



# D.W. JONES MANAGEMENT, INC. PRE-APPLICATION FOR HOUSING TRAIL RIDGE TOWNHOMES ~ BRAINERD



\*\*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?

Yes  No Has any household member lived in any other state within the past 10 years? *If yes please explain* \_\_\_\_\_

Yes  No Are all household members a United States Citizen? *If no please explain* \_\_\_\_\_

### 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)**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Has any household member ever been convicted, adjudicated or plead guilty to a felony?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Has any household member ever been convicted, adjudicated or plead guilty to an assault?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	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?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Has any household member ever been convicted, adjudicated or plead guilty criminal sexual conduct, harassment or stalking?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Has any household member ever been convicted, adjudicated or plead guilty criminal damage to property or any gang related crime?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is any household member a registered sex offender?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Does any household member have any pending criminal charges?

**REFERENCES**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<b>Have you owned your own home for the last 3 years?</b>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<b>Have you rented in the past 3 years?</b>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<b>Have you rented from DW Jones Management in the past? If yes, Where?</b> _____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<b>Has any household member ever been evicted?</b>

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: \_\_\_\_\_

**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

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.

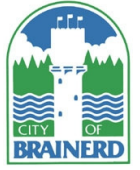
*D.W Jones Management, Inc. is an equal opportunity provider and employer.*

**Mail Completed Application to:**

**D.W. Jones Management, Inc.**  
PO Box 340  
 7539 Front Street NW  
Walker, MN 56484  
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



**BRAINERD POLICE DEPARTMENT**  
**225 East River Road**  
**Brainerd, MN 56401**  
**Phone: 218/829-2805 Fax: 218/825-3489**



**REQUEST FOR RELEASE OF PUBLIC DATA**

**DATE OF REQUEST:** \_\_\_\_\_

**DATA SUBJECT INFORMATION:** *(Please Print Legibly)*

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(First, Middle, Last)*

Aka/Maiden Names: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Please forward the requested information to:** \_\_\_\_\_

At address: \_\_\_\_\_

At fax number: \_\_\_\_\_

Will pick up \_\_\_\_\_ *(Phone number for above ~ to notify when ready to be picked up)*

**In reference to the above request for public data:**

The Brainerd Police Department has no criminal record on file for the above listed data subject

See attached information

Other: \_\_\_\_\_  
 \_\_\_\_\_

~~ NOTE: This search *only* encompassed Brainerd Police Department files. ~~

Processed By: \_\_\_\_\_  
*(Signature)*

Date: \_\_\_\_\_