



Office Use Only Date Received: _____

Last Name: _____

Market Sec 8 Voucher / 1BR 2BR 3BR

Requested Move-In Date: _____

Best # to reach applicant: _____

Rental Application

Maryland Park Apartments

**699 Robinson Lane
Wilmington, DE 19805
302-655-0274 Phone
302-655-1931 Fax**

**Website: MarylandParkDE.com
Email: marylandpark@aol.com**

Thank you for applying with us. In order to process your application, please fill out all information completely. We cannot consider your application if it is not completed.

Along with this application, you must submit the following:

1. _____ **Birth Certificates** (copies) for you and all who will reside in the apartment with you.
2. _____ **Social Security** Cards (copies) for all.
3. _____ **Current Pay Stubs** for 4 consecutive weeks AND a Letter from your employer on company Letter head stating - pay rate per hour and number of hours worked per week on average.
4. _____ **Benefit Letters** (copies) from all agencies stating any additional income if applicable.
5. _____ **Picture ID** for all Lease Signers.
6. _____ **\$40 PER Adult** Application Fee (No Checks). Fee is non-refundable. _____

WE CANNOT PROCESS YOUR APPLICATION WITHOUT ALL OF THE ABOVE!

What size apartment do you need?

- _____ 1 Bedroom.....\$609.00 Per Month.
- _____ 2 Bedroom Bungalow.....\$659.00 Per Month.
- _____ 2 Bedroom.....\$749.00 Per Month.
- _____ 3 Bedroom.....\$849.00 Per Month.

Accessible units are available

The above prices are subject to change, please inquire upon returning application.

Office Use Only	_____ 2 Signature Pages Signed	_____ 2 Income Verifications Signed	
	_____ DSHA Tax Form Signed by All		
1 st - Income Verification Forms Mailed or Faxed?	_____ Date: _____	Date Returned to us: _____	(Good 90 Days)
Income Verification Forms Mailed or Faxed?	_____ Date: _____	Date Returned to us: _____	(Good 90 Days)
Income Verification Forms Mailed or Faxed?	_____ Date: _____	Date Returned to us: _____	(Good 90 Days)
If Verbal -Complete the following: (Good 30 Days) Interview conducted by: _____		On: ____ / ____ / ____ Time: _____	
Name of person you spoke to: _____		Position: _____ Telephone No: _____	
Current Pay rate p/hour: _____		Hours p/week: _____ Any Additional Interviews or info can be attached to application.	

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*Please note: Incomplete applications may delay your approval for residence.
Fill out this application completely! All information is considered confidential.*

Names of all ADULTS to appear on lease:

Date: _____

Print Last Name	First	Middle Initial	Sex: M/F	Marital Status	Full Time Student?	Date of Birth?
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Print Last Name	First	Middle Initial	Sex: M/F	Marital Status	Full Time Student?	Date of Birth?
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Print Last Name	First	Middle Initial	Sex: M/F	Marital Status	Full Time Student?	Date of Birth?
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Print Last Name	First	Middle Initial	Sex: M/F	Marital Status	Full Time Student?	Date of Birth?
-----------------	-------	----------------	----------	----------------	--------------------	----------------

Names of all other occupants who will live in the apartment: (CHILDREN etc...)

Print Last Name	First	Middle Initial	Sex: M/F	Marital Status	Full Time Student?	Date of Birth
-----------------	-------	----------------	----------	----------------	--------------------	---------------

Print Last Name	First	Middle Initial	Sex: M/F	Marital Status	Full Time Student?	Date of Birth
-----------------	-------	----------------	----------	----------------	--------------------	---------------

Print Last Name	First	Middle Initial	Sex: M/F	Marital Status	Full Time Student?	Date of Birth
-----------------	-------	----------------	----------	----------------	--------------------	---------------

Print Last Name	First	Middle Initial	Sex: M/F	Marital Status	Full Time Student?	Date of Birth
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Your present address:

Street	City	State	Zip Code
--------	------	-------	----------

Home telephone number: _____ Cell Phone Number: _____

Email address: _____

How long have you lived at the above address? _____ Monthly Rent Payments: \$ _____

Do you have a lease? _____ Date lease ends? _____

Why do you want to leave your current residence? _____

Landlord's Name: _____ Phone Number: _____

Landlord's Address: _____

Your former address:

If you have been at your present address for less than 2 years, please list your former address below:

Street	City	State	Zip Code
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Is there any other information you would like to tell us regarding your current or former address?

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*Please note: Incomplete applications may delay your approval for residence.
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Criminal Background:

Has any household member listed on page 1 of this application ever been convicted of a crime? Yes or No
If Yes, Who? _____

Please Explain: _____

Credit Background:

Please list any credit issues that may have adversely affected your credit history and credit score.

(Please note: We will be conducting a criminal background check as well as a credit check.)

Description of Your Vehicles:

1.	_____	_____	_____	_____	_____	_____
	Make	Model	Year	Color	Tag No.	State
2.	_____	_____	_____	_____	_____	_____
	Make	Model	Year	Color	Tag No.	State
3.	_____	_____	_____	_____	_____	_____
	Make	Model	Year	Color	Tag No.	State
4.	_____	_____	_____	_____	_____	_____
	Make	Model	Year	Color	Tag No.	State

Emergency Contact Information:

Please list someone who would be able to reach you in case of an emergency.

Name: _____ Address: _____

Telephone Number: (____) - ____ - ____ Cell Phone Number: (____) - ____ - ____

Email Address: _____

Who is this person in relation to you? _____

Please check any items that you currently own:

___ Dog ___ Cat ___ Other Animal (_____) ___ Camper ___ Trailer ___ Boat
___ Piano ___ Washer ___ Dryer ___ Refrigerator ___ Stove/Oven ___ Freezer

Rental Application - page 4

*Please note: Incomplete applications may delay your approval for residence.
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Current Work Status – MUST INCLUDE ADDRESS & PHONE OF EMPLOYER

Income / Employment - Applicant's Name: _____

Name of Employer ()- -
Employer's Phone Number

Employer's Mailing Address City State Zip Code

Your Position: _____ Supervisor's Name: _____

Rate of Pay \$ _____ Per: *Week Bi-Week Month Year* Hours Worked Per Week? _____

Income / Employment - Co-Applicant's Name: _____

Name of Employer ()- -
Employer's Phone Number

Employer's Mailing Address City State Zip Code

Your Position: _____ Supervisor's Name: _____

Rate of Pay \$ _____ Per: *Week Bi-Week Month Year* Hours Worked Per Week? _____

Income / Employment - Other Applicant's Name: _____

Name of Employer ()- -
Employer's Phone Number

Employer's Mailing Address City State Zip Code

Your Position: _____ Supervisor's Name: _____

Rate of Pay \$ _____ Per: *Week Bi-Week Month Year* Hours Worked Per Week? _____

Income / Employment - Other Applicant's Name: _____

Name of Employer ()- -
Employer's Phone Number

Employer's Mailing Address City State Zip Code

Your Position: _____ Supervisor's Name: _____

Rate of Pay \$ _____ Per: *Week Bi-Week Month Year* Hours Worked Per Week? _____

Rental Application - page 5

*Please note: Incomplete applications may delay your approval for residence.
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Additional Income - All in household:

Who's income is it? _____
\$ _____ per _____ From what source: _____

Who's income is it? _____
\$ _____ per _____ From what source: _____

Who's income is it? _____
\$ _____ per _____ From what source: _____

Who's income is it? _____
\$ _____ per _____ From what source: _____

If any additional income is from AFDC, Child Support, SSI, Social Security, etc...please provide us with copies of all current Benefit Letters.

Bank / Credit Information:

Bank Name	Bank Address / Branch	Checking Account Number
Bank Name	Bank Address / Branch	Savings Account Number

Debt:

Car #1 payment per month \$ _____ Total Credit Card payments per month: \$ _____
If Applicable – Car #2 payment per month \$ _____
Other payments per month \$ _____ For what? _____
List any other debt _____

Social Security / Driver's Information:

Please attach copies of Social Security Cards or an Alien Resident Card for all who will be living in the apartment.

Name	Social Security Number	Driver's License #	State
Name	Social Security Number	Driver's License #	State
Name	Social Security Number	Driver's License #	State
Name	Social Security Number	Driver's License #	State
Name	Social Security Number	Driver's License #	State
Name	Social Security Number	Driver's License #	State

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For HUD (Housing and Urban Development) statistical purposes only, we ask you to complete the following. This information does NOT affect your application status with us. Thank you.

1. Ethnic Mix:

- Hispanic or Latino
- Not Hispanic or Latino

2. Racial Mix:

- White
- Black / African American
- Asian
- American Indian / Alaskan Native
- Native Hawaiian / Other Pacific Islander
- Black / African American & White
- American Indian / Alaskan Native & Black / African American
- Other Multi-Racial
- Asian Pacific Islander

3. Household Type:

- Single Female (Non-Elderly)
- Single Female (With Children)
- Single Male (Non-Elderly)
- Single Male (With Children)
- Co-Head / Married (No Children)
- Co-Head / Married (With Children)
- Single Elderly (Over 62)
- Elderly Couple (Head is over 62)

4. Income Type:

- Employed
- Assisted (SSI, AFDC, etc...)
- Pension
- Combinations

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An application fee has been paid. The application is subject to approval and acceptance by Management. If approved, the applicant agrees to execute a written agreement or lease before possession of an apartment is given. At the time of lease signing, the applicant agrees to pay a Security Deposit equal to one month's rent along with the first month's rent. The Landlord will not be bound by agreements or promises made by representatives who show apartments, unless written on the application. The Landlord assumes no responsibility to the applicant for any delay in giving possession due to failure of present occupant to vacate at termination of lease or notice, except that the applicant will be credited with an allowance equal to the pro-rata amount of the rent.

The undersigned hereby acknowledges and agrees that Landlord or his agent may make inquires to any individuals named within this application.

Applicant further agrees that if he or she cancels this application for any reason or fails to sign lease or agreement before the beginning date of occupancy, said application fee will not be returned. The application fee is NON-REFUNDABLE and therefore will not be returned for any reason once it is submitted to Maryland Park.

Please Note: Security Deposit and First Month's Rent must be paid by Certified Funds, Cashier's check or Money Order at lease signing. Security Deposit is the same amount as the first month's rent.

Maryland Park is not responsible for any delays on the part of the government (Section 8- Assisted Housing etc...) which may hinder the process of this application.

If you are applying for Assisted Housing (Section 8 – PBA etc...) please be aware of your responsibilities to keep or maintain all appointments made for you in regards to your housing needs. You may be disqualified for missed appointments.

By signing below, you authorize Maryland Park Apartments to conduct all reference verifications, including but not limited to: Landlord references, employer references, personal references, credit history and scores, and criminal background checks.

Your signature also denotes that all questions answered on this application have been answered truthfully to the best of your ability and without an omission of pertinent related information. Maryland Park Apartments reserves the right to deny or reject an entire application if it is discovered that any applicant listed knowingly falsified any information on this application.

_____ Applicant's Signature	_____ Date	_____ Co-Applicant's Signature	_____ Date
_____ Co-Applicant's Signature	_____ Date	_____ Co-Applicant's Signature	_____ Date
_____ Co-Applicant's Signature	_____ Date	_____ Co-Applicant's Signature	_____ Date

Office Use Only:

Maryland Park Apartments
699 Robinson Lane
Wilmington, DE 19805
302-655-0274 phone
302-655-1931 fax

Landlord Verification Request:

By the Signature(s) above, Maryland Park is authorized to verify information about all members of the household applying for residency at Maryland Park Apartments. We ask for your cooperation in supplying information on the tenant history of the family listed below. This information will be used only to determine eligibility for an apartment.

Your prompt return of this information will be appreciated. Please return by mail or fax to the above. Thank you very much.

Did the family above paid their rent on time? _____ Have they ever received a late notice? _____
Have you ever filed in court? _____ Have you ever received a judgment against them? _____
Please explain any court proceedings _____
Does the family above still owe you money? _____ If so, how much? \$ _____
In what condition did the family above leave their rental unit? _____
Would you rent to them again? _____ Why or why not? _____
Is there any other pertinent information we should know about regarding the family above? _____

Please return this to the address above or fax to the number above. We appreciate your effort to complete this information.