



**LOCATION:** 4615 West 123<sup>rd</sup> St.  
Savage, Minnesota 55378  
952-403-9266

**SIZE:** 62 Market Rate Senior Apartments  
Three story wood framed building with underground parking

- ♦ 18 one bedroom (704- 790 sq. ft.) - \$786 - \$819
- ♦ 23 one bedroom with den (942 - 987 sq. ft.) - \$917 - \$971
- ♦ 18 two bedroom (1,028-1,100 sq. ft.) - \$1,058 - \$1,141
- ♦ 3 two bedroom with den (1,361 sq. ft) - \$1,266

Enclosed parking - \$35/month  
Rent includes heat, water, sewer, and trash removal, recycling

**BUILDING AMENITIES:**

- ♦ Community room
- ♦ Library
- ♦ Guest Suite
- ♦ Individual decks
- ♦ Controlled entry system
- ♦ Optional indoor parking garage
- ♦ Individual storage lockers
- ♦ Management office on-site
- ♦ Elevator Service
- ♦ Beauty Shop
- ♦ Exercise Room
- ♦ Woodworking Shop

**APARTMENTS INCLUDE:**

- ♦ Oven and range
- ♦ Microwave
- ♦ Frost-free refrigerator
- ♦ Dishwasher
- ♦ Garbage Disposal
- ♦ Individually controlled heating and air-conditioning units
- ♦ Full size washer and dryer
- ♦ Mini-blinds and vertical blinds
- ♦ Raised electrical outlets
- ♦ Lever door handles

**GLENDALE PLACE** is owned by the Scott County Community Development Agency  
These apartments are designated for adult's age 55 and better.

**FOR ADDITIONAL RENTAL INFORMATION CALL (952) 403-9266**

Glendale Place  
4615 West 123<sup>rd</sup> Street  
Savage, MN 55378

PHONE: (952) 403-9266  
FAX: (952) 736-7618

# APPLICANT INFORMATION

**IMPORTANT:** This application must be filled out completely. All employers and landlords must be listed with phone numbers. If we are unable to reach current and/or prior landlords, your application will not be processed. Only one non-married person per application please.

MANAGER MUST COMPLETE			
BUILDING ADDRESS: _____		APT.# _____	REFERRED BY _____
LEASE DATES: FROM _____ TO _____		MOVE IN DATE: _____	LEASING AGENT _____
MONTHLY RENT\$ _____		GARAGE\$ _____	DEPOSIT DATE: _____ DEPOSIT AMT.\$ _____
APPLICATION FEE: \$ _____ (fee is non-refundable.) It is used to check your background and will insure a safe community.			
APPLICANT #1 LAST NAME:	FIRST	MIDDLE	HOME PHONE: CELL PHONE: WORK PHONE:
SOCIAL SECURITY #	DATE OF BIRTH	DRIVERS LICENSE # AND STATE:	
APPLICANT #2 LAST NAME:	FIRST	MIDDLE	HOME PHONE: CELL PHONE: WORK PHONE:
SOCIAL SECURITY #	DATE OF BIRTH	DRIVERS LICENSE # AND STATE:	
PRESENT ADDRESS :		CITY	STATE ZIP
UNIT #	FROM TO	RENT \$	LANDLORD OR COMPLEX NAME & PHONE:
PREVIOUS ADDRESS:		CITY	STATE ZIP
UNIT#	FROM TO	RENT \$	LANDLORD OR COMPLEX NAME & PHONE:
2 <sup>ND</sup> PREVIOUS ADDRESS:		CITY	STATE: ZIP
UNIT#	FROM TO	RENT\$	LANDLORD OR COMPLEX NAME & PHONE:
APPLICANTS PRESENT EMPLOYER		PHONE #	POSITION DATES
ADDRESS		PART/FULL TIME	SUPERVISOR SALARY
SPOUSE'S EMPLOYER		PHONE #	POSITION DATES
ADDRESS		PART/FULL TIME	SUPERVISOR SALARY
OTHER INCOME/SOURCE		PHONE #	CONTACT AMOUNT
ADDITIONAL OCCUPANTS:		EMERGENCY CONTACT NAME & NUMER:	
VEHICLE INFORMATION: LICENSE # YEAR: MAKE & MODEL			
Have you filed bankruptcy? YES / NO If yes, please explain:	Have you ever been evicted or asked to move? YES / NO Have you ever refused to pay rent? YES / NO	HAVE YOU BEEN CONVICTED OF A GROSS MISDEMEANOR OR FELONY? YES / NO	DO YOU HAVE A LEGAL RIGHT TO BE IN THE UNITED STATES? <input type="checkbox"/> Yes, I am a citizen. <input type="checkbox"/> Yes, I have valid documentation from the U.S. Dept. of Immigration and Naturalization (INS) that allows me to be in the country. <input type="checkbox"/> No
<p>I / We authorize Great Lakes Management whose address is 5000 Glenwood Ave., Golden Valley, MN 55422 to investigate my criminal history, residential, employment and income history, 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 as required. It is understood that a photocopy or facsimile copy of this form will serve as authorization. I / We understand failure to complete this form completely and truthfully may result in denial and/or forfeiture of deposit. This authorization is for this transaction only and continues in effect for one (1) year unless by state law, in which case the authorization continues in effect for the maximum period, not to exceed one (1) year, allowed by law.</p>			
Signature _____		Date _____	
Signature _____		Date _____	
GREAT LAKES MANAGEMENT 5000 GLENWOOD AVENUE, GOLDEN VALLEY, MN 55422			
PHONE: (763) 377-1800		FAX: (763) 377-7387	