



Carter Place Townhouses



CARTER PLACE TOWNHOUSES are located in Bemidji, Minnesota. Carter Place Townhouses were built with funds secured by Minnesota Housing Finance Agency. Because the Development's mortgage is from the state government agency, D.W. Jones Management, Inc. must follow state guidelines in its renting practices. The major rental requirements include:

Building Features:

- Professional management and on-site caretaker.
- Three-bedroom units (1,200 sq. ft.)
- 1 two-bedroom fully accessible unit.
- Full size coin operated washer & dryer provided in each townhouse.
- Range and frost free refrigerator.
- Two air-conditioners in each unit.
- Playground equipment.
- Window treatments provided.
- Attached garage included in rent.
- Covered porch
- Sorry, no pets allowed

Gross Annual Income Limits

1-person.....	\$19,300	50%
2-persons.....	\$22,050	60%
3-persons.....	\$24,800	
4-persons.....	\$27,550	
5-persons.....	\$29,750	
6-persons.....	\$31,950	

Monthly Rent

1-person.....	\$23,160
2-bedroom unit.....	\$540.00
3-bedroom unit.....	\$605.00
3-bedroom unit (4 specific units-50%)	\$525.00
Rent includes cold water, sewer and garbage.	

Lease—One year lease required. After a year the lease will be month-to-month.

Information subject to change without notice.

Additional Requirement—Each person in your household 18 years of age and over will be required to submit a non-refundable fee (money order payable to D.W. Jones Management, Inc.) to cover criminal and credit checks. This fee will be required at the time of the interview. Criminal and Credits Checks will be conducted by Rental Research Services, Inc., PO Box 5065, Hopkins, MN 55343; Phone 952-852-2060

Please complete the enclosed application accurately and completely, giving all information requested as it pertains to you and your household. **Applications not containing all necessary information required for processing, including financial information amounts may be rejected.**

We will acknowledge receipt of your application by mail. The determining factors for occupancy will be the completeness of your application, a favorable review of landlord references, income limitations and the availability of a unit that meets your needs. Each resident will be required to sign a one-year lease and pay a security deposit of \$400.00.

The *Tenant Selection Criteria* is available upon request

If you have any questions or need assistance in completing your application, please contact D.W. Jones Management, Inc. Local call (218) 547-3307 or Toll Free (800) 810-2853, **Diane** at Extension **105**, **Tanya** at Extension **124** or **Dan** at Extension **129**.

Thank you for your interest in Carter Place Townhouses.

Complaints about discrimination should be filed with the Minnesota Department of Human Rights, 500 Bremer Building, 7th Place and Minnesota St., St. Paul, MN 55101;(651)296-5663, or toll free, 1-800-657-3704. In Minneapolis, St. Paul, and some other locations, such complaints may also be filed with municipal civil or human rights departments.

Professionally Managed by:

PO Box 340
7539 Front Street NW
Walker, MN 56484
Local: (218) 547-3307
Toll Free: (800) 810-2853
Fax: (218) 547-3662



Minnesota Relay System for the Hearing Impaired: 711



**D.W. JONES MANAGEMENT, INC. APPLICATION FOR HOUSING
 CARTER PLACE TOWNHOMES ~ BEMIDJI
 PHONE (218) 547-3307 FAX (218) 547-3662 TOLL-FREE (800) 810-2853
 Minnesota Relay System for the Hearing Impaired - 711**



Equal Housing Opportunity Program

PERSONAL INFORMATION - all applicants 18 year of age and older

Applicant: _____ Maiden, Alias or Former Names _____
First Last

Drivers Lic #: _____ State: _____ Social Security # _____
 Date of Birth: _____ Age: _____ Sex: _____

Co-Applicant: _____ Maiden, Alias or Former Names _____
First Last

Drivers Lic #: _____ State: _____ Social Security # _____
 Date of Birth: _____ Age: _____ Sex: _____

CONTACT INFORMATION - we will use this information to contact you about openings.

Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 E-mail Address: _____ (optional) Best time to call: _____

ADDITIONAL HOUSEHOLD MEMBERS

Last Name	First Name	MI	Date of Birth	Age	Sex	Social Security #

MISCELLANEOUS

Yes No Homeless prior to occupancy?
 Yes No Are you receiving any assistance from any Housing Assistance Program (HUD, Section 8, etc)?
 Yes No Have you applied for any Housing Assistance Program (HUD, Section 8, etc.)?
 Yes No Do you anticipate ANY change in your household composition during the next 12 months? *If yes please explain* _____

Yes No 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?
If yes please explain any special features your household may need _____

Yes No Will any household member listed above be a Full or Part Time College Student during your occupancy?
IF YES, Complete the following
 Student Status Full-time Part-time
 Name(s) of individual(s) enrolled: _____
 Name and Address of Educational Institute: _____

CRIMINAL HISTORY

Yes No Has any household member ever been convicted, plead guilty or "no contest" to a felony (Whether or not resulting in a conviction) ?
 Yes No Has any household member ever been convicted, plead guilty or "no contest" to the illegal use, manufacture or distribution of a controlled substance (Whether or not resulting in a conviction)?
 Yes No Has any household member ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct (Whether or not resulting in a conviction)?
 Yes No Is any household member a registered sex offender?
 Yes No Does any household member have ANY pending criminal charges?
 If you answered yes to any question in this section, please explain. _____

INCOME

Please answer yes or no to the following and if yes, provide the information needed. Do you or any family member have income from: (all boxes need to be checked)

Applicant

1	Social Security/SSI/Disability	Yes	No
2	Pension/Annuity	Yes	No
3	Veteran's Benefits	Yes	No
4	Unemployment	Yes	No
5	Workman's Comp	Yes	No
6	MFIP/Public/General Assistance	Yes	No
7	Employment	Yes	No
8	Employed by someone who pays you cash	Yes	No
9	Spousal Maintenance	Yes	No
10	Child Support	Yes	No
11	Court Ordered Child Support and/or Spousal Maintenance	Yes	No
12	Military Pay	Yes	No
13	Self Employment	Yes	No
14	Contributions from family/friends	Yes	No
15	Income from assets	Yes	No
16	Other income	Yes	No
17	Grants or scholarships	Yes	No

Co-Applicant

1	Social Security/SSI/Disability	Yes	No
2	Pension/Annuity	Yes	No
3	Veteran's Benefits	Yes	No
4	Unemployment	Yes	No
5	Workman's Comp	Yes	No
6	MFIP/Public/General Assistance	Yes	No
7	Employment	Yes	No
8	Employed by someone who pays you cash	Yes	No
9	Spousal Maintenance	Yes	No
10	Child Support	Yes	No
11	Court Ordered Child Support and/or Spousal Maintenance	Yes	No
12	Military Pay	Yes	No
13	Self Employment	Yes	No
14	Contributions from family/friends	Yes	No
15	Income from assets	Yes	No
16	Other income	Yes	No
17	Grants or scholarships	Yes	No

List all "YES" Checked items below. Complete mailing address is required.

Number from above	Household Member	Name of company, financial institution or source	number of company, financial institution or source	Avg. hours/week & rate of pay or Gross Monthly Check

Have you given or sold any property for less than fair market value in the past two(2) years? Yes No

If yes explain _____

ASSETS

Do you or a family member have any of the following assets? All boxes must be checked

	Applicant		If YES, Please list Account Number	Co-Applicant		If YES, Please list Account Number
	Yes	No		Yes	No	
1 - Checking Account	Yes	No		Yes	No	
2 - Savings Account	Yes	No		Yes	No	
3 - Certificates of Deposit	Yes	No		Yes	No	
4 - IRA Accounts/Money Markets	Yes	No		Yes	No	
5 - Stock or Bonds	Yes	No		Yes	No	
6 - Mutual Funds	Yes	No		Yes	No	
7 - Trust Accounts	Yes	No		Yes	No	
8 - Life Insurance	Yes	No		Yes	No	
9 - Real Estate	Yes	No		Yes	No	
10 - Other Retirement Funds (401K, Keogh, etc.)	Yes	No		Yes	No	

List all "YES" Checked items below. Complete mailing address is required.

Number from above	Household Member	Name of company, financial institution or source	Complete mailing address and telephone number of company, financial institution or source	Present Balance	Interest Rate

REFERENCES

Please list all states resided in over the past ten (10) years: _____

Complete addresses of each state lived in are required - Please provided additional addresses here that are not included with landlord references:

List all places you have lived in the past three(3) years. Failure to complete this section may disqualify your application. *Please list additional Landlords on a separate sheet of paper.*

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you owned your own home for the last 3 years?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you rented in the past 3 years?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you rented from DW Jones Management in the past?	If yes, Where? _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Has any household member had an eviction action filed against them or been asked to leave?	

LANDLORD REFERENCES

Present Landlord _____ Phone Number _____

Landlord Complete Mailing Address _____

Address of Property rented _____
Address City State

Dates rented - From: _____ To: _____ Monthly Rental Amount: _____

Reason for moving _____

How many days are you required to give to vacate? _____

Previous Landlord _____ Phone Number _____

Landlord Complete Mailing Address _____

Address of Property rented _____
Address City State

Dates rented - From: _____ To: _____ Monthly Rental Amount: _____

Reason for moving _____

Previous Landlord _____ Phone Number _____

Landlord Complete Mailing Address _____

Address of Property rented _____
Address City State

Dates rented - From: _____ To: _____ Monthly Rental Amount: _____

Reason for moving _____

PERSONAL REFERENCES (Other than family members and landlord references)

Name	Complete mailing address	Phone Number
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1) _____

2) _____

3) _____

EMERGENCY CONTACT - NAMES OF PERSON(S) TO BE CONTACTED IF YOU CANNOT BE REACHED

Name: _____ Name: _____

Address: _____ Address: _____

Relationship to household: _____ Relationship to household: _____

Phone: _____ Phone: _____

APPLICANT PLEASE NOTE:

Filing of this application does not obligate the applicant in any way. Neither does it obligate D.W. Jones Management, Inc. to commit to or guarantee the applicant a rental unit at the complex. The determination to rent to the applicant will be made on the basis of the applicant's eligibility, rental, criminal and credit history, the ability to pay and the availability of an appropriate sized unit in accordance with the Tenant Selection Criteria

D.W. Jones Management, Inc. will confirm receipt of this application. Upon receipt of a complete application, your name will be added to our waiting list for this complex. If we have received an incomplete application, it will be returned to you for completion. You must return the completed application in order to remain on the waiting list. No further contact will be made until your name comes to the top of the list and a vacancy occurs that meets your needs. In order to keep our records up to date; please notify us of any change of address or phone number. When you are contacted regarding a vacancy it will be necessary to verify your income and assets. You will be sent the necessary forms and instructions at that time.

CERTIFICATION:

I/We certify that all information in this application is true to the best of my/our knowledge and that I/we understand that false statements or wrong information is punishable by law and will lead to cancellation of the application or termination of tenancy after occupancy.

I/We do hereby authorize D.W. Jones Management, Inc. and their staff or authorized representatives to contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in the property managed by D.W. Jones Management, Inc.

Applicant(s) certify that the unit applied for will be the applicant(s) permanent household address and the applicant(s) will not maintain a separate subsidized rental unit in a different location.

I/We understand that by signing this form I/We are granting D.W. Jones Management, Inc. permission to verify my credit history, rental references, criminal background and income.

**How did you hear of this property? Newspaper Internet Social Service Agency
 Sign Friend Other (Specify) _____

***ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER MUST COMPLETE AND SIGN APPLICATION**


Signature _____ Date: _____
Applicant
Signature _____ Date: _____
Co-Applicant

HOUSEHOLD NATIONALITY
The following information is requested by us in order to ensure that Federal Laws prohibiting discrimination against tenants' applicants on the basis of race, national origin and sex are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

<i>Race:</i>	<i>National Origin:</i>		
1-American Indian	A-Hispanic/Latino	Member #1 _____	Member #4 _____
2-Asian	B-Not Hispanic/Latino	Member #2 _____	Member #5 _____
3-Black or African American		Member #3 _____	Member #6 _____
4-Native Hawaiian/Pacific Islanders			
5-White			

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D.W Jones Management, Inc. is an equal opportunity provider and employer.

Mail Completed Application to:
 **D.W. Jones Management, Inc.**
PO Box 340
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Walker, MN 56484

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