

Property or City: _____

REQUIRED

How did you hear of this property?

- Local Website
- Craig's List
- ApartmentsHQ
- Apartments.com

- Sign
- Friend
- Service Agency

- dwjonesmanagement.com
- Newspaper (Specify) _____
- Other (Specify) _____

PERSONAL INFORMATION - all applicants 18 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 over the age of 18

ADDITIONAL HOUSEHOLD MEMBERS (list additional members under age of 18 that will reside in your household during your occupancy)

First Name	Last Name	Relationship to Applicant	Date of Birth	Age	Social Security #

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* _____

EMERGENCY CONTACT(S)

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 Is your household a qualifying current or *recent MFIP (Mn Families Investment Program) participant?

**Recent MFIP Participants is defined as a family who has left MFIP for reasons other than disqualification from MFIP due to fraud no more than twenty-four (24) months prior to application for occupancy.*

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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Household member name: _____

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 units 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 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

PERSONAL REFERENCES (Do not include family members or landlord references)

Name	Complete mailing address	Phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Submitting 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 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 check that may include credits score requirements 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
18 YEARS OF AGE AND OLDER
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
PO Box 340
Walker, MN 56484

OR 218-547-3662
info@dwjonesmanagement.com



Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.