

Northside Artspace Lofts

229 Irving Ave North, Minneapolis, MN 55405

Rent Amounts:

Subject to Change

Studios: \$836-\$1,017

1 Bedroom: \$892-\$1,086

2 Bedroom: \$1,068-\$1,301

3 Bedroom: \$693-\$1,500

Security Deposit: One Months Rent Equivalent

Application Fee: \$12 Per Adult

Return completed packet and supporting documents to:

Northside Artspace Lofts
C/O MetroPlains Management
2720 Louisiana Court
St. Louis Park, MN 55426

Applications will be accepted beginning March 8, 2021

Email: northsideartspace@metroplains.com

Phone Number: 612-378-4778

MUST INCLUDE A COPY OF SOCIAL SECURITY CARD, DRIVERS LICENSE, AND 6 MOST RECENT PAYSTUBS FOR EVERY OCCUPANT

NORTHSIDE ARTSPACE LOFTS INCOME AND ASSET VERIFICATION CHECKLIST



To ensure an efficient approval process, please be sure to include copies of as many of the supporting documents/or information listed below that applies to you in addition to your full application. It is imperative that you read through the entire application and fill out all the information requested. Omission of any of the requested documentation **will** delay processing. Each household member over the age of 18 must submit the following:

INCOME VERIFICATION

- If you are Employed, we will require your six most recent consecutive pay statements.
- If Self-Employed, submit a signed copy of last year's federal income tax return, including all attachments, such as Schedules C, E and F (if applicable). If you have been self-employed for less than one-year, you will need to sign "Self-Employment Verification" form provided by management and your application will require a Profit and Loss statement.

- If on Social Security/SSI, unemployment, disability or any government assistance, a copy of the most recent award letter from the agency. This letter informs the applicant what their benefits will be for the next year.

- If receiving county public assistance, a printout of monthly benefits will be needed, along with an EBT printed receipt showing current cash value on the card.

- Any pension/annuity/VA award letters. In the absence of an award letter, you will need to bring us the address of the agency, which we will need to complete the verification form. The applicant who receives this benefit must sign the corresponding verification form for any pensions/annuities.

- Records of a divorce decree and if alimony is received.
- Court Ordered Child Support documentation.
- Regular Contributions- Documentation from person verifying financial contributions given to household.

ASSET VERIFICATION

- A copy of your six most recent bank statement(s) that includes an account number and address of bank.

- A copy of you most recent statement of investments, such as stocks, bonds, IRA's, CD's, 401(k), Money Market funds, etc. that includes the account number and address of the bank. The applicant who owns the asset must sign the corresponding verification form for any assets.

- A copy of any real estate contracts for sale or rental the applicant may be holding that identifies the term, the amount and the interest rate. An amortization schedule, if available, would also be helpful.

- A copy of the closing statement if any real estate has been bought or sold within the past 2 years.
- Verification of any assets that have been disposed of in the past 2 years for less than market value.



RESIDENT SELECTION CRITERIA Artspace Communities – Northside Artspace Lofts, MN

INTRODUCTION: Artspace and MetroPlains are committed to providing, managing, and promoting quality affordable housing to diverse communities in diverse locations. Residents will be impartially selected based upon the criteria specified below. Qualifying artists will be given preference.

Appropriate Family Size – It is important that housing units are maximized to ensure that as many individuals as possible are housed. Therefore, the household size must be appropriate for the available unit – at least one person per bedroom and not more than two people per bedroom - See Appendix attached.

- A. **Legal age** - You must be 18 years or older if applying for occupancy as head of household or co-head of household.
- B. **Income** - The household income must fall within the established guidelines under the Section 42 tax credit program or other Federal or State program requirements. (See Appendix).
- C. **Applicant Must Demonstrate Good Rental History** – We understand that life happens, so we are looking for “good” rental history, not “perfect” rental history. We will consider only three years prior to the date of application. Good rental history includes, for example, honoring the obligations of prior leases, honoring the rules of the community, making rental payments on time, engaging in a pattern of respectful conduct toward other community members, and leaving the community in the same condition as it was when it was initially rented.

Evictions filed within one year and resulting in a judgment, or two within five years resulting in a judgment, from date of application will be cause for denial of rental application. If the eviction is filed in connection with a foreclosure of the primary residence, it will not result in denial.

APPEAL OR REVIEW: Applicant may request an appeal or review if the only reason for denial is rental history and if they can show that the reported history is false or there were extenuating circumstances such as serious illness or loss of job.

- D. **Credit History** – An applicant’s past financial performance in the form of credit history will be used to determine their likelihood of rental success. The following criteria will be applied on an individual basis and is limited to the 12-month period preceding the application date.

At least five negative credit items or negative credit items totaling \$5,000.00 or more within one year of the application may result in a denial. A negative credit item is defined as a charge-off, bad debt, or a current late account over 90-days past due.



Court actions for collections resulting in judgements, either pending or levied, may result in denial if the cumulative total, including negative credit items, exceeds \$5,000.00.

Balance owed to a previous landlord within three (3) years from the application (except within the managed portfolio of MetroPlains), may result in denial. The balance must be paid in full to be considered for housing.

POLICY: If there is a balance owing to a community that MetroPlains currently manages, the balance must be paid in full prior to lease approval. There is no time limit in this circumstance. MetroPlains will not approve a rental application if money is owed to current clients of MetroPlains'.

EXCEPTIONS: Discharged bankruptcy proceedings, and the debts that have been discharged thereunder, past due medical bills, student loans, or a foreclosure of your primary residence will not be considered a negative credit item.

APPEAL OR REVIEW: Applicant may request an appeal or review if the only reason for denial is credit history and if they can show that the reported history is false or there were extenuating circumstances such as serious illness or loss of job.

- E. Criminal History** - Only conviction history will be considered for denial. All timeframes are determined from the date of the application.

The following criminal convictions, or convictions for conspiracy, will result in a fifteen (15) year denial period: homicide; kidnapping or false imprisonment; weapons crimes; arson; crimes against children; sex crimes; robbery; assault and/or battery; theft/larceny.

Other felony convictions not listed above will result in a seven (7) year denial period.

Felony convictions relating to distribution of illegal drugs will result in a five (5) year denial period.

Gross misdemeanor convictions will result in a three (3) year denial period. Gross misdemeanor convictions involving operation of a motor vehicle will not be considered.

Incarceration (defined as more than 12 consecutive months of incarceration) will result in denial for three (3) years from the date of release.

Misdemeanors or petty crimes will result in denial if there are two or more within three years. Misdemeanor or petty crimes involving operation of a motor vehicle will not be considered.

Any convictions for possession of marijuana will not be considered.

In the case of domestic violence, dating violence, sexual assault, or stalking convictions, where the applicant is a victim, determination of tenancy or occupancy will be made on a case-by-case-basis in compliance with the Violence Against Women Act or state law.

APPEAL OR REVIEW: Applicant may request an appeal or review if they believe a denial based on criminal background is based upon incorrect or insufficient information.

F. Student Status – A household that is comprised of only full-time students will not be eligible for occupancy unless:

- a) Students are married and entitled to file a joint tax return;
- b) At least one (1) student is a single parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent;
- c) At least one student is receiving Temporary Assistance for Needy Families (TANF) (formerly known as Aid to or in Minnesota, the Minnesota Family Investment Program (MFIP)); or
- d) At least one student participates in a program receiving assistance under the Job Training Partnership Act (JTPA), Workforce Investment Act or under other similar federal, state or local laws.
- e) At least one student of the household was, within five (5) years of the effective date of the initial income certification, in foster care.

G. Behavior and Conduct - If applicant exhibits any of the following, Management has the right to deny their application for housing: display of uncooperative, abusive or belligerent attitude towards Management and/or members of an interviewing committee during the application process, providing information on application or in an interview which is false, misrepresented, incomplete or non-verifiable.

H. State and Federal Laws - Applicants shall meet the eligibility requirements imposed by applicable State and Federal laws and any regulations.

I. Denial of Application: In the event any application is not approved, the applicant shall be notified, in writing, by first class mail as to the reasons for non-selection and whom to contact for additional information.

J. VAWA (Violence Against Women Act): Applicant may not be denied tenancy solely on the basis of criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking if the applicant otherwise qualifies for admission or occupancy.

K. Holding a Unit: If an applicant prefers a specific unit and they want that unit to be taken off the market, they must pay a holding fee. Any holding fee paid at this time will be applied to the security deposit when the applicant leases the unit. Unless the holding fee is paid, there is no guarantee that the applicant will secure the desired unit. Management will continue to process other applications for the unit. Prior to move-in, the security deposit and first month's rent must be paid in full.

L. Verification: Information provided on your application will be verified. For required verification purposes, applicants must sign a written authorization and release of information. Applications are not considered complete until all required verifications have been obtained.

Signature

Date

Signature

Date

Signature

Date

APPENDIX
NORTHSIDE ARTIST LOFTS

I. MINIMUM INCOME GUIDELINES:

Must have verifiable income equal to two (2) times the monthly rent.

<u>FAMILY SIZE</u>	<u>MAXIMUM INCOME</u>		
	30%	50%	60%
1 People	\$21,720	\$36,200	\$43,440
2 People	\$24,840	\$41,400	\$49,680
3 People	\$27,930	\$46,550	\$55,860
4 People	\$31,020	\$51,700	\$62,040
5 People	\$33,510	\$55,850	\$67,020
6 People	\$36,000	\$60,000	\$72,000

II. DEFINITION OF GROSS ANNUAL INCOME

Annual gross income is the total income before tax anticipated to be received by the household during the twelve months following the effective date of occupancy.

III. UNIT SIZE

<u>Number of Bedrooms</u>	<u>Number of Persons</u>	<u>Number of Persons</u>
	<u>Minimum</u>	<u>Maximum</u>
Efficiency		2
1 Bedroom		2
2 Bedroom	2	4
3 Bedroom	4	6
4 Bedroom	4	8

IV. APPLICANT SCREENING

Each applicant for occupancy will be screened through the following consumer credit reporting agency:

Rent Grow, Inc. dba Yardi Resident Screening

For a free copy of your report: www.yardi.com/yrs
Questions about your report: 1-800-736-84763 x 2



APPLICATION for AFFORDABLE HOUSING TAX CREDIT (LIHTC) PROPERTY

Property Name:	Bedroom Size Requested:
Phone Number	Email Address(es):
Current Address:	
For Office Use Only: Date/Time Received:	Agent Signature:
THIS APPLICATION MUST BE COMPLETED AND RETURNED WITH A \$_____ NON-REFUNDABLE APPLICATION PROCESSING FEE. ALSO ENCLOSE COPIES OF ALL SOCIAL SECURITY CARDS.	

****PLEASE PRINT. PLEASE ANSWER ALL QUESTIONS. Do not leave any space or blanks. Write "NO or N/A" where appropriate****

Directions to Applicant: Please complete the table below for each member of your household, whether those members are related. A separate application is required for each adult with the exception of head and spouse. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. If you are handicapped or disabled, or have difficulty completing this application, please advise us of your needs when you receive the application or call to schedule assistance. Applications must be filled completely to be accepted for processing. Incomplete applications will be returned. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five calendar months need not be consecutive.)

HOUSEHOLD COMPOSITION - NAME ALL PEOPLE TO OCCUPY UNIT					
Last Name, First, MI	Relationship	Sex (Optional)	Date of Birth	Social Security #	Full-Time Student Yes or No
1.	HEAD				
2.					
3.					
4.					
5.					
6.					

If Divorced or Separated in the last 5 years, list the year (also attach copy of divorce decree): _____

If any member of the household has used another name, please list this below (maiden name, former name, etc)

Former Name Used: _____

1. Do you expect any changes in the household composition in the next 12 months (expecting a child)? If yes, please explain:	Yes	No
2. Do all of the above household members reside in the household 100% of the time? If No, please list household members and why: _____	Yes	No
3. Are you a Veteran? (Applicable for Texas properties only) Important information for Former Military Services Members. Women and men who served in any branch of the United States Armed Forces, including Army, Navy, Marines, Coast Guard, Reserves or National Guard, may be eligible for additional benefits and services. For more information please visit the Texas Veterans Portal at https://veterans.portal.texas.gov/ .	Yes	No



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PART II - STUDENT QUESTIONS - TO BE COMPLETED BY APPLICANT

All family members 18 or over listed as Full-Time Students provide the following information:	
School Name & Address:	
School Name & Address:	

3. I certify, under penalty of perjury, that I am NOT a full-time or part-time student and have not been a full-time or part-time student in the last calendar year. I will notify management if I become a full-time or part-time student in the future and understand that my student status could affect my eligibility to live in this complex. I AM a full-time or part-time student. (Student eligibility requirements apply to applicants enrolled at an institution of higher education who are under 24 years of age, unless the applicant is a student who is living with his/her parents who are applying for Section 8 assistance.)	
(a) Are the students married and entitled to file a joint tax return?	Yes No
(b) Is the student a title IV recipient?	Yes No
(c) Is the student enrolled in a job training program receiving assistance under the Job Training Partnership Act?	Yes No
(d) Is the student a TANF/MFIP recipient?	Yes No
(e) Is at least one student a single-parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent?	Yes No
(f) Does the household consist of at least one student who was previously under foster care within 5 years of the effective date of the initial income certification? (provide verification of participation)	Yes No

PART III - OTHER - TO BE COMPLETED BY APPLICANT

4. Do you have full custody of your child (ren)? Explain the custody arrangements:	Yes	No	N/A
5. Have you ever been evicted? If yes, explain:	Yes	No	
6. Have you ever been convicted of a felony? If yes, explain:	Yes	No	
7. Does your household have a pet?	Yes	No	
8. Will your household be eligible, currently receiving, or are you applying to receive Section 8 rental assistance or any other rental assistance in the next 12 months? Explain:	Yes	No	
9. Has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? If yes, please explain	Yes	No	
10. Have you ever lived with or applied for housing with MetroPlains Management? If so, when and where?	Yes	No	
11. Have you or any member of your household lived in any other states? If yes, Please list.	Yes	No	



PART IV – RENTAL HISTORY - TO BE COMPLETED BY APPLICANT

12. Residence History: Current & Previous Landlords: (Past 3 years' residence including any owned by applicants.)

Head Current Address:		Rent	Owned
Utilities/Month:	Reason for Leaving:		
Landlord Name:	Landlord Phone Number:		
Move-In Date:	Move-Out Date:		

Previous Address:		Rent	Owned
Utilities/Month:	Reason for Leaving:		
Landlord Name:	Landlord Phone Number:		
Move-In Date:	Move-Out Date:		

Previous Address:		Rent	Owned
Utilities/Month:	Reason for Leaving:		
Landlord Name:	Landlord Phone Number:		
Move-In Date:	Move-Out Date:		

PART V - PERSONAL REFERENCES - ONLY NEEDED IF THERE IS NO LANDLORD HISTORY

13. Personal Reference #1: Name and Address of a Personal Reputable Reference (Ex. Employer, teacher etc.) (No Relatives)

Name	Reference's Phone #
Address	
How many years have you known the applicant(s)?	What is your relationship to the applicant?

Name	Reference's Phone #
Address	
How many years have you known the applicant(s)?	What is your relationship to the applicant?

PART VI - SPECIAL NEEDS - TO BE COMPLETED BY APPLICANT

14. Does anyone in your household have special needs?	Yes	No
15. Special living accommodations required? If yes, please explain:	Yes	No
16. Does your household have any needs that might be better served by a unit which is accessible to persons with mobility, hearing, or visual impairments?	Yes	No



PART VII - IN CASE OF EMERGENCY, NOTIFY: - TO BE COMPLETED BY APPLICANT

Name/Relationship	Address	Phone

PART VIII - HOUSEHOLD INCOME - TO BE COMPLETED BY APPLICANT

Indicate the amount of anticipated income for all household members named in the table on page 1 (for minors, unearned income amounts only), during the 12-month period beginning this date. Do you or any one in your household have:

INCOME	YES	NO	MEMBER #	GROSS MONTHLY	SOURCE OF INCOME & CONTACT INFORMATION
(17) Wages or Salaries (gross income)				\$	
(18) Child Support (court ordered amount)				\$	
(19) Alimony				\$	
(20) Social Security and/or Railroad Pension				\$	
(21) Supplemental Security Income (SSI)				\$	
(22) Public Assistance - TANF, General Assistance				\$	
(23) Veterans Administration Benefits				\$	
(24) Pensions, IRA, and/or 401 (k) (Keogh Accounts) (regular periodic payments)				\$	
(25) Annuities (regular periodic payments)(RMD's)				\$	
(26) Unemployment Compensation				\$	
(27) Disability, Death Benefits, Adoption Assistance and/or Life Insurance Dividends				\$	
(28) Worker's Compensation				\$	
(29) Severance Pay				\$	
(30) Net Income from a Business (Self-Employment, including rental property/land)				\$	
(31) Long Term Medical Care Insurance Payments in Excess of \$180.00 per day				\$	
(32) Regular cash and non-cash contributions, assistance with paying bills (including utilities), or gifts from companies, agencies, or individuals not living in the unit (not including groceries)				\$	
(33) Lottery Winnings or Inheritances				\$	
(34) All regular pay paid to members of the Armed Forces				\$	
(35) Education, Grants, Scholarships or other Student Benefits				\$	
(36) Other Income (Cash Payments)				\$	
(37) Are any changes of income expected within the next 12 months? If yes, please explain:					Yes No



PART IX - ASSETS - TO BE COMPLETED BY APPLICANT

CURRENT ASSETS – List all assets currently held by all household member and the cash value of each. The cash value is the market value of the asset minus reasonable costs there were, or would be, incurred in selling or converting the asset to cash.

Do you or anyone in your household have:

ASSET	YES	NO	MEMBER #	CASH VALUE	NAME OF BANK OR INSTITUTION & CONTACT INFORMATION
(38) Savings Account				\$	
(39) Checking Account (Demand Deposit Account) (6 Month Average Balance)				\$	
(40) Certificate of Deposit				\$	
(41) Prepaid Debit Card (Direct Express, NetSpend, Citibank, reloadable Wal-Mart cards, red or green dot cards, Etc.)				\$	
(42) Trust Account				\$	
(43) Real Estate or Contract for Deed				\$	
(44) Retirement Fund / Annuities (Include 401k, IRA's or Keogh Accounts) (ONLY INCLUDE IF YOU HAVE ACCESS TO)				\$	
(45) Mutual Funds				\$	
(46) Saving Bonds				\$	
(47) Money Market Account				\$	
(48) Cash on Hand (excluding checking accts)				\$	
(49) Personal Property held as investment (Collector or show car, stamp or coin collection, antiques, etc)				\$	
(50) Whole or Universal Life Insurance?				\$	
(51) Lump sum payments? (lottery winnings, inheritances, etc)				\$	
(52) Online donation accounts? (GoFundMe, Kickstarter, Fundly, local bank)				\$	
(53) Other					

54. Have you sold or disposed of any other assets in the last 2 years? (given money away, set up Irrevocable Trust Account, property, etc.) If yes, type of asset: _____ Market Value when sold or disposed: _____ Amount sold or disposed for: _____ Date of Transaction: _____	Yes No
55. Are any accounts held jointly with someone not in the unit? If yes, which account _____ Percentage of ownership _____	Yes No

**** Before you complete the next section of the application, were all questions above completely answered? All blanks filled in? If not, please go back through the application and complete the sections that were left blank. ****



PART X - DEMOGRAPHIC INFORMATION

The following questions are voluntary to be used for statistical purposes only. You are not required to answer, nor does your answers affect your eligibility.

Check all that apply:

RACE	ETHNICITY	SEX	MARITAL STATUS
American Indian or Alaska Native	Hispanic or Latino	Is the Head of Household Male Female	Married
Asian	Non-Hispanic or Latino	Is the Co-Head of Household Male Female	Single
Black or African American			Divorced
Native Hawaiian or Other Pacific Islander			Widowed
White			Separated

PART XI - RESIDENT'S STATEMENT - TO BE COMPLETED BY APPLICANT

I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/manager to verify all information provided on this Application/Certification and my/our signature is our consent to obtain such verification. I/we certify that I/we have revealed all assets currently held or previously disposed of and that I/we have no other assets than those listed on this form (other than personal property). I/we further certify that the statements made in this Application/Certification are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

Any applicant, who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application will not be considered for housing.

SIGNATURE OF ALL PARTIES TO THIS APPLICATION, 18 YEARS OR OLDER:

Applicant Signature (Head) Date

Applicant Signature (Co-Head) Date

Other Applicant Signature Date

Signature of Management

Representative: _____ Date _____

This applicant required assistance in completing the Application due to:	
Assistance was provided by	Date



HOLDING FEE AGREEMENT
 (Market Rate or Tax Credit)

Date: _____

This agreement between Owner (legal name): _____,

and the undersigned, (applicant name(s)): _____.

hereby agree to the following:

1. The total amount of security deposit for the unit located at (full address):

_____ is \$ _____.

2. The tentative effective Lease date is: _____ Rent amount is \$ _____.

3. Minimum holding fee is \$250.00.

4. Applicant has three days from the date of application to rescind this agreement. After the three day period, if applicant chooses not to lease the unit, the fee will be kept to offset the Landlords cost in processing the application. If applicant is not approved for occupancy, the fee will be refunded (_____ initial).

6. If Applicant is approved for occupancy, the money paid will be applied towards the Security Deposit. It is understood that the balance of the security deposit and first month's rent must be paid prior to signing the Lease Agreement.

UPON MOVE-OUT, RETURN OF THE SECURITY DEPOSIT IS SUBJECT TO STATE LAW.

<i>Signature</i>	<i>Date</i>	<i>Signature</i>	<i>Date</i>
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<i>Signature</i>	<i>Date</i>	<i>Management Signature</i>	<i>Date</i>
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AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Housing Tax Credit Program, Rural Development, and HOME

9/19

Property Name: _____

Unit: _____

As a condition of participating in an affordable housing program, I understand the property owner is required to initially and annually certify each resident's eligibility for such program. Consequently, I understand it is necessary for me to give authorization for specific income, asset, medical, and childcare expense information to be provided on one or more of the following forms:

- | | |
|--------------------------------|-----------------------|
| Employment | Military Pay |
| Unemployment | Veteran's Benefit |
| Self-Employment | Worker's Compensation |
| Social Security/SSI | Bank |
| Public Assistance | Pension/Annuity |
| Regular Contributions | Stocks/Bonds |
| Alimony/Child Support | Real Estate |
| Student Status & Financial Aid | Disability Status |
| Landlord Verification | Medical Providers |
| Life Insurance | Trust Accounts |

This authorization is limited to the forms listed above and expires 365 days after the date of my signature below unless revoked in writing by me earlier. By my signature below, I authorize the representative individuals to disclose my specific income, asset and medical information as requested on the forms above. No other information may be released without my express written authorization.

Notice to applicant/resident: Do not sign this document unless the authorized management agent's signature appears at the bottom of this page.

Signature of Applicant/Resident

Printed Name of Applicant/Resident

Date

By the signature of its authorized management agent below, and in consideration for execution of this Authorization by the applicant/resident, property representative warrants the following:

1. Information requested on the above form is required and necessary to complete certification of the applicant/resident's eligibility to reside in the above housing property;
2. The information requested above will be used for no purpose other than determining such applicant/resident's eligibility; will be maintained as confidential personal information subject to disclosure only as required by property administrative or judicial process, and will not be otherwise disclosed by the property owner or management; and
3. The property owner and management have instituted procedures that insure all personally identifiable information provided pursuant to this authorization will be maintained in electronic or magnetic form, sufficient to protect such information from any unauthorized use, access, or disclosure.

Signature of Authorized Management Agent

Printed Name of Agent

Date

This institution is an equal opportunity provider and employer. We do not discriminate against any person because of race, color, sex, religion, national origin, handicap, familial status, age, marital status, or receipt of public assistance as provided under applicable State laws and Section 504 of the Rehabilitation Act of 1973 coordinator available. ND TDD 800.366.6888



Equal Housing Opportunity





GENERAL CONSENT RELEASE

The following named individual has made application with:

_____ Property

Please PRINT complete Legal Name:

_____ Last First Middle
_____ Date of Birth

_____ Maiden/Former Name Month/Day/Year

Drivers License _____ State _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Previous Address _____ City _____ State _____ Zip _____

Employment _____

Current job _____ (years) Current Job Income _____ (monthly)

I authorize RENTBUREAU and MetroPlains to investigate my criminal history, residential, employment and income history, and bank and credit history for the purpose of housing and/or employment. The source of the information may come from, but is not limited to: Credit Bureaus; banks and other depository institutions; current and former employers; federal or state records including State Employment Security Agency records, county or state criminal records as follows, or other sources required. It is understood that a photocopy or facsimile copy of this form will serve as authorization.

This authorization is for this transaction only and continues in effect for one (1) year unless limited by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.

_____ Applicant's Signature _____ Date

ADDITIONAL SEARCH REQUESTED

Out of state search , County (If you lived in any other state, please list city, state & county)

1. _____
City County State

2. _____
City County State



This institution is an equal opportunity provider and employer. We do not discriminate against any person because of race, color, sex, religion, national origin, handicap, familial status, age, marital status, or receipt of 1973 public assistance as provided under applicable State laws and Section 504 of the Rehabilitation Act of coordinator available. TDD 800.366.6888

