
HANOVER GROVE COOPERATIVE

15750 SABRE LANE

FRASER, MICHIGAN 48026

586-293-5150

COMPLETING THIS APPLICATION AND MEETING THE BASIC INCOME REQUIREMENTS WILL PLACE YOU ON THE WAITING LIST. ANY CHANGES MUST BE REPORTED TO THE OFFICE AS SOON AS POSSIBLE.

PLEASE COMPLETE ALL OF THE FOLLOWING:

DATE: _____

UNIT SIZE REQUESTED _____ DATE RETURNED _____ REC'D BY _____ TIME _____

NAME _____ CO-APPLICANT'S NAME _____

ADDRESS _____ TELEPHONE # _____

CITY _____ STATE _____ ZIP _____

Have you ever lived at Hanover Grove? (Circle One) Yes No

EMPLOYMENT INFORMATION

APPLICANT

CO-APPLICANT

NAME _____

STREET ADDRESS _____

CITY & STATE _____

PHONE _____

GROSS MONTHLY INCOME _____

OTHER INCOME _____

SOURCE _____ SOURCE _____

MONTHLY INCOME _____ MONTHLY INCOME _____

LIST NAME, AGES, AND RELATIONSHIP OF ALL THOSE RESIDING IN UNIT

NAME _____ HEAD OF HOUSEHOLD _____ AGE _____

NAME _____

NAME _____

NAME _____

NAME _____

HOW DID YOU HEAR ABOUT HANOVER GROVE? (PLEASE CIRCLE ONE)

Resident Referral Property Signage Word of Mouth Newspaper Advertising
Internet Advertising Another Community HUD Housing Website - HanoverGrove.com

FINAL APPROVAL OF RESIDENCY IN HANOVER GROVE COOPERATIVE IS GIVEN BY THE MEMBERSHIP COMMITTEE. FURTHER PAPERWORK, AS WELL AS A PERSONAL INTERVIEW WITH THE MEMBERSHIP COMMITTEE IS REQUIRED.

SIGNATURE OF APPLICANT

PLEASE RETURN THIS APPLICATION TO THE OFFICE AS SOON AS POSSIBLE. THANK YOU!

APPLICATION AGREEMENT ADDENDUM

The undersigned applicant agrees that all information provided as part of this application is true to the fullest extent of their knowledge. The applicant also agrees that they have six months from the date of the application to make any such claim as may be necessary due to the rejection of this application. Such claim may only be exercised through enforcement in an appropriate court or agency.

Applicant Signature: _____

Print Name: _____

Hanover Grove Cooperative Authorized Representative: _____

Please list the name of each household member that will reside in the unit along with all states in that they have previously resided.

Household Member	States Lived In
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Is the applicant or any other household member subject to a lifetime sex offender registration requirement in any state? Yes No

If yes, please list the household member name and states registered in below:
