



D.W. JONES MANAGEMENT, INC. APPLICATION FOR HOUSING
CENTURY SQUARE TOWNHOMES ~ FARGO
PHONE (218) 547-3307 FAX (218) 547-3662 TOLL-FREE (800) 810-2853
North Dakota Relay System for the Hearing Impaired - (800) 366-6888



WEB VERSION

Equal Housing Opportunity Program

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

PERSONAL INFORMATION - all applicants 18 year of age and older

Applicant: _____ Social Security # _____
First Last

Maiden, Alias or Former Names _____ Date of Birth _____ Age: ___ Sex: ___
 Race* _____ National Origin** _____

Co-Applicant: _____ Social Security # _____
First Last

Maiden, Alias or Former Names _____ Date of Birth _____ Age: ___ Sex: ___
 Race* _____ National Origin** _____

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 (list additional members that will reside in your household during your occupancy)

First Name	Last Name	Relationship to Head	Date of Birth	Age	Sex	Social Security #	Race*	National Origin**

*Household Nationality - The following information is requested by us 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 to furnish it, the owner/agent is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Please use the following codes for household members Race:
 * (1) American Indian; (2) Asian; (3) Black or African American; (4) Native Hawaiian/Pacific Islanders; (5) White

Please use the following codes for household members National Origin:
 **(A) Hispanic/Latino; (B) Not Hispanic/Latino

MISCELLANEOUS

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 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 Student during the next 12 months?

INCOME AND ASSETS (additional information will be required and will be verified when unit becomes available)

Household anticipated GROSS income from ALL sources _____ (weekly / monthly / yearly) please circle one
 Household anticipated asset value is: _____ ticipated income from assets: _____

CRIMINAL HISTORY (Please explain any yes answer in this section on the back of this pre-application)

Yes No Has any household member ever been convicted or plead guilty to a felony?
 Yes No Has any household member ever been convicted or plead guilty to the illegal use, manufacture or distribution of a controlled substance?
 Yes No Has any household member ever been convicted of or pleaded guilty to charges for sexual misconduct?
 Yes No Is any household member a registered sex offender?
 Yes No Does any household member have ANY pending criminal charges?

REFERENCES

Yes No **Have you owned your own home for the last 3 years?**
 Yes No **Have you rented in the past 3 years?**
 Yes No **Have you rented from DW Jones Management in the past? If yes, Where' _____**
 Yes No **Has any household member ever been evicted?**

List all places you have lived in the past three(3) years. *Please list additional Landlords on a separate sheet of paper.*

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: _____ Reason for moving _____

Previous Landlord _____ Phone Number _____
 Landlord Complete Mailing Address _____
 Address of Property rented _____
Address City State
 Dates rented - From: _____ To: _____ Reason for moving _____

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:

PERSONAL REFERENCES (Other than family members and landlord references)

Name	Complete mailing address	Phone Number
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

EMERGENCY CONTACT(s)

Name: _____	Name: _____
Address: _____	Address: _____
Relationship to household: _____	Relationship to household: _____
Phone: _____	Phone: _____

APPLICANT PLEASE NOTE:

Filing of this pre-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 your 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/AUTHORIZATION TO RELEASE:

I/We certify that all information in this pre-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 emergency contacts listed previously, 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.


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.

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

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

Complaints about discrimination should be filed with the North Dakota Department of labor, Division of Human Rights, 600 East Boulevard Ave, Dept. 406, Bismarck, ND 58505-0340; 701-328-2660 or 800-582-8032; North Dakota Relay System—800-366-6888; e-mail—humanrights@state.nd.us

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

Mail Completed Application to:
 **D.W. Jones Management, Inc.**
PO Box 340
7539 Front Street NW
Walker, MN 56484

Phone: (218) 547-3307 Fax: (218) 547-3662
North Dakota Relay System for the Hearing Impaired (800) 366-6888
www.dwjonesmanagement.com

Fargo SAFE Rental Housing Program

A program of the Fargo Police Department

REQUEST FOR CRIMINAL HISTORY INFORMATION

All the information in parts one and two must be completed for the Fargo Police Department to conduct a criminal history search.

Part 1: Landlord Information

Today's Date: _____

Name of landlord or management company requesting information: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Return the criminal history to me by (check one): Mail _____ Fax _____

Part 2: Criminal History Information

I would like a background check and a criminal history check completed on:

Name: _____
(first) (middle) (last)

Date of Birth: _____
(Month) (Date) (Year)

Address: _____

City: _____ State: _____ Zip: _____

Social Security number: _____

Driver's License number: State: _____ Number: _____

Fax this form to the Fargo Police Records Dept. at (701) 461-7879.

Or mail this form to:

Fargo Police Department, Attention: Records, 3350 25th Ave S, Fargo, ND 58104

Questions: Call Records at 461-7878