

CONIFER ESTATES PERMANATE SUPPORTIVE AND TRANSITIONAL HOUSING RENT POLICY

Rent Payment Calculation

Monthly Rent = Monthly Household Income x 30% (subject to minimum and maximum limits)

Minimum Rent = \$50 per month

Maximum Rent = Fair Market Rents set by HUD

Monthly rents paid by tenants will be set at 30% of the monthly adjusted household income, with a minimum rent of \$50 a month and a maximum rent based on the Beltrami County Payment Standard as determined by the U.S. Department of Housing and Urban Development (HUD) by unit size. There will be four causes for exception to the minimum rent policy:

-Units funded through the HUD Supportive Housing Program will not have a minimum rent.

-Units receiving rental assistance from Red Lake Housing Authority.

-Units receiving rental assistance from Leech Lake Housing Authority.

-Households entering the project at zero income will not be subject to the minimum rent for the first two months of occupancy.

The 2012 rents are as follows:

2012 Payment Standard By Unit Size

| One-Bedroom | Two-Bedroom | Three-Bedroom |
|-------------|-------------|---------------|
| \$470 | \$598 | \$822 |

For example, a family in a three-bedroom unit with an adjusted household income of \$6,000 per year (\$500 per month) would pay \$150 per month. The same family with a \$36,000 annual adjusted household income (\$3,000 per month) would pay the maximum rent for a three-bedroom of \$822 per month. Allowable adjustments to income will include an annual adjustment of \$480 per dependent, \$400 for a disabled household, and \$400 for an elderly household. No other income adjustments will be made.

Tenant incomes will be recertified annually and at the recertification the rent will be adjusted for changes in income level. However, tenants will have the option of requesting an additional recertification up to one time each year should a tenant's household income be dramatically reduced.

Security Deposit

Security deposits will be required for each unit. We understand that the families moving into the housing are low-income and face many barriers to obtaining stable housing. However, we see the need for damage deposits first as a financial incentive to leave the unit in the good condition; and second, if there are damages, these funds will be used to assist in covering the cost of repair rather than take this cost out of the operating budget. The Security Deposits are as follows:

| | One-Bedroom | Two-Bedroom | Three-Bedroom |
|------------------|-------------|-------------|---------------|
| Security Deposit | \$100 | \$200 | \$300 |

Background Check Fees

Background check fees will be paid out of the development's budget at no additional costs to the prospective tenants.



~Conifer Estates~



Conifer Estates, located at 2512 Phoenix Loop NW in Bemidji Minnesota, provides 20 rental housing units with case managed supportive services. Includes 1, 2, and 3 bedroom Townhomes to accommodate households from one to six members. Designed for people who meet the definition of homeless* and who are income-qualified. Monthly rent payments are required. Completed applications should be submitted to D. W. Jones Management, Inc.

***Definitions of Homeless:** Long Term Homelessness- Persons including "individuals, unaccompanied youth, and families with children lacking a permanent place to live continuously for a year or more or at least four times in the past three years. Any period of institutionalization or incarceration shall be excluded when determining the length of time a household has been homeless. **Homelessness**—The term "homeless" or "homeless individual or homeless person" includes an individual who lacks a fixed, regular, and adequate nighttime residence; and an individual who has a primary nighttime residence that is an institution that provides a temporary residence for individuals intended to be institutionalized or a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.

Gross Annual Income Limits

50%*

| | |
|-----------------|----------|
| 1-person..... | \$21,000 |
| 2-persons | \$24,000 |
| 3-persons | \$27,000 |
| 4-persons | \$30,000 |
| 5-persons | \$32,400 |
| 6-persons | \$34,800 |

Building Features

- On-site supportive services
- Professional management and on-site caretaker.
- Private Entry
- Radiant Floor Heat
- One bedroom apartments (865 sq. ft.)
- Two-bedroom apartments (1065 sq. ft.)
- Three-bedroom apartments (1700 sq. ft.).
- (5) Two-bedroom fully accessible apartments.
- Refrigerator and stove provided.
- Coin operated laundry in each unit
- Playground area.
- Window Treatments
- Sorry, no pets allowed.

Monthly Rent and Security Deposit

*Monthly Rent = Monthly Household Income X30% (subject to minimum and maximum limits) Most tenants will pay 30% of their monthly household income in rent. A minimum rent of \$50 per month applies to all units except for households participating in the Transitional Housing Program. Maximum rent= Beltrami County Payment Standard as determined by HUD. The Security Deposit is due prior to move in.

| | Maximum Monthly Rent | Security Deposit |
|----------------|----------------------------|---------------------|
| 1 Bedroom..... | \$470 | \$100 |
| 2 Bedroom..... | \$598 | \$200 |
| 3 Bedroom..... | \$822 | \$300 |

Rent includes heat, electricity, water, sewer, and garbage.

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

Information subject to change without notice.

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 may have their application delayed or rejected.**

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

Professionally Managed by:



D.W. JONES
MANAGEMENT, Inc.

P.O. Box 340
Walker, MN 56484
Phone: (800) 810-2853
Fax: (218) 547-3662

Minnesota Relay System for the Hearing Impaired: 711

Pre-Application



Conifer Estates
2512 Phoenix Loop NW
Bemidji, MN 56601



PERSONAL INFORMATION

Applicant: _____ Social Security # _____
First Last

Maiden, Alias _____ Date of Birth _____ Gender _____ Race* _____ National Origin** _____
(See definition below)

Co-Applicant: _____ Social Security # _____
First Last

Maiden, Alias _____ Date of Birth _____ Gender _____ Race* _____ National Origin** _____
(See definition below)

CONTACT INFORMATION

Mailing Address _____
 City _____ State _____ Zip _____
 Primary Phone _____ Work Phone _____

ADDITIONAL HOUSEHOLD MEMBERS

| First Name | Last Name | MI | Relationship to Head of Household | Date of Birth | Gender | Grade | Social Security # | Race | National Origin |
|------------|-----------|----|-----------------------------------|---------------|--------|-------|-------------------|------|-----------------|
| | | | | | | | | | |
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| | | | | | | | | | |

***Household Race/Nationality** - The following information is requested 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 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

Is any adult household member: (Circle all that apply)

| | | | | |
|--------------------------------------|----------------|------------|------------------|-----------------|
| A Leech Lake Band of Ojibwe: | Enrollee | Descendant | Household Member | Enrollee Number |
| A Red Lake Band of Chippewa Indians: | Enrollee | Descendant | _____ | _____ |
| | Does not apply | | | |

Household type (circle 1)

| | | | |
|--------------------------|----------------------------|--------------------------|-------------------------|
| -Couple with No Children | -Single (one person) | -Foster Parent | -Grandparent(s) & Child |
| -Two Parent Family | -Female/Male Single Parent | -Non-Custodial Caregiver | -Other _____ |

Applicant Head of Household? Yes No

Does applicant have a disability of long duration? Yes No Don't Know Refused
 If Yes, Disability Type from below 1.) _____ 2.) _____ 3.) _____

Alcohol/Drug Abuse Developmental Physical/Mobility Limits Hearing Impaired Mental Illness
 Physical/Medical Vision Impaired Other (Add more disability types as needed)

Does the household have any needs that would be better served by a unit which is accessible to persons with mobility, hearing or visual impairments? Yes No

If Yes, please explain: _____

Veteran Status:

U.S. Military Veteran? Yes No Months Served on Active Duty in the Military: _____

Discharge Type: Honorable General Medical Bad Conduct Dishonorable Other

Military Service Related Disability? Yes No

Receiving Veterans Services? Yes No

If Yes, List Veterans Services from list below: 1.) _____ 2.) _____

World War I WWII & Korean War Vietnam Army Air Force Marines
 Navy Coast Guard National Guard Income \$ _____/mo.

Domestic Violence victim? Yes No **If yes, Extent of Domestic Violence (Circle One):**
 Within the past three months From six to twelve months ago Three to six months ago
 More than a year ago Don't Know Refused

Highest Level of Education Attained (Circle One):
 No schooling completed Nursery to 4th grade 5th grade or 6th grade 7th grade or 8th grade
 9th grade or 10th grade 11th grade 12th grade, No diploma High School Diploma
 GED Post-secondary school

Received Vocational Training? Yes No

Household Member presently attending school.
 Name, School Name and Start Date:

Health and wellness:

Health Condition Compared to People of Your Age? Excellent Very Good Good Fair
 Poor Don't Know

Pregnant? Yes No
 If Yes, Projected Birth Date: ____/____/____

HOUSING INFORMATION

Living Situation Last Night (circle 1)

- Corrections Facility
- Hotel/Motel
- On the Street
- Substandard Housing
- Detox
- Living With Family
- Owns Home
- Transitional Housing
- Domestic Violence Situation
- Living With Friends
- Rental House/Apartment
- Emergency Shelter
- Mental Health Facility
- Subsidized Housing
- Hospital
- Nursing Home
- Substance Abuse Treatment Center
- Other/Unknown

Length of stay:

One week or less More than one week, but less than one month One to three months
 More than three months, but less than one year One year or Longer

Last Permanent Address: _____

How long since you have had permanent place to live?

Less than 1 month 1-3 months 3-6 months 6-12 months 1-2 years 3-5 years 6-8 years 9 years or more

Date left last Residence: _____

Leave any of these in the last 90 days?

| | | | | | | |
|---------------------------|---------------|--|-----------|---|--------------------------|--------------------------|
| No | Adoptive home | No: Skip to next question | Orphanage | Yes: Select the most recent: | Foster home (youth Only) | Group Home |
| Juvenile Detention Center | | Drug or Alcohol Treatment Facility | | Halfway House | | County Jail or Workhouse |
| State or Federal Prison | | Mental Health Treatment Facility or Hospital | | Residence for people with physical disabilities | | |

Extent of Homelessness (Long-term by definition) (circle 1)

Not Currently Homeless 1st time homeless and less than 1yr. without home 2nd or 3rd time in past 3yrs.
 Long term: at least 1yr. OR at least 4 times in the past 3 years

Homelessness Reason: Indicate "P" for ONE Primary Reason "S" for ONE Secondary Reason

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Criminal Activity | <input type="checkbox"/> Loss of Job | <input type="checkbox"/> Mortgage Foreclosure | <input type="checkbox"/> Substandard Housing |
| <input type="checkbox"/> Domestic Violence Victim | <input type="checkbox"/> Loss of Public Assistance | <input type="checkbox"/> No Affordable Housing | <input type="checkbox"/> Underemployment/ low income |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Loss of Transportation | <input type="checkbox"/> Other Personal/Family Crisis | <input type="checkbox"/> Utility Shutoff |
| <input type="checkbox"/> Health/Safety | <input type="checkbox"/> Medical condition | <input type="checkbox"/> Release from Institution | <input type="checkbox"/> Loss of Child Care |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Substance Abuse | | |

Have you owned your own home in the last 3 years? Yes No

Have you rented in the past 3 years? Yes No

Has any household member had an eviction action filed against them or been asked to leave? Yes No

Has any household member applied for a Section 8 Voucher or currently has a Voucher? Yes No

List all places you have lived in the past three (3) years including contact name, address, and complete telephone number:

1. _____
2. _____
3. _____
4. _____
5. _____

CRIMINAL HISTORY

- Yes No Has any household member ever been convicted, plead guilty or "no contest" to a felony?
- Yes No Has any household member ever been convicted, plead guilty or "no contest" to the illegal use, manufacture or distribution of a controlled substance?
- Yes No Has any household member ever been convicted of or pleaded guilty or "no contest" to a misdemeanor involving sexual misconduct, assault, criminal damage to property, stalking, harassment, gang related activities or any other crimes of physical violence to persons or property?
- Yes No Is any household member a registered sex offender?
- Yes No Is any household member currently actively using an illegal or controlled substance?
- Yes No Does any household member have ANY pending criminal charges?

If you answered yes to any question in this section, please explain: _____

*Referral Source (How did you hear about Conifer Estates)? (circle 1)

| | | | | |
|-------------------------|-----------------|----------------------|------------|-------|
| Counselor/Social Worker | Family/Friends | Newspaper Ad | Phone Book | |
| School | Outreach Worker | Presentation/Speaker | Self | Other |

PROVIDE PERSONAL REFERENCES that have known the household for at least three years or a referring social service agency. (*Personal references are to be someone other than family members and landlord references*)

Name Complete mailing address Phone Number

2) _____

Income

Do you or any household member have income? Yes No
Current monthly income from all sources: \$ _____

Employment status:
 Are you currently employed? Yes No
 If No, Looking for Work? Yes No
 (If Employed) Hours Worked Last Week? _____ hrs. Type of Employment: ___ Permanent ___ Temporary ___ Seasonal
 Employment Start Date: _____ / _____ / _____

Is income received from any of the following sources: (Circle Yes or No)

| Applicant | | | Co-Applicant | | |
|--|-----|----|--|-----|----|
| Social Security/SSI/Disability | Yes | No | Social Security/SSI/Disability | Yes | No |
| Pension/Annuity | Yes | No | Pension/Annuity | Yes | No |
| Veteran's Benefits | Yes | No | Veteran's Benefits | Yes | No |
| Unemployment | Yes | No | Unemployment | Yes | No |
| Workman's Comp | Yes | No | Workman's Comp | Yes | No |
| MFIP/Public/GA | Yes | No | MFIP/Public/GA | Yes | No |
| Per capita payments | Yes | No | Per capita payments | Yes | No |
| Employment | Yes | No | Employment | Yes | No |
| Employed by someone who pays you cash | Yes | No | Employed by someone who pays you cash | Yes | No |
| Spousal Maintenance | Yes | No | Spousal Maintenance | Yes | No |
| Child Support | Yes | No | Child Support | Yes | No |
| Court Ordered Child Support and/or Spousal Maintenance | Yes | No | Court Ordered Child Support and/or Spousal Maintenance | Yes | No |
| Military pay | Yes | No | Military pay | Yes | No |
| Self Employment | Yes | No | Self Employment | Yes | No |
| Contributions from family/friends | Yes | No | Contributions from family/friends | Yes | No |
| Income from assets | Yes | No | Income from assets | Yes | No |
| Other Income | Yes | No | Other Income | Yes | No |
| Grants or scholarships | Yes | No | Grants or scholarships | Yes | No |

ASSETS

Do you or any household member have any of the following assets? If yes, please list where the Account is and the Account # Please list the household member who has the asset

| Do you or any household member have any of the following assets? | Yes | No | If yes, please list where the Account is and the Account # | Please list the household member who has the asset |
|--|-----|----|--|--|
| 1- Checking Account | Yes | No | | |
| 2- Saving Account | Yes | No | | |
| 3- Certificates of Deposit | Yes | No | | |
| 4- IRA Accounts/Money Markets | Yes | No | | |
| 5- Stock or Bonds | Yes | No | | |
| 6- Mutual Funds | Yes | No | | |
| 7- Trust Accounts | Yes | No | | |
| 9- Other Retirement Funds | Yes | No | | |
| 10- Real Estate | Yes | No | | |

Have you given or sold any property for less than fair market value in the past two (2) years? Yes No
 If yes explain _____

Optional Information (below) needed:

| | | | | | |
|---------------------------|-----------------------|---------|----------------|-----------|---------|
| English Speaking Skills | Excellent | Good | Fair | Poor | |
| Primary Language Spoken | English | Spanish | Other _____ | | |
| Secondary Language | English | Spanish | Other _____ | | |
| City of Birth: _____ | State of Birth: _____ | | Country: _____ | | |
| Marital Status (Circle 1) | Married | Single | Divorced | Separated | Widowed |

EMERGENCY CONTACT – Names of persons to contact if we are unable to reach you or in the case of an emergency:

| | |
|----------------------------------|----------------------------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| Relationship to household: _____ | Relationship to household: _____ |
| Phone: _____ | Phone: _____ |

Applicant please note:

Filing of this application does not obligate the applicant in any way. Neither does it obligate Conifer Estates or 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 determined eligibility 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 application. Upon receipt of a complete application, your name will be added to our waiting list for this complex. If we have received an incomplete application, it will be returned to you for completion. You must return the completed application in order to remain on the waiting list. 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 changes that may need to be made to the application including your address or telephone number. When you are contacted regarding a vacancy it will be necessary to verify your income and assets. You will be sent the necessary forms and instructions at that time.

By signing this application:

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 Conifer Estates and D.W. Jones Management, Inc. and their staff or authorized representatives to contact any agencies, offices, groups, individuals or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing.

Applicant(s) certify that the unit applied for will be the applicant(s) permanent household address and the applicant(s) will not maintain a separate subsidized rental unit in a different location.

| | |
|-----------------|-------------|
| Signature _____ | Date: _____ |
| Applicant | |
| Signature _____ | Date: _____ |
| Co-Applicant | |



Mail, fax or e-mail completed applications to:
D.W. Jones Management, Inc.
 P.O. 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

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

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.

