



D.W. JONES MANAGEMENT, INC. PRE-APPLICATION FOR HOUSING

DULUTH AREA



1431 (Duluth Triplex) - 1431 E 1st Street
18 (Duluth Triplex II) - 18 W 5th Street
2001 (Duluth IV) - 2001 W 3rd Street
218-228 (Duluth 5-plex) - 218-228 N 14th Ave East
315 (Alicias Place) - 315 North Second Ave W
1802 (Endion School) - 1802 East Second Street

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

PERSONAL INFORMATION - all applicants 18 year of age and older

Applicant: First Last Social Security #

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

Co-Applicant: First Last Social Security #

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: Best time to call:

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

Table with columns: 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.

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

- Are you currently homeless?
Are you receiving any assistance from any Housing Assistance Program (HUD, Section 8, etc)?
Have you applied for any Housing Assistance Program (HUD, Section 8, etc.)?
Do you anticipate ANY change in your household during the next 12 months?
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?
Does anyone in the household qualify for housing because of a handicap or disability?
Will any household member listed above be a Student during the next 12 months?
Has any household member lived in any other state within the past 10 years?
Are all household members a United States Citizen?

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

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

Household anticipated asset value is: _____ Anticipated 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, adjudicated or plead guilty to a felony?
- Yes No Has any household member ever been convicted, adjudicated or plead guilty to an assault?
- Yes No Has any household member ever been convicted, adjudicated or plead guilty to the illegal use, manufacture or distribution of a controlled substance or for possession of drug paraphernalia?
- Yes No Has any household member ever been convicted, adjudicated or plead guilty criminal sexual conduct, harassment or stalking?
- Yes No Has any household member ever been convicted, adjudicated or plead guilty criminal damage to property or any gang related crime?
- 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: _____

PERSONAL REFERENCES (Other than family members and landlord references)

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

EMERGENCY CONTACT(s)

Name: _____ Name: _____

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 pre-application. Upon receipt of a complete pre-application, your name will be added to our waiting list for this complex. 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 additional information will be necessary to complete processing of your application and 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

In accordance with the U.S. Department of Housing and Urban Development (HUD), this institution is prohibited from discriminating on the basis of race, color, national origin, sex, religion, age, political beliefs or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write Office of Fair Housing and Equal Opportunity, Department of Housing and Urban Development, Room 5204, 451 Seventh Street SW, Washington, DC 20410-2000 or call (800)669-9777 or TDD (800)927-9275.

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

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