

Clover Estates LLC  
3239 Clover Parkway  
Muskegon MI 49444  
231-777-3797

**Clover Estates Resident and Roommate Registration**

Resident Name \_\_\_\_\_

Address \_\_\_\_\_

Home/Cell Phone (\_\_\_\_) \_\_\_\_\_

Roommate Name \_\_\_\_\_

Relationship to Resident \_\_\_\_\_ DOB \_\_\_\_\_

Home/Cell Phone (\_\_\_\_) \_\_\_\_\_ SS# \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_

Employer Phone (\_\_\_\_) \_\_\_\_\_

CRIMINAL REPORT – The undersigned ROOMMATE(s) hereby consent to allow Clover Estates LC (Owner), itself or through its designated agents or employees, to obtain criminal record information on each roommate listed for the purpose of determining whether to allow this roommate to live at the above mobile home lot with me/us. I/we also agree and understand that the owner and its agents and employees may obtain additional criminal record reports on each of us in the future to update or review our account. Upon my/our request, owner will tell me/us whether criminal record reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

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

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