



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

MAPLE COURT ~ MOORHEAD

PHONE (218) 547-3307 FAX (218) 547-3662 TOLL-FREE (800) 810-2853

Minnesota Relay System for the Hearing Impaired - 711



WEB VERSION

Equal Housing Opportunity Program

**How did you hear of this property?

Input boxes for hearing source

Newspaper Sign

Input boxes for hearing source

Internet Friend

Input boxes for hearing source

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: (optional) 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 receiving any assistance from any Housing Assistance Program (HUD, Section 8, etc)?
Have you applied for any Housing Assistance Program (HUD, Section 8, etc.)?
Are you a qualifying current or *recent MFIP (Minnesota Families Investment Program) participant?
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?
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 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)

- Has any household member ever been convicted or plead guilty to a felony?
Has any household member ever been convicted or plead guilty to the illegal use, manufacture or distribution of a controlled substance?
Has any household member ever been convicted of or pleaded guilty to charges for sexual misconduct?
Is any household member a registered sex offender?
Does any household member have ANY pending criminal charges?

REFERENCES

<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 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
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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 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

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.

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

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www.dwjonesmanagement.com

**AUTHORIZATION FOR RELEASE OF INFORMATION
POLICY STATEMENT**

All prospective tenants applying for occupancy of a property owned or managed by **D.W. Jones Management, Inc.** are asked to give authorization for the release of the information listed below, which may be private/non-public information, from previous landlords, management companies and governmental agencies (including law enforcement agencies):

Any involvement in the activities listed below in the past five years. "Involvement" means suspected of the activity or ticketed or arrested for the activity. Felony offenses *are not* subject to the five-year limit.

- * Any charges involving a weapon
- * Any sexual misconduct
- * Alcohol-related violations
- * Noise or party ordinance violations
- * Disorderly conduct
- * Detox calls for service
- * Assaults
- * Domestic disputes
- * Damage or destruction of property
- * Controlled substance crimes
- * Theft or burglary-related charge

PROCEDURE STATEMENT

I, _____ hereby authorize **D.W. Jones Management, Inc.** to obtain the above information which may be private/non-public information, from former management companies or landlords whose properties I have resided in during the last five years and from governmental agencies (including law enforcement agencies), for the purpose of reviewing my rental application.

Date: _____

Applicant's Signature

Print Applicant's Name

Date of Birth

Driver's License Number

IF PROSPECTIVE TENANT REFUSE TO SIGN THIS FORM, HE/SHE WILL STILL BE SUBJECT TO THE GATHERING OF ALL INFORMATION AVAILABLE TO THE PUBLIC.