



58 10TH AVENUE SOUTH
 WAITE PARK, MN 56387
 PHONE: (320) 253-0003
 FAX: (320) 253-0006
 WWW.GRANITECITYPROPERTIES.COM



Office Use Only	Special: _____
ID Checked _____	Approved _____
Not Approved _____	
Size of Unit _____	
Property Name _____	
Bldg/Apt # _____	
Date of Occupancy _____	
Length of Lease _____	
Application Fee Paid \$ _____	
Amount of Deposit Received \$ _____	
Total Deposit \$ _____	
Monthly Rent Amount \$ _____	

SCREENING CRITERIA

In order to be considered for residency, applicants must be at least eighteen (18) years of age and meet the following screening criteria with regard to income, credit, criminal and rental histories. Applicants will be considered on a case by case basis if a minimum of two (2) of the income, rental, and credit standards are met:

INCOME

- Total gross income of applicant(s) must be at least two and one half (2 1/2) times the amount of rent. All sources of income must be verifiable. Equity and assets may be considered for individuals with monthly incomes less than two and one half (2 1/2) times the rent.

CREDIT

- Credit reports: Credit reports containing history of late payments, liens, judgments, bankruptcies, charge-offs and accounts closed by credit grantor are all grounds for denial of the application. Applicants with a history of three (3) or more NSF checks may be denied.
- Collections/Judgments: Applicants with outstanding (unpaid) collections or judgments may be denied. Extenuating circumstances will be considered in the event of medical or other catastrophes. These circumstances must be adequately explained and be verifiable.
- Bankruptcy: All applicants with a bankruptcy will be evaluated on a case-by-case basis and extenuating circumstances may be considered in the event of medical or other catastrophes. These circumstances must be adequately explained and be verifiable.
- Any applicant that is accepted based on extenuating circumstances may be required to provide an additional security deposit equal to a minimum of one months rent and / or may be required to provide a credit worthy co-signer.

CRIMINAL HISTORY

- Applicants with a conviction of a felony within the last 10 years will be denied (felonies over 10 years old, may be reviewed on an individual basis). Gross-misdemeanors, two (2) DUIs within one (1) year or a misdemeanor charge for assault or drug related activity may be denied.
- Applicants with dependents in the household with a record of offenses listed above may be denied.

RENTAL/HOUSING HISTORY

- Applicants with an unlawful detainer (eviction) may be denied.
- Applicants must provide verifiable housing history for the past ten (10) years or past three (3) residences: whichever is longer.
- Applicants with a history of three (3) late rental or mortgage payments within one (1) year may be denied.
- Applicants with a negative rental reference, including but not limited to, lease violations, behavior problems, housekeeping problems, history of disturbing the peace, history of property destruction, rental history that cannot be verified and/or omission of an address on the rental application may be denied.

OCCUPANCY STANDARDS

- Only the individuals listed on the lease are allowed to reside in the apartment.**
- One Bedroom: A maximum of two (2) people may occupy.
- Two Bedroom: A maximum of three (3) adults, no more than four (4) total occupants.
- Three Bedroom: A maximum of three (3) adults, no more than six (6) total occupants.

Property Specific: With an additional cost per month, an additional adult may be added as long as the unit remains under the total occupancy standard.

FALSE INFORMATION

- Any applicant found to have knowingly falsified, misrepresented, or withheld any information on an application will be denied residency.

This property complies fully with all federal, state and local Fair Housing, Civil Rights and Equal Opportunity Laws.

ACKNOWLEDGMENT: I have read the above information and fully understand its contents.

 PRINT FULL NAME

 SIGNATURE

 DATE



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RENTAL APPLICATION

Fair Housing and Equal Opportunity

We are a fair housing provider. We do not discriminate against persons on the basis of race, color, religion, national origin, sex, familial status, disability, creed, marital status, public assistance, ancestry, and sexual or affectional orientation. The Minnesota Human Rights Act prohibits discrimination because of race, color, creed, religion, national origin, sex, sexual preference, familial status, marital status, status with regard to public assistance, or disability. In addition, owners/agents must comply with local Fair Housing and Civil Rights Laws.

APPLICANT INFORMATION: All adult applicants must complete separate applications. Please complete all questions, insert "N/A" for non-applicable items.

Full Legal Name (First Middle Last) _____ Date of Birth _____
Social Security Number _____ Driver's License Number _____
U.S. Citizen Yes or No Email Address _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____

RENTAL/HOME OWNERSHIP HISTORY : 10 year history is required. Current and previous two (2) addresses required. If you do not have rental history, you are still required to list your current address.

Present Address _____ City/State, Zip _____
Present Landlord or Management Company _____
Address _____ Current Rent \$ _____
Phone () _____ Fax () _____ Length of Residency From _____ To _____

Previous Address _____ City/State, Zip _____
Previous Landlord or Management Company _____
Address _____ Previous Rent \$ _____
Phone () _____ Fax () _____ Length of Residency From _____ To _____

Previous Address _____ City/State, Zip _____
Previous Landlord or Management Company _____
Address _____ Previous Rent \$ _____
Phone () _____ Fax () _____ Length of Residency From _____ To _____

EMPLOYMENT INFORMATION:

Future/Present Employer _____ Position _____
Address _____ Phone () _____
Fax () _____
Salary _____ Length of Employment From _____ To _____
Previous Employer _____ Position _____

Address _____ Phone () _____
Fax () _____
Salary _____ Length of Employment From _____ To _____

ADDITIONAL SOURCES OF INCOME

Source _____ Amount _____ Phone () _____

BANKING INFORMATION

Bank Name _____ Savings _____ Checking _____ Loan _____ Amount _____

REFERENCES

Personal Reference (no relatives) _____ Relationship _____

Phone () _____ Address _____

Emergency Contact _____ Relationship _____

Phone () _____ Address _____

OCCUPANT INFORMATION (List all who will live in the unit, including minors)

Name of Occupant _____ Date of Birth _____ Relationship _____

Name of Occupant _____ Date of Birth _____ Relationship _____

Name of Occupant _____ Date of Birth _____ Relationship _____

Name of Occupant _____ Date of Birth _____ Relationship _____

VEHICLE INFORMATION

Make _____ Color _____ Model _____ Year _____ License Number _____

ADDITIONAL INFORMATION

How did you hear about us? Newspaper () Personal Reference () Drive By () Rent.com () Phone Book ()
GCRE Website () Craig's List () Apartment Finder () Other () _____

Have you ever:

- 1. Been sued for non-payment of rent? Yes _____ No _____
- 2. Been evicted or had an unlawful detainer served against you? Yes _____ No _____
- 3. Been asked to voluntarily move out? Yes _____ No _____
- 4. Broken a Rental Agreement or Lease? Yes _____ No _____
- 5. Been sued for damage to rental property? Yes _____ No _____
- 6. Declared bankruptcy? Yes _____ No _____
- 7. Been convicted of a felony? Yes _____ No _____

The foregoing information is supplied to Granite City Real Estate and I hereby certify that the information above is accurate and complete to the best of my knowledge. I authorize Screening Reports or other background reporting agency to verify this application on behalf of Granite City Real Estate. This investigation may include the exchange of information from current and previous landlords, a report from a credit reporting agency, criminal background reporting agency and federal and state records of employment and income history. Any misrepresentation may disqualify this application.

Applicant understands and agrees that he/she has only applied for a tenancy. This form is not a lease, but an application and offer to lease which may be accepted or rejected by Management. If Management does not accept this application, the deposit will be refunded within seven (7) days. Application fee is non-refundable. If Management notifies the applicant that the application has been accepted, applicant must enter into tenancy applied for or the deposit will be forfeited.

Management is a Fair Housing provider and will grant equal opportunity to all persons under the law.

Applicant Signature

Date

GRANITE CITY REAL ESTATE
58 – 10th Avenue South, Waite Park, MN 56387
Phone: (320) 253-0003 Fax: (320) 253-0006
FAX TRANSMITTAL FORM: EMPLOYMENT VERIFICATION

GRANITE CITY USE ONLY

To: _____ From: _____
Company: _____ Date: _____
Phone: _____ No. of Pages: _____
Fax: _____ Property/Unit: _____

Please complete the employment verification below. This individual has applied for housing with us. **Please return to fax 320-253-0006.** Thank you for your prompt response!

APPLICANT USE ONLY

Name _____ SS# _____

Authorization for Release of Information

I authorize the release of the information requested.

Signature _____ Date _____

EMPLOYER USE ONLY

COMPANY NAME: _____

ADDRESS: _____

PHONE #: () _____ SUPERVISOR: _____

HIRE DATE: _____

CURRENTLY EMPLOYED? YES NO

STATUS: FULL TIME PART TIME HOURS PER WEEK _____

JOB POSITION OR TITLE: _____

MONTHLY INCOME: _____

Your Name: _____ Date: _____

Signature: _____ Tel. #: () _____

Company Name: _____

Thank you for your cooperation. All information is confidential.

GRANITE CITY REAL ESTATE
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FAX TRANSMITTAL FORM: RENTAL VERIFICATION

GRANITE CITY USE ONLY

To: _____ From: _____
Company: _____ Date: _____
Phone: _____ No. of Pages: _____
Fax: _____ Property/Unit: _____

Please complete the rental verification below. This individual has applied for housing with us. **Please return to fax 320-253-0006.** Thank you for your prompt response!

APPLICANT USE ONLY

Name(s): _____
CURRENT PROPERTY NAME: _____ PHONE # () _____
CURRENT ADDRESS: _____ APT# _____
CITY/STATE, ZIP: _____

I/we authorize the release of the information requested.

Signature _____ Date _____
Signature _____ Date _____

MANAGEMENT USE ONLY

Residency Dates: FROM: _____ TO _____

of individuals on lease: _____

Rent amount paid monthly \$ _____ Subsidized? Yes No Resident pays \$ _____/month

Late Payments? ___ Never ___ 1-10days ___ + 30days # of NSF Checks _____

Proper notice received? Yes No If no, when does the lease end? _____

Lease violations/infractions? Yes No If yes, please explain: _____

Eviction Filed? Yes / No Skipped? Yes / No

Damage deposit returned? Yes / No If no, explain _____

Money Owed? Yes / No If yes, Amount owed? _____ Reason: _____

Would you re-rent? Yes No

Additional Comments: _____

Verification by: _____ Title: _____

Phone #: () _____

Thank you for your cooperation. All information is confidential.