



PRE-APPLICATION

# MYSA HOUSE

141 VALHALLA CIRCLE

Mora, MN 55051



*Creating Better Living*

Partnership between  
Mora Housing & Redevelopment Authority • St. Clare Living Community of Mora  
D.W. Jones Management, Inc.



# MYSA HOUSE



Mysa House is named after the Swedish word used to describe that special feeling of safety and contentment that we all feel in our home. Mysa House has been designed to provide affordable housing with supports for our residents that promote aging in place.

The community culture at Mysa House supports residents in settling into their new homes, invites residents to develop a sense of belonging in their new community, and provides the option of on-site supportive services.

## PROGRAM FEATURES

Supportive services are offered as an option, enabling residents to continue to live as independently as possible. Residents may choose their own provider or utilize St. Clare Living Community of Mora's services and can access as little or as much assistance as they may need. For example:

- Housekeeping
- Laundry
- Dressing
- Grooming
- Foot / Nail Care
- Wound Care
- Diabetic Assistance
- Home Companion / Escort Service
- Meal Delivery
- Shower / Bathing Assistance
- Medication Administration

## BUILDING FEATURES

- Smoke Free
- Pet Friendly
- Resident Lounges
- Community Room
- Exercise Room
- Large Community Patio Area with Grills
- Complimentary Storage Lockers
- Large Capacity Elevator
- Refuse rooms with recycling on each floor
- Garage Stalls Available for Rent
- Free Off-street Parking
- Onsite Nurse Office

## RENTAL INFORMATION

Rent includes Water, Sewer, Heat, and Garbage.

1-bedroom unit \$600 - \$615 (737-903 sq. ft.)      2-bedroom unit \$705 (1,019 sq. ft.)

Security Deposit is equal to one month's rent.

(Twelve units receive rental subsidy through the Mora HRA and rent will be based on 30% of the household's monthly income.)

- Refrigerator, Stove, and Dishwasher
- Full Sized Washer and Dryer in each unit
- Window treatments provided
- Air Conditioning
- Walk-in Showers
- Private Deck or Patio

## GENERAL RESTRICTIONS

All applicants must be 55 years of age or older with preference given when all household members are 62 years of age or older and who require supportive services.

Household's Annual Income must be under the following limits based on household size:

1-person household ..... \$29,220\*      2-person household ..... \$33,360\*

(Additional income restrictions will apply for units with rental subsidy \*Income limits based on 2018 guidelines.)

Fill out the enclosed application accurately and completely. Give all information requested about you and your household and return to D. W. Jones Management, Inc.

If you have any questions or need assistance in completing your application, please contact:



P.O. BOX 340 • Walker, MN 56484 • PHONE: (218) 547-3307 • Fax: (218) 547-3662

EMAIL: info@dwjonesmanagement.com

# Mysa House

How did you hear of this property?

<input type="checkbox"/> Local Website	<input type="checkbox"/> Sign	<input type="checkbox"/> dwjonesmanagement.com
<input type="checkbox"/> Craig's List	<input type="checkbox"/> Friend	<input type="checkbox"/> Newspaper (Specify) _____
<input type="checkbox"/> ApartmentsHQ	<input type="checkbox"/> Service Agency	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Apartments.com		

## PERSONAL INFORMATION - (All applicants 55 years of age and older)

### Applicant:

First Last Aliases  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_ Best time to Call: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Co-Applicant:

First Last Aliases  
Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_ Best time to Call: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Please attach additional sheets for additional applicants**

## ADDITIONAL HOUSEHOLD INFORMATION

Yes  No Are all household members United States Citizens? *If "No" please explain*  
\_\_\_\_\_  
 Yes  No Do you anticipate ANY changes 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 needs*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 Yes  No Do you have any pets? If yes, please describe:  
\_\_\_\_\_

## WHO DO WE HAVE PERMISSION TO DISCUSS THIS APPLICATION WITH

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Relationship to household: \_\_\_\_\_ Relationship to household: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

## OFFICE USE ONLY

Additional Notes: \_\_\_\_\_  
Date and Time Application Received: \_\_\_\_\_

**HOUSEHOLD INFORMATION FOR PROGRAM QUALIFICATION**

Yes  No Is applicant or co-applicant handicapped or disabled? *\*\*This is used to determine eligibility for housing that is restricted to elderly households as defined as a tenant or co-tenant 62 years of age or older and/or a handicapped or disabled tenant, which has no other requirements other than being at least 18 years of age or older to legally sign the lease.*

Yes  No Will any household member be a Student during the next 12 months?

Yes  No Is the household receiving any assistance from any Housing Assistance Program (HUD, Section 8, etc.)?

Yes  No Do you currently receive services with daily living activities?

Yes  No Would like to receive services with daily living activities?

Examples of daily living activities include:

- Housekeeping
- Laundry
- Dressing
- Grooming
- Foot / Nail Care
- Wound Care
- Diabetic Assistance
- Home Companion / Escort Service
- Meal Delivery
- Shower / Bathing Assistance
- Medication Administration

Mysa House has been designed to accommodate elderly persons and persons with disabilities who need supportive services. Preference will be given for persons requiring assistance with Instrumental Activities of Daily Living.

**INCOME (additional information will be required and will be verified when a units becomes available)**

Yes  No Does your household have income? If "Yes" please complete below?

Household member name: \_\_\_\_\_

Income Source: \_\_\_\_\_

Amount: \_\_\_\_\_ How often received (circle one): Weekly / Bi-weekly / Monthly / Annually

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Income Source: \_\_\_\_\_

Amount: \_\_\_\_\_ How often received (circle one): Weekly / Bi-weekly / Monthly / Annually

**ASSETS (additional information will be required and will be verified when a unit becomes available)**

Asset Value: \_\_\_\_\_ Income from Assets: \_\_\_\_\_

**HOUSING HISTORY AND REFERENCES**

Yes  No Has any household member lived in any other state? *If "Yes" please list all states* \_\_\_\_\_

Yes  No Has any household member owned a home or any real estate within the last 3 years?

Yes  No Has any household member rented from D.W. Jones Management in the past? If "Yes" indicate where: \_\_\_\_\_

Yes  No Has any household member been evicted? \_\_\_\_\_

Yes  No Does any household member have any outstanding balances with prior a landlord? \_\_\_\_\_

Yes  No Has any household member rented within the last 3 years? If "Yes" please complete below:

List all places lived at in the past three (3) years. Attach additional landlord information on separate sheet

Present landlord name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord complete mailing address: \_\_\_\_\_

Address City State Zip Code

Address of property rented: \_\_\_\_\_

Dates rented: From \_\_\_\_\_ To \_\_\_\_\_ Monthly Rental Amt: \_\_\_\_\_  
Month/Year Month/Year

Reason for moving: \_\_\_\_\_

How many days notice are you required to give? \_\_\_\_\_

Previous landlord name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord complete mailing address: \_\_\_\_\_

Address City State

Address of property rented: \_\_\_\_\_

Dates rented: From \_\_\_\_\_ To \_\_\_\_\_ Reason for moving: \_\_\_\_\_  
Month/Year Month/Year

**CRIMINAL HISTORY (please provide additional information below for any "Yes" answer in this section (attach additional sheets if needed))**

- Yes  No Has any household member ever been convicted, adjudicated or plead guilty to a felony?
- Yes  No Has any household member ever been convicted, adjudicated or plead guilty to an assault?
- Yes  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?
- Yes  No Has any household member ever been convicted, adjudicated or plead guilty to criminal sexual conduct, harassment or stalking?
- Yes  No Has any household member ever been convicted, adjudicated or plead guilty to criminal damage to property or any gang related crime?
- Yes  No Is any household member a registered sex offender?
- Yes  No Is any household member subject to and State Lifetime Sex Offender Registration Requirement?
- Yes  No Does any household member have any pending criminal charges?

\*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. Race - (1) American Indian; (2) Asian; (3) Black or African American; (4) Native Hawaiian/Pacific Islanders; (5) White; National Origin - (A) Hispanic/Latino; (B) Not Hispanic/Latino

Race of Head of Household \_\_\_\_\_ National Origin of Head of Household \_\_\_\_\_

**APPLICANT PLEASE NOTE**

\*At the time of application, all household members must be 55 years of age or older. Preference will be provided for households who need services to assist with activities of daily living and are comprised entirely of persons 62 years of age and older.

Submitting this pre-application does not obligate the applicant in any way. Nor does it obligate D.W. Jones Management, Inc. to commit to or guarantee the applicant a rental unit at the complex. The decision to rent to the applicant will be made on the basis of the applicant meeting the eligibility requirements 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. We will not contact you until your application 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 about an available unit, additional information will be needed to verify your income and assets, criminal and credit history and landlord references. You will be provided the necessary forms and instructions at that time.

**BY SIGNING THIS APPLICATION (required of all adults intending to be part of the household)**

I/we certify that all information in this 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, any agencies, offices, groups, organizations, individuals or businesses to obtain and verify any information or materials which are needed to complete my/our application for housing for this property.

I/We understand that by signing this form I/we are granting D.W. Jones Management, Inc. permission to verify rental references.

**ALL HOUSEHOLD MEMBERS**  
**MUST COMPLETE AND SIGN**  
**APPLICATION**

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Co-Applicant Signature Date

Fair Housing and Equal Opportunity

D.W Jones Management, Inc. is a fair housing provider. We do not discriminate against persons on the basis of race, color, religion, national origin, sex, familial status, disability, creed, marital status, status with regard to public assistance, ancestry and sexual or affectional orientation. In addition the owner/agent must comply with local Fair Housing and Civil Rights Laws.

**Submit Completed Application to:**

7539 Front Street  
P.O. Box 340  
Walker, MN 56484  
Phone: (218) 547-3307

Fax: (218) 547-3662  
Email: [info@dwjonesmanagement.com](mailto:info@dwjonesmanagement.com)

