



**FAIRVILLE MANAGEMENT COMPANY
2G VENTURES**

**606 N. Jefferson Street
Wilmington, DE 19801**

Phone (302) 427-3951 Fax (302) 427-3619 TTY (877) 489-2478

Date & Time Received: _____

RENTAL APPLICATION

NAME (Please Print)	Age	Sex	Relationship	Social Security	DOB

RENTAL HISTORY

Current Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Your Phone: _____ **How long at this Address:** _____ **Monthly Rent:** _____

Reason for moving: _____ **Development:** _____

Manager's Name: _____ **Manager's Phone:** _____

Manager's Address: _____ **City:** _____ **State:** _____ **Zip:** _____

EMPLOYMENT INFORMATION

Applicant Name: _____

Employer's Name: _____ **Phone:** _____

Street: _____ **City:** _____ **State:** _____ **Zip:** _____

Length of Employment: _____ **(If less than 1 year complete prior below)**

Occupation: _____ **Supervisor:** _____ **Monthly Income:** _____

CO-APPLICANT OR PRIOR EMPLOYER

Co-Applicant or Prior Employment for: _____

Employer's Name: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Length of Employment: _____

Supervisor: _____ Monthly Income: _____

ASSETS	FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account		
Savings Account		

AUTO INFORMATION

Automobile Make	Year	Tag Number	State
_____	_____	_____	_____
_____	_____	_____	_____

PERSONAL REFERENCES

Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____ Years Known: _____

Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Relationship: _____ Years Known: _____

EMERGENCY INFORMATION

In Case of Emergency Notify _____

Phone Number: _____ Relationship: _____

ESTIMATED HOUSEHOLD INCOME (YOU MUST CHECK ONE)

Under \$15,000 _____ \$15,000 - \$19,999: _____

\$20,000 - \$25,000: _____ \$25,000 and over: _____

General Information

Are there any special housing needs or accommodations that the household will require?
Examples are: a unit for the mobility impaired, a unit for the visually impaired, a unit for the hearing impaired, grab bars and/or wheel-in showers. Yes No

If yes, explain _____

Have you or any member of your household ever been arrested or convicted of any drug, physical violence or weapons crime? Yes No

If yes, please explain: _____

Have you or any member of your household ever been convicted or pleaded guilty of any crime?
(whether or not it resulted in a conviction) Yes No

If yes, please explain: _____

Are you or any member of your household subject to a lifetime state sex offender registration program in any state? Yes No

Do you understand that no one may be added to your lease without proper screening and prior approval? Yes No

Do you understand that no pets are permitted on the property? Yes No

Do you understand that **false** answers submitted on this application may be grounds for the rejection of this application or the termination of any Lease that has been executed? Yes No

Authorization is hereby given for the Managing Agent to conduct an investigation of the applicant(s) which includes, but is not limited to, all listed former residences, all employers, all references and the use of a credit and criminal reporting company. It is understood that any such report may include information about applicant(s) character, general reputation, personal characteristics, mode of living and credit standing. Authorization is also given for this information to be used, if necessary for any collection of debt at time of move-out.

Applicant Signature

Date

Applicant Signature

Date

Application Received By

Date

*Fairville Management Company, LLC
726 Yorklyn Road, Suite 200
Hockessin, DE 19707
(302) 489-2000 Fax (302) 235-7390*



KAC 2/10/14

DISCLOSURES AND AGREEMENTS CONCERNING THE APPLICATION

1. The landlord may refuse to approve this application on the basis of previous rental or housing records which reflect a lack of concern for the well being of other tenants or the property of the landlord. It may also be rejected if information is received that indicates the applicant is not concerned with the property rights or the right to peace and quiet of the other tenants. The landlord may also refuse to approve this application based upon the applicant's financial history.

2. The undersigned agrees to pay a non-refundable application fee of \$_____ which is due prior to the application being considered by the landlord.

3. In compliance with Fair Credit Reporting Act you are hereby informed that an investigative consumer report may be made as to your character, general reputation, personal characteristics, and mode of living. Additional information will be obtained through employers, landlords, banks, finance companies, tax returns, credit reporting agencies or similar sources. By signing this application you **are authorizing the release of this information to the landlord or its agents.**

4. I hereby grant the owner or its representative the right to process this application for the purpose of obtaining a rental agreement. I understand that the landlord is relying on the statements and information contained in this application. The statements and information contained herein are true and correct to the best of my\our knowledge and information. I understand that this application is made a part of the rental agreement if one is entered into, and if any information contained herein is found to be a misrepresentation, incorrect or untrue that may form the basis for termination of the rental agreement.

5. This application is not a lease or rental agreement. No representation is made as to the availability of an apartment or any specific apartment. Any prices listed herein are subject to change without further notice.

Applicant Signatures

Signature

Date

Applicant Signatures

Signature

Date