



**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 Navy WWII & Korean War Coast Guard Vietnam National Guard Army Air Force Marines 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 4<sup>th</sup> grade 5<sup>th</sup> grade or 6<sup>th</sup> grade 7<sup>th</sup> grade or 8<sup>th</sup> grade  
 9<sup>th</sup> grade or 10<sup>th</sup> grade 11<sup>th</sup> grade 12<sup>th</sup> 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                      Orphanage                      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

**No: Skip to next question**

**Yes: Select the most recent:**

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

Not Currently Homeless                      1<sup>st</sup> time homeless and less than 1yr. without home                      2<sup>nd</sup> or 3<sup>rd</sup> 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**

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

**Co-Applicant**

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

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](mailto:info@dwjonesmanagement.com)

Website: [www.dwjonesmanagement.com](http://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.



AUTHORIZATION TO RELEASE INFORMATION

RE: Applicant/Tenant: \_\_\_\_\_ Unit #: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Complex Name: Conifer Estates

Conifer Estates is required to verify the program eligibility of all household members applying for admission and verify eligibility information periodically for residents. In addition, during your tenancy we are required to work closely with the partners listed below to provide the most effective management for the residents of Conifer Estates. To comply with these requirements, we are asking for your consent to release information about you, between the approved entities listed below.

This information cannot be released without your consent. Failure to give your consent could result in our inability to determine eligibility for housing which could result in denial of your application or the termination of your lease.

By initialing any of the following, you are indicating consent to release information to and/or from said organization:

- Bi-County Community Action Program (Bi-Cap) \_\_\_\_\_
- Leech Lake Band of Ojibwe Housing Authority \_\_\_\_\_
- Red Lake Housing Authority \_\_\_\_\_
- Bemidji HRA \_\_\_\_\_
- D.W. Jones Management, Inc. \_\_\_\_\_

Information that may be requested could include but is not limited to: information to determine income (employment, public assistance, child support, etc), information to determine assets (bank, 401K, life insurance, and real estate), criminal history, credit history, information to or from The Department of Housing and Urban Development (HUD), landlord references and personal references, and information regarding your tenancy. This information will be provided to the entities you have indicated above via your initials which signify your consent.

If you give us consent, we can exchange information for a period of 1 year from the date of the signature or until you have asked that this action be stopped. If you want to stop your consent, you must send a written request to D.W. Jones Management, Inc at P.O. Box 340, Walker, MN 56484. Withdrawing your consent will not affect the information that has already been released because you gave your consent. This information will be held in strict confidence for use to determine eligibility and income status for housing. If you have any questions about this form please contact an authorized representative of D.W. Jones Management, Inc. at (218) 547-3307. Thank you for your cooperation.

\_\_\_\_\_  
Authorized Representative of D.W. Jones Management, Inc. Title

Release by Applicant/Tenant

I hereby authorize you to furnish all requested information:

\_\_\_\_\_  
Signature Date  
Valid for one year from date of signature

This form may be photocopied



7539 Front Street  
P.O. Box 340  
Walker, MN 56484  
Phone: (218)547-3307  
Fax: (218)547-3662  
Minnesota Hearing Impaired 1-800-627-3529