\$	_____
Amount Required for Move-In	\$	_____

Income Debt Ratio Factor:

House payment \$ _____

Community Rent \$ _____

Total Housing \$ _____

Outstanding Debts \$ _____

Total Income \$ _____

Total Income \$ _____

Housing Ratio _____ %

Debt Ratio _____ %

Comments:

Approved: _____

Denied: _____

Credit
Criminal
Landlord
Animal App

