

Family Housing

PARK RAPIDS
APARTMENTS

A Friendly Place to Live

*300 8th Street W
Park Rapids, Minnesota*

D.W. Jones Management is a leader in providing affordable family housing. Our responsibility to maintain a safe, livable, peaceful complex for families is taken seriously.

Our highly trained staff is committed to giving friendly, quality service to meet your housing needs.

Your Affordable Housing Management Team.



D.W. JONES
MANAGEMENT, Inc.

Equal Opportunity Provider and Employer

PO Box 340
7539 Front Street NW
Walker, MN 56484

Phone: (218) 547-3307
Fax: (218) 547-3662



Park Rapids Apartments



PARK RAPIDS APARTMENTS are located in Park Rapids, Minnesota. Park Rapids Apartments were built with funds secured by Housing and Urban Development (HUD). Because the Development's mortgage is from the federal government, D.W. Jones Management, Inc. must follow federal guidelines in its renting practices. The major rental requirements include:

- Professional management and on-site caretaker.
- 1 bedroom units—600 sq. ft.
- 2 bedroom units—849 sq. ft.
- 3 bedroom units—975 sq. ft.
- 4 bedroom units—1,166 sq. ft.
- Playground area
- Fridge and stove provided
- Air conditioner
- Coin operated laundry facilities available on site
- Designated parking
- Sorry No Pets Allowed

Building Features:

Gross Annual Income Limits	Monthly Rent
1-person	\$30,850
2-persons	\$35,300
3-persons	\$39,700
4-persons	\$44,100
5-persons	\$47,650
6-persons	\$51,150
7-persons	\$54,700
8-persons	\$58,200

Tenants will pay 30% of their adjusted monthly income based on HUD guidelines

Security Deposit Based on your income, with a \$50 minimum.

Lease—One year lease required. After a year the lease will be month to month.

Additional Requirement—Each person in your household 18 years of age and over will be required to consent to a criminal and credit checks. All adult household members that have resided in states other than Minnesota for the past 10 years MUST submit complete address information. Criminal and Credits Checks will be conducted by Rental Research Services, Inc., PO Box 5065, Hopkins, MN 55343; Phone 952-852-2060

Please complete the enclosed application accurately and completely, giving all information requested as it pertains to you and your household. Applications not containing all necessary information required for processing, including financial information amounts may be returned for completion.

We will acknowledge receipt of your application by mail. The determining factors for occupancy will be the completeness of your application, a favorable review of landlord references, income limitations and the availability of a unit that meets your needs. Each resident will be required to sign a one-year lease and pay a security deposit based on your income, with a \$50 minimum.

The *Tenant Selection Criteria* is available upon request

If you have any questions or need assistance in completing your application, please contact **D.W. Jones Management, Inc.** Local at (218) 547-3307 Or Toll Free (800) 810-2853, **Diane** at Extension **105** or **Rob** at Extension **108**.

Thank you for your interest in Park Rapids Apartments.

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.

Professionally Managed by:

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D.W. JONES
MANAGEMENT, Inc.



Minnesota Relay System for the Hearing Impaired: 711



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

PARK RAPIDS APARTMENTS ~ PARK RAPIDS

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



Minnesota Relay System for the Hearing Impaired - 711

Equal Housing Opportunity Program

**How did you hear of this property?

Form with checkboxes for Newspaper Sign, Internet Friend, Social Service Agency, and 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

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

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 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

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