

MANAGEMENT PLAN BASIC REQUIREMENTS



http://www.minneapolismn.gov/inspections/rental/inspections_rentlicenseapp

*The pages that follow must be used to file your proposed written management plan. If we already have your email address on record, we will email this to you; please return it in the original Word format. Samples of forms that we will require you to use are noted with * and are included in this document. Do not use any previous forms you've received for any other official notice from the City of Minneapolis.*

Rental Property Address:

Owner Name (person-required): Jonah Bridger

Company Name: Serenity Suites

Owner Full Street Address (not the rental property address): P.O. Box 6062, Mpls, MN 55406

Owner Phone: 612-454-8664

Owner Email: jbridger2@cyberians.com

Licensee Name/Company (required if different from manager and owner):

Full Street Address (not the rental property address):

Phone:

Email:

Property Manager Name (required if different from Licensee and Owner):

Full Street Address (not the rental property address): Trilogy Properties

Phone: 612-290-5117

Email: joshasbenson@live.com

Names and contact information for all persons with an ownership interest in the property or registered corporation: Jonah Bridger, 612-454-8664

~~* This plan applies to ALL of my rental properties in Minneapolis. * Delete this paragraph if this is not true.~~

You may also mail it to the MPD representative indicated in the mailed notice you received, or fax it to his/her attention (612-673-2750).

PURPOSE

This Management Plan is the foundation of the working relationship between the Rental License Holder and the Minneapolis Police Department. It is intended to assure that community standards will be upheld, and that all applicable laws and ordinances related to rental property will be followed. Do not leave any question blank. An incomplete plan form will not be accepted.

Proceed to Page 2.

TENANT APPLICATION AND SCREENING

1. Applicants will be required to give their consent for a criminal history check, rental history profile and Unlawful Detainer history check. **Rental license holder will employ the following applicant screening service to perform the background check:**

Company: Trilogy Properties of MN, LLC (representative agency contracting background checks)

Mailing Address: P.O. Box 326, Elk River, Minnesota 55330

Phone #: 612-290-5117

Web address:

Email: joshabenson@live.com

2. The following background information on applicants is provided by this company:

Personal references, Income verification, Rental history, Reports: criminal, credit, eviction,

3. I use the following criteria when accepting tenants with a criminal history (specify types of crimes, time-frame where convictions or patterns of arrests are unacceptable):

4. I am aware of Mpls Ordinance 244.1910 Tenant Screening Application Fees, and **AGREE** to charge all applicants a fee of \$ 35.00 .

5. See **Rental Application Denial Form*** following this questionnaire. I will use this form, or a form with selected criteria from the form when receiving applications, and provide it to applicants. **AGREED**

LEASE PROVISIONS

6. I use the lease available from

Minnesota Association of Realtors (mnrealtor.com)

Minnesota Bar Association (mnbar.org)

Minnesota Multihousing Association (mmha.com)

If none of the above, I have attached/provided a copy of my lease.

7. The term of our rental agreement/lease is

month-to-month six months annual other: _____

8. I/we issue written warnings for the all lease violations by residents and/or their guests.

AGREED

9. I/we give notice to vacate to residents for the criminal conduct on the premises by residents and/or their guests (see **244.2020 (a) 1-7** below for incidents which qualify for conduct violation notices). **AGREED**

10. I will file for and pursue an eviction if residents in violation of the lease who are given notice do not move. **AGREED**

11. I will visit this property, or have my employees visit it, at least weekly, to monitor the activity of residents and their guests. **AGREED**

12. If you discover that someone has moved in with a tenant without your permission, how do you deal with it? **Detail all actions you take in this situation:**

Written notice with 5 days to re-mediate situation, followed by eviction if non-compliant.

13. I will use the **Crime Free Lease Addendum*** (p. 11) or have equivalent language in my lease, that the tenant must read and sign before moving in. **AGREED**

14. I will use **Resident Conduct Rules*** (page 8) and **Building Rules*** (page 9-10), with

provisions applicable to my property, that the residents must read and sign before moving in.

AGREED

MONITORING AND INSPECTIONS

In order to ensure that the property remains a safe and healthy environment for tenants and neighbors, adequate monitoring and inspections of the property are essential. Monitoring needs to address both the physical condition of the property and the conduct of tenants.

15. I will use the Minneapolis Police Department's standard written **Trespass Notice Form*** (page 5) when ejecting persons who are not tenants from the property. **AGREED**

16. I will submit the Minneapolis Police Department's No Trespassing sign **Affidavit*** (page 4) to the Crime Prevention Specialist assigned to the area of my property to authorize the use of city-issued No Trespassing Signs. (Refer to the map on page 17 for **Crime Prevention Specialist*** area assignments.) **AGREED**

17. I will run the background check required under **Minnesota Statute 299C.68** (Kari Koskinen Background Check Law) for any building manager, employee or contractor who works for me who has access to keys to occupied units. **AGREED**

18. I participate in the following local or regional rental property owner/manager group:
See attached.

19. I/my agents have attended a Minneapolis City Sponsored Rental Property Owners Workshop on Date: _____ If not, I/my agents will attend the next workshop scheduled:

Wednesday monthly dates: all times are 6-9pm:

October 15 + November 19 + December 17 + No Wednesday workshop in September

Saturday monthly dates: 10am-1pm:

October 25 + No Saturday workshops in November, December

MAYBE?

All workshops take place at our 5th Precinct, 3101 Nicollet Av. S., in the community room opposite the front desk.

20. I will take the following steps to prevent further Conduct Violations and criminal activity by my residents and/or their guests:

21. If a tenant or guest was arrested in the qualifying incident, they must move out and I will not move any so involved to another property I own or manage. **AGREED**

22(a). I am willing to attend block club or neighborhood association meetings when my property is on the agenda. **AGREED**

(b). Please select one or both of the following:

I am willing and will schedule time to doorknock the block where this property is situated, with myself or my Crime Prevention Specialist, to introduce yourself to the neighbors within a line of sight of your property. **AGREED**

I will allow the Minneapolis Police Department to share our email address(es) with the neighbors, block club and/or neighborhood association. **AGREED**

NOTE: Licensed rental property owner and licensee's name, address and phone contact information is available to the public online (<http://apps.ci.minneapolis.mn.us/AddressPortalApp/>). The MPD routinely encourages block leaders and neighborhood watch participants to lookup the rental property contact

information, connect with owners to share observations about their property, and work with owners to resolve problems.

PLAN IMPLEMENTATION

23. I will maintain all written and electronic records necessary to document the above management plan provisions upon request per the ordinance requirement to implement this plan within twenty (20) days of being accepted. I will respond to any request from the Minneapolis Police Department to confirm the implementation of my plan after 20 days from the date of my plan being filed as Satisfactory with the Minneapolis Police Department. I will respond to any such request within thirty (30) days. **AGREED**

24. Please list your contacts with all charities, social service agencies or advocate groups from whom you have accepted referrals for housing:

25. Additional comments or questions you might have:
Please see attached letter

I agree to abide by the provisions I've set down in this management plan.

Owner Name: *JONAH BRIDGER* Date: *14 OCT 2014*

[Signature]
Authorized Property Manager :

Date:

Management Plan Accepted on (Date)

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