

CENTRAL YMCA RESIDENCE-DELAWARE
501 W. 11TH STREET
WILMINGTON, DELAWARE 19801
TELEPHONE: 302-571-6950

Rental Application

Household Information

List ALL household members that are applying to live in this apartment with you.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Birthdate <i>Month, Date, Year</i>
	Head of Household			

Current Address:

Daytime Phone:

Evening Phone:

YES

NO

- | | | |
|-----------------------|-----------------------|---|
| <input type="radio"/> | <input type="radio"/> | 1. Do you expect any additions to the household within the next twelve months? |
| <input type="radio"/> | <input type="radio"/> | 2. Is there anyone living with you now who won't be living with you at this property? |
| <input type="radio"/> | <input type="radio"/> | 3. Do you have less than full custody of your child(ren)? |
| <input type="radio"/> | <input type="radio"/> | 4. Are there any absent household members who under normal conditions would live with you? <i>(For example, a household member away in the military or school.)</i> |
| <input type="radio"/> | <input type="radio"/> | 5. Have you or any one else named on this application <i>(if Yes, please explain below)</i> : |
| <input type="radio"/> | <input type="radio"/> | a. Filed for bankruptcy? |
| <input type="radio"/> | <input type="radio"/> | b. Been convicted of a felony? |
| <input type="radio"/> | <input type="radio"/> | c. Been evicted from a rental unit of any type? |

*If "YES" was answered to any of the above questions, please explain below.
 (If additional space is required, use the back of this page)*

<u>Question No.</u>	<u>Explanation</u>



Managing Agent:
 Moderate Income Management Company
 P.O. Box 3709 Princeton, New Jersey 08543
 (609) 989-8500



Housing References

List the past FIVE years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
	_____	_____	Current rental amount	\$ _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="radio"/>	From: _____
Address:	_____	_____	Rent <input type="radio"/>	To: _____
	_____	_____	Previous rental amount	\$ _____
Phone:	() _____	_____		

Personal Reference

List a personal reference other than a relative.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____



Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant, it is counted for all household members including minors.

Include all income anticipated for the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

YES NO

6. Employment wages or salaries? (Include overtime, tips, bonuses, commissions and payments received in cash.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Self-employment? (Include overtime, tips, bonuses, commissions and payments received in cash.)

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Income from any of the following:

- | | | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | a. Regular pay as a member of the Armed Forces? |
| <input type="radio"/> | <input type="radio"/> | b. Unemployment benefits or workman's compensation? |
| <input type="radio"/> | <input type="radio"/> | c. Public Assistance, General Relief or Aid to Families with Dependent Children (AFDC)? |
| <input type="radio"/> | <input type="radio"/> | d. Child Support or Alimony? (We must count court-ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.) |

If "YES" was answered to "d" above, please complete 1, 2& 3 below.

If No, continue to question "e".

1. Household Member Receiving Support	Payor	Amount
_____	_____	_____
_____	_____	_____
2. How is the support received? (Check all that apply)		
<input type="radio"/>	Child Support Enforcement Agency	Name of Agency: _____
<input type="radio"/>	Court of Law	Name of Court: _____
<input type="radio"/>	Directly from Individual	Name of Person: _____
<input type="radio"/>	Other	Explain: _____
3.	<input type="radio"/>	If money is not actually received, are you taking legal action to remedy? If Yes, obtain court papers.
Explanation: _____		



- e. Social Security, SSI or any other payments from the Social Security Administration?
- f. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?
- g. Regular payments from a severance package?
- h. Regular payments from any type of settlement? *(For example, insurance settlements.)*
- i. Regular gifts or payments from anyone outside of the household?
(This includes anyone supplementing your income or paying any of your bills.)
- j. Educational grants, scholarships, or other student benefits?
- k. Regular payments from lottery winnings or inheritances?
- l. Regular payments from rental property or other types of real estate transactions?
- m. Any other income sources or types not listed?
- 9. Do you or any other household members expect any changes to your income in the next 12 months?

If "YES" was answered to any of the above questions (6-9), please complete the information below.
(If additional space is required, use back of this page)

Question No.	Household Member	Source of Benefit/Payor	Amount

Asset Information

Include all assets held and the income derived from the asset. INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

- | <u>YES</u> | <u>NO</u> | |
|-----------------------|-----------------------|--|
| <input type="radio"/> | <input type="radio"/> | 10. a. Checking or savings account? |
| <input type="radio"/> | <input type="radio"/> | b. CDs, money market accounts or treasury bills? |
| <input type="radio"/> | <input type="radio"/> | c. Stocks, bonds or securities? |
| <input type="radio"/> | <input type="radio"/> | d. Trust funds? |
| <input type="radio"/> | <input type="radio"/> | e. Pensions, IRAs, Keogh or other retirement accounts? |
| <input type="radio"/> | <input type="radio"/> | f. Cash on hand over \$500? |
| <input type="radio"/> | <input type="radio"/> | g. Real estate, rental property, land contracts/contract for deeds or other real estate holdings? <i>(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.)</i> |
| <input type="radio"/> | <input type="radio"/> | h. Personal property held as an investment? <i>(This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This <u>does not</u> include your personal belongings such as your car, furniture or clothing.)</i> |
| <input type="radio"/> | <input type="radio"/> | i. A safe deposit box? |

If Yes, to any of the above complete below. If No, continue to question 11.

Question No.	Household Member	Source of Benefit	Amount



- ○ 11. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years?

If Yes: Household Member: _____ Amount: _____
 Explanation: _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

YES NO

- ○ 12. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months?
 Household Member(s): _____
- ○ 13. Will your household be receiving or applying to receive Section 8 rental assistance in the next 12 months? Expected Date: _____
 Name of Agency: _____
 Contact Person: _____
- ○ 14. Are you currently paying more than 35 percent (40 percent for households applying for age restricted units) of its gross household income for rent and the proposed rent will reduce its housing costs?
- ○ 15. Are your currently paying more than 35 percent (40 percent for household applying for age-restricted units) of eligible monthly income for rent in the past and have proven the ability to pay?
- ○ 16. Are you currently in substandard or overcrowded living conditions?
- ○ 17. Do your currently have existing assets, which your are planning to use to supplement the rental payment?

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below

Signature _____ Date _____
 Signature _____ Date _____
 Signature _____ Date _____

For Office Use Only

Date of Interview: _____ Desired Apt. #: _____ Desired Move-in Date: _____



Managing Agent:
 Moderate Income Management Company
 P.O. Box 3709 Princeton, New Jersey 08543
 (609) 989-8500



**Permission to Run Credit, Criminal Background,
Court Records and Previous Landlord Checks**

Name _____

Current Address _____

How Long? _____ Temporary or Permanent? _____

Date of Birth _____ Social Security # _____

Driver's License # _____ State _____

Photo Identification _____ (copy attached)

This organization has a permissible purpose under the Fair Credit Reporting Act (FCRA) to obtain a consumer report. The FCRA provides that any person who knowingly and willfully obtains a consumer report under false pretenses may face criminal prosecution, including fines and possible imprisonment. A consumer-reporting agency may not prohibit end-users from disclosing the contents of the report directly to the consumer; however the FCRA under most instances does not require end-users to do so. It is the policy of this organization to refer all consumers' inquiries regarding the information contained in this report directly to the consumer-reporting agency of origin. I/ We have applied for housing or currently reside with this organization and understand that a series of checks must be conducted on my credit, criminal background, court and previous landlord references. I/We am providing this information voluntarily and with the understanding that information that is obtained will be used for the sole purpose of determining my eligibility for housing or continued housing under the property's Tenant Selection Policy.

Signature

Date

- AR- Criminal Only
- MI- Credit and Criminal
- IC – Credit and Criminal

Run By _____

Date _____

Disposition:

- Approved
- Denied

EMPLOYMENT VERIFICATION

To: _____
(Name of employer)

(Address)

(City, State, Zip)

Date: _____
Name: _____
SS#: _____

_____ has applied for residency (or is a resident) at _____. As part of our processing, it is necessary that we obtain verification of his/her employment and anticipated Gross Annual Income. The applicant/resident hereby authorizes the release of information regarding his/her employment and income.

Sincerely,

(Apartment Manager) _____
Date

(Signature of Applicant/Resident) _____
Date

THE FOLLOWING TO BE COMPLETED BY EMPLOYER:

Date Employed ___/___/___ Occupation: _____

ANTICIPATED GROSS EARNINGS IN THE NEXT 12 MONTHS:

Number of hours worked per week: _____ Hourly rate: \$ _____ per hour

Number of hours worked per week: _____ Overtime rate: \$ _____ per hour

If not hourly, enter annual salary Annual salary: \$ _____

Does employee receive shift differentials? ___ Yes ___ No \$ _____ per hour

Does employee receive bonuses? ___ Yes ___ No \$ _____ per hour

Does employee receive tips or commissions? ___ Yes ___ No \$ _____ per hour

Does employee receive any other compensation? ___ Yes ___ No \$ _____ per hour
If yes, please specify type: _____

Is employee expected to receive an increase in pay during the next twelve months? ___ Yes ___ No

If yes, date of increase: ___/___/___ Amount of increase: \$ _____

Does employee contribute to a retirement account: ___ Yes ___ No

If yes, does employee have access to any of the funds? ___ Yes ___ No

Total anticipated gross income for the next 12 months (including tips, bonuses or overtime, if applicable).

\$ _____

Employer's Signature

Printed Name and Title

Date

Telephone

Note: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements to any Department or Agency of the United States as to any matter within its jurisdiction.