



**D.W. JONES MANAGEMENT, INC. PRE-APPLICATION FOR HOUSING
OAK GROVE TOWNHOMES ~ ST. CLOUD**

PHONE (218) 824-8403 FAX (218) 824-1689 TOLL-FREE (888) 825-8403

Minnesota Relay System for the Hearing Impaired - 711

Equal Housing Opportunity Program



WEB VERSION

**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 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 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

<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
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.
7276 Excelsior Rd
Baxter MN 56425

Phone: (218) 824-8403 Fax: (218) 824-1689

Minnesota Relay System for the Hearing Impaired - 711

www.dwjonesmanagement.com

CRIMINAL BACKGROUND CONSENT FORM

Applicant Name: _____

A Local Records Check of the St. Cloud Police Department / Stearns County Sheriffs Department and a search of the Minnesota State Criminal Records and/or the Federal Bureau of Investigation Criminal Justice Information files will be performed on you pursuant with the lease agreement of the complex to which you are applying. By signing this form you are allowing the St. Cloud Police Department to release the criminal data maintained in those files which applies under Statutes and Ordinance.

1. You have the right to be informed that **D.W. Jones Management, Inc.** is requesting Criminal Background Check to determine if you have been convicted of a Crime Specified in Section 299.67, sub.2.
2. You have the right to be informed by **D.W. Jones Management, Inc.** of the results of a Criminal Background Check and to obtain a copy of the results.
3. You have the right to be obtain from the St. Cloud Police Department / Stearns County Sheriffs Department and/or The Bureau of Criminal Apprehension, any records that forms the basis for the reports obtained.
4. You have the right to challenge the accuracy and completeness of information contained in the report or record under section 13.04, sub.4.
5. You have the right to be informed by **D.W. Jones Management, Inc.** if your application for acceptance has been denied because of the results of this Background Check.

Applicant Information

PLEASE PRINT CLEARLY

THIS FORM MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC

Last Name First Name Middle Name

Have you been known by another name?(Maiden. Alias, etc.) _____

Date of Birth: _____ Gender: Male Female Race _____

Drivers License #: _____ State: _____ Social Security #: _____

Current Address Apt# City State and Zip County

Have you lived in Minnesota for at least the past 5 years? Yes No

If " No", please list prior address

Prior Address Apt# City State and Zip County

This release shall be effective for ONE (1) year from the date signed.

Applicant Signature

Date

State of Minnesota)
)ss.

County of)

Subscribed and sworn before me, a notary public this _____ day of _____ 20 _____

By: _____
Notary Public

(notary stamp or seal)