

# ***Commercial Leasing Screening Criteria***

***The mission of Dwelling Place is to improve the lives of people by creating quality affordable housing, providing essential support services and serving as a catalyst for neighborhood revitalization.***

Dwelling Place owns or master leases more the 100,000 square feet of commercial space in numerous buildings. Consistent with our mission, our objective in screening applications for available commercial space considers the potential for a prospective lessee or sub lessee to contribute to neighborhood revitalization efforts with the product or service they propose to offer within the neighborhood or building. Just as important in the screening process, is determining the likelihood of the applicant to fulfill the lease commitments. Income generated from leasing commercial spaces help to defray staff and related costs associated with improving the neighborhoods where we offer housing.

Consequently, the following screening criteria are established to be used by Dwelling Place staff in reviewing all applications for commercial space within Dwelling Place properties.

## **APPLICATION**

A formal application will be required of all parties wishing to lease or sublet space from Dwelling Place. That application is attached to this policy.

## **CREDIT CHECKS**

Credit checks shall be performed for all individual applicants as well as principals in corporate applications unless they can provide documentation for at least one of the following:

- 1) The business proposed for the commercial property has been in continuous successful operation at another location for at least 5 continuous years prior to the application and operated by the applicant during that entire period of time.
- 2) The applicant has a minimum of \$100,000 of liquid assets
- 3) The applicant is a "recognized" and "well-established" community institution such as, but not necessarily limited to, non-profit corporations, foundations, banks, or other businesses. A determination of whether an applicant is a "recognized" and "well established" community institution shall be at the sole discretion of Dwelling Place.

## **REFERENCES**

All applicants shall provide requested contact information for at least three commercial credit references.

### **BUSINESS PLAN**

Commercial applicants that do not meet the requirements for exemption from a credit check must also submit a business plan that is satisfactory to Dwelling Place. Assistance to complete a business plan can be secured through many different resources in Grand Rapids including, but not limited to, the Grand Rapids Chamber of Commerce, Grand Rapids Opportunity for Women (GROW), and/or the Small Business Technology Development Center at Grand Valley State University in the Seidman College of Business. Contact information will be provided at the applicant's request for these organizations.

### **CRIMINAL HISTORY**

Criminal history checks will be performed for all individual applicants, as well as principals in corporate applications unless one of the following conditions exist:

- 1) The applicant is a "recognized" and "well-established" community institution such as, but not necessarily limited to, non-profit corporations, foundations, banks, or businesses. A determination of whether an applicant is a "recognized" and "well established" community institution shall be at the sole discretion of Dwelling Place.
- 2) Dwelling Place has sufficient previous knowledge and experience with the applicant to determine that a criminal history check should not be required. This determination shall be at the sole discretion of Dwelling Place.

### **AUTHORIZED SIGNATURES**

The applicant must identify all individuals and/or corporations that will be party to the lease and provide evidence that they have authority to sign the lease. In the case of corporations Dwelling Place will require a federal employer identification number and copies of the articles of incorporation and/or other documentation that provides the legal basis to demonstrate that principals signing the lease have authorization to encumber the corporation.

**APPLICANTS WHO PROVIDE FALSE OR MISLEADING INFORMATION IN THEIR APPLICATION ACKNOWLEDGE AND UNDERSTAND THAT THEY MAY BE DENIED OCCUPANCY ON THAT BASIS. THE APPLICANT FURTHER UNDERSTANDS AND ACKNOWLEDGES THAT PROVIDING FALSE OR MISLEADING INFORMATION MAY ALSO BE CAUSE FOR TERMINATING THE LEASE IF DISCOVERED AT A LATER DATE.**

Enclosure(s)

**DWELLING PLACE OF GRAND RAPIDS, INC.**  
 101 Sheldon Blvd. SE, Suite 2  
 Grand Rapids, Michigan 49503  
 (616) 454-0928  
**APPLICATION FOR COMMERCIAL TENANCY**

ADDRESS OF COMMERCIAL SPACE FOR WHICH APPLICATION IS SUBMITTED: \_\_\_\_\_

1. Full Legal Name of Lessee: \_\_\_\_\_
2. Social Security # or if corporation, Federal I.D. # \_\_\_\_\_
3. Present Business Address (If applicable): \_\_\_\_\_  
 \_\_\_\_\_ Zip: \_\_\_\_\_
4. Business Phone # (If applicable): \_\_\_\_\_
5. Current Commercial Landlord (Name, Address, and Telephone # if applicable):  
 \_\_\_\_\_  
 \_\_\_\_\_

How long? \_\_\_\_\_ Monthly lease amount: \$ \_\_\_\_\_

6. Previous Commercial Address: (If less than two years at present address)  
 \_\_\_\_\_

7. Previous Commercial Landlord (Name, Address, and Telephone #):  
 \_\_\_\_\_  
 \_\_\_\_\_

How long? \_\_\_\_\_ Monthly lease amount: \$ \_\_\_\_\_

8. Name(s) of all persons involved in business ownership:

FULL LEGAL NAME	DATE OF BIRTH	SOCIAL SECURITY #	DRIVERS LICENSE #	CURRENT ADDRESS	CURRENT PHONE #
a. _____	_____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____	_____

Will anyone work with you at this address who is not listed above?  Yes  No  
 If yes, explain: \_\_\_\_\_

Does anyone plan to work with you in the future who is not listed above?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

9. What building adaptations will you require, if any?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Commercial/Business Assets: Bank \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_

NOTE: Before final consideration of lease space can be made, a formal business plan must be submitted for review by Dwelling Place. Assistance in development of a business plan is available through the Greater Grand Rapids Chamber of Commerce, if needed. Exceptions to this requirement can be offered according to the attached policy.

Please list a minimum of three (3) commercial credit references.

Company Name	Contact Person	Phone Number	FAX Number	Address
_____	_____	( ) _____	( ) _____	_____
_____	_____	( ) _____	( ) _____	_____
_____	_____	( ) _____	( ) _____	_____

11. Person to notify in case of emergency: \_\_\_\_\_  
Address \_\_\_\_\_  
Home # \_\_\_\_\_ Relationship \_\_\_\_\_

12. Have you ever been evicted? \_\_\_Yes \_\_\_No Why and when? \_\_\_\_\_

13. Have you or any other person named on the application as intending to lease this space ever been convicted for using, dealing or manufacturing illegal drugs? \_\_\_Yes \_\_\_No

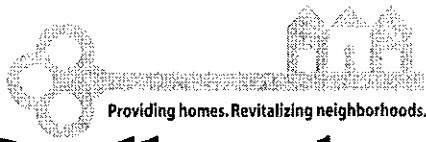
14. Criminal History Information:  
\_\_\_\_\_  
\_\_\_\_\_

15. How did you hear about us? \_\_\_\_\_

I/WE CERTIFY THAT I/WE ARE NOT LEASING SPACE UNDER ANY OTHER NAME AND HAVE NOT USED ANY OTHER SOCIAL SECURITY NUMBER OTHER THAN THAT WHICH HAS BEEN LISTED ABOVE. I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR QUALIFICATIONS FOR TENANCY. I/WE AUTHORIZE THE OWNER/MANAGEMENT TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION AND TO CONTACT PREVIOUS OR CURRENT LANDLORDS OR OTHER SOURCES FOR CREDIT AND VERIFICATION INFORMATION WHICH MAY BE RELEASED TO APPROPRIATE FEDERAL, STATE, OR LOCAL AGENCIES. I/WE CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT ANY OMISSION, MISREPRESENTATION OR FALSE INFORMATION WILL BE CAUSE FOR REJECTION.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_



# Dwellingplace

101 Sheldon Blvd. SE Grand Rapids, Michigan 49503  
Ph (616) 454-0928 Fax (616) 454-5249

Date \_\_\_\_\_

(Please take this for to the Grand Rapids Police Department for completion.)

## WAIVER OF LIABILITY AND RELEASE OF CLAIMS

I hereby authorize the Grand Rapids and/or Michigan State Police Departments to release any information that it may have in its records or may obtain from other sources under my name and birth date, including my fingerprints, to DWELLING PLACE OF GRAND RAPIDS, and I hereby release and forever discharge the City of Grand Rapids and/or Michigan State Police Departments and its agents, officers, and employees from any and all actions, causes or actions, claims and demands for, upon or by reason of any damage, loss or injury, which may be sustained by me in the nature of libel, slander, invasion of privacy or other results from errors or omissions in the information given or from the use of the information, whether by reason or unauthorized use, negligence or otherwise.

NAME \_\_\_\_\_  
(Printed)

NAME \_\_\_\_\_  
(Signature)

MAIDEN NAME OR ANY OTHER  
NAMES USED \_\_\_\_\_  
(If Applicable)

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

RACE \_\_\_\_\_ SEX \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

SS# \_\_\_\_\_

STATE OF MICHIGAN )

)

COUNTY OF KENT )

ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_ BEFORE ME PERSONALLY APPEARED \_\_

\_\_\_\_\_ WHO, BEING DULY SWORN SAYS THAT HE/SHE

SIGNED THE ABOVE LIABILITY AND RELEASE OF CLAIM.

\_\_\_\_\_  
NOTARY PUBLIC, KENT COUNTY MICHIGAN

MY COMMISSION EXPIRES: \_\_\_\_\_

/kl/3/4/04.waiver firm.doc

