|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Delaware Rental Application**  **PROPERTY APPLYING FOR:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **Personal Information** | | | | |
| Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Birth Date\_\_\_\_\_\_\_\_\_\_\_\_ | Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Driver’s License # / State\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Roommates / Other Occupants** | | | | |
| Full Name - First, Middle, Last | Birth Date | | | Relationship to You |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |
|  |  | | |  |

**

|  |  |  |  |
| --- | --- | --- | --- |
| **Rental History**  *Please list your three most recent addresses or from past five years.* | | | |
|  | Current Address | Previous Address | Previous Address |
| Street Address / Unit No. |  |  |  |
| City, State, Zip |  |  |  |
| How long at this address |  |  |  |
| Manager/Owner Name |  |  |  |
| Manager/Owner Phone |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Income**  *Please list employment from past five years & other sources of income.*  **Employment History** | | | |
|  | Current Employer | Previous Employer | Previous Employer |
| Employed by |  |  |  |
| Position |  |  |  |
| Dates of Employment (From..To) |  |  |  |
| Monthly Income |  |  |  |
| Name of Supervisor |  |  |  |
| Supervisor’s Phone # |  |  |  |
| Address - Street, City, State, Zip |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Other Income Sources** | | | | | | | | | | | | | | | | | |
| Type | Monthly Income | | | | | | | | Name of Provider | | | | Address - Street, City, State, Zip | | | Phone # | |
|  |  | | | | | | | |  | | | |  | | |  | |
|  |  | | | | | | | |  | | | |  | | |  | |
| **Emergency Contact Information** | | | | | | | | | | | | | | | | |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Address - Street, City, State, Zip | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Vehicles** | | | | | | | | | | | | | | | | | |
| Make & Model | | | | Year | | | | Color | | | | Plate # | | | State | | |
|  | | | |  | | | |  | | | |  | | |  | | |
|  | | | |  | | | |  | | | |  | | |  | | |
|  | | | |  | | | |  | | | |  | | |  | | |
| **Other Information** | | | | | | | | | | | | | | | | | |
| Have you ever been evicted? | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | | | | | | | |
| If yes, when & why | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | |
| If yes, when & why | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |
| Have you ever filed for bankruptcy? | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | | | | |
| If yes, when & why | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |
| Do you currently smoke? | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | | | | | | | | |
| Do you have any pets? | | | |  |  |  |  | | --- | --- | --- | --- | |  | Yes |  | No | | | | | | | | | | | | | | | |
| If Yes, please list each Type, Breed & Approx. Weight | | | | | | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |
| How did you learn about us? | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | |
| **Agreement & Consent to Background Check**  *I believe that the statements I have made are true and correct. I hereby authorize the verification of information I provided, communication with any and all names listed on this application and for the issuer of this form to conduct a background check to obtain additional information on credit history, criminal history and all Unlawful Detainers. I understand that any discrepancy or lack of information may result in the rejection of this application. I understand that this is an application for a home or apartment and does not constitute a rental or lease agreement in whole or in part. I further understand that there is a non-refundable fee to cover the cost of processing my application and I am not entitled to a refund.*  *Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |

|  |
| --- |
| **CO-SIGNER**  *By signing this form, Co-signer authorizes the landlord to perform a credit check or background check, if necessary. Co-signer forms are accepted at the landlord’s discretion, and a co-signer form does not in any way guarantee an applicant a rental unit. Failure to fully complete a requested co-signer form may result in the landlord refusing a rental application.* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Personal Information | | | | | |
| Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Driver’s License # / State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Current Employer Name / Phone # | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Co-signing for | | | | | |
| Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Unit Applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

*It is hereby agreed that the aforementioned Co-signer will assume any and all responsibilities and/or obligations of the Leaseholder’s share of expenses if the Leaseholder cannot or will not oblige. This Co-signer Agreement will remain in force throughout the entire term of the Leaseholder’s tenancy, even if the tenancy is extended and/or changed in its terms.*

*Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*