

Does applicant have a disability of long duration? Yes No Don't Know Refused
 If Yes, Disability Type from below 1.) _____ 2.) _____ 3.) _____

Alcohol/Drug Abuse Developmental Physical/Mobility Limits Hearing Impaired Mental Illness
 Physical/Medical Vision Impaired Other (Add more disability types as needed)

Does the household have any needs that would be better served by a unit which is accessible to persons with mobility, hearing or visual impairments? Yes No
 If Yes, please explain: _____

Veteran Status:
 U.S. Military Veteran? Yes No Months Served on Active Duty in the Military: _____

Discharge Type: Honorable General Medical Bad Conduct Dishonorable Other

Military Service Related Disability? Yes No

Receiving Veterans Services? Yes No

If Yes, List Veterans Services from list below: 1.) _____ 2.) _____

World War 1 WWII & Korean War Vietnam Army Air Force Marines
 Navy Coast Guard National Guard Income \$ _____/mo.

Domestic Violence victim? Yes No **If yes, Extent of Domestic Violence (Circle One):**
 Within the past three months From six to twelve months ago Three to six months ago
 More than a year ago Don't Know Refused

Highest Level of Education Attained (Circle One):
 No schooling completed Nursery to 4th grade 5th grade or 6th grade 7th grade or 8th grade
 9th grade or 10th grade 11th grade 12th grade, No diploma High School Diploma
 GED Post-secondary school

Received Vocational Training? Yes No

List any Household Member presently attending school:

Student Name	School Name	Start Date

Health and wellness:
 Health Condition Compared to People of Your Age? Excellent Very Good Good Fair
 Poor Don't Know

Pregnant? Yes No
 If Yes, Projected Birth Date: ____/____/____

HOUSING INFORMATION

Extent of Homelessness (Long-term by definition) (circle 1)
 Not Currently Homeless 1st time homeless and less than 1yr. without home 2nd or 3rd time in past 3yrs.
 Long term: at least 1yr. OR at least 4 times in the past 3 years

Leave any of these in the last 90 days? Yes No **No: Skip to next question Yes: Select the most recent:**
 Adoptive home Orphanage Foster home (youth Only) Group Home
 Juvenile Detention Center Drug or Alcohol Treatment Facility Halfway House County Jail or Workhouse
 State or Federal Prison Mental Health Treatment Facility or Hospital Residence for people with physical disabilities

Living Situation Last Night (circle 1)

- Corrections Facility -Hotel/Motel -On the Street -Substandard Housing
- Detox -Living With Family -Own Home -Transitional Housing
- Domestic Violence Situation -Living With Friends -Rental House/Apartment -Emergency Shelter
- Mental Health Facility -Subsidized Housing -Hospital -Nursing Home
- Substance Abuse Treatment Center -Other/Unknown

Length of stay:

- One week or less More than one week, but less than one month One to three months
- More than three months, but less than one year One year or Longer

Last Permanent Address: _____

How long since you have had permanent place to live?

- Less than 1 month 1-3 months 3-6 months 6-12 months 1-2 years 3-5 years 6-8 years 9 years or more

Date left last Residence: _____

Homelessness Reason: Indicate "P" for ONE Primary Reason "S" for ONE Secondary Reason

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Loss of Job | <input type="checkbox"/> Mortgage Foreclosure | <input type="checkbox"/> Substandard Housing |
| <input type="checkbox"/> Domestic Violence Victim | <input type="checkbox"/> Loss of Public Assistance | <input type="checkbox"/> No Affordable Housing | <input type="checkbox"/> Underemployment/ low income |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Loss of Transportation | <input type="checkbox"/> Other Personal/Family Crisis | <input type="checkbox"/> Utility Shutoff |
| <input type="checkbox"/> Health/Safety | <input type="checkbox"/> Medical condition | <input type="checkbox"/> Release from Institution | <input type="checkbox"/> Loss of Child Care |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Substance Abuse | | |

Have you owned your own home for the last 3 years? Yes No

Have you rented in the past 3 years? Yes No

Has any household member had an eviction action filed against them or been asked to leave? Yes No

List all places you have lived in the past three (3) years: Including dates, addresses, and contact information.

1. _____
2. _____
3. _____
4. _____
5. _____

CRIMINAL HISTORY

- | | | |
|-----|----|--|
| Yes | No | Has any household member ever been convicted, adjudicated, plead guilty or "no contest" to a felony? |
| Yes | No | Has any household member ever been convicted, adjudicated, plead guilty or "no contest" to the illegal use, manufacture or distribution of a controlled substance? |
| Yes | No | Has any household member ever been convicted of, adjudicated, or pleaded guilty or "no contest" to a crime involving sexual misconduct, assault, criminal damage to property, stalking, harassment, gang related activities or any other crimes of physical violence to persons or property? |
| Yes | No | Is any household member a registered sex offender? |
| Yes | No | Is any household member currently actively using an illegal or controlled substance? |
| Yes | No | Does any household member have ANY pending criminal charges? |

If you answered yes to any question in this section, please explain: _____

***Referral Source (How did you hear about Fond du Lac Supportive Housing)? (circle 1)**

- | | | | | |
|-------------------------|-----------------|----------------------|------------|-------|
| Counselor/Social Worker | Family/Friends | Newspaper Ad | Phone Book | |
| School | Outreach Worker | Presentation/Speaker | Self | Other |

Optional Information needed:

English Speaking Skills	Excellent	Good	Fair	Poor	
Primary Language Spoken	English	Spanish	Other _____		
Secondary Language	English	Spanish	Other _____		
City of Birth:	_____	State of Birth:	_____	Country: _____	
Marital Status (Circle 1)	Married	Single	Divorced	Separated	Widowed

EMERGENCY CONTACT – Names of persons to contact if we are unable to reach you or in the case of an emergency:

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 Dream Catcher Homes, LP or 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 determined eligibility 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.

By signing this application:

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 Dream Catcher Homes, Dream Catcher Services, and D.W. Jones Management, Inc. and their staff or authorized representatives to contact any agencies, offices, groups, individuals 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.

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



Mail, fax or e-mail completed applications to:
D.W. Jones Management, Inc.
P.O. Box 340
7539 Front Street NW
Walker, MN 56484
Toll-Free: (800) 810-2853
Phone: (218) 547-3307 Fax: (218) 547-3662
Minnesota Relay System for the Hearing Impaired – 711
e-mail address: info@dwjonesmanagement.com
website: www.dwjonesmanagement.com

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

Complaints about discrimination should be filed with the Minnesota Department of Human Rights, 190 East 5th Street, Suite 700, 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.