



D.W. JONES MANAGEMENT, INC. PRE-APPLICATION FOR HOUSING VALLEY VIEW 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** |
|------------|-----------|----------------------|---------------|-----|-----|-------------------|-------|-------------------|
| | | | | | | | | |
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*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 | 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: _____

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.

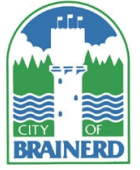
D.W Jones Management, Inc. is an equal opportunity provider and employer.

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: _____