



App# _____ - _____



**FAIRVILLE MANAGEMENT COMPANY
CHRISTIANA VILLAGE APARTMENTS**

**225 W. 4th Street, Suite 2
Wilmington, DE 19801
Phone (302) 427-0403
Fax (302) 427-0431
TTY (877) 489-2478**

Date & Time Stamp

RENTAL APPLICATION

NAMES (Please Print)	Age	Sex	Relationship	Social Security	DOB	POB

of Bedrooms: _____ **1st, 2nd or 3rd Floor:** _____ **Do you have a sec-8 voucher?** _____

FOR STATISTICAL USE ONLY

Head of Household: 1 = White 2 = Black 3 = Amer.Indian/Alaskan Native 4 = Asian or Pacific Islander _____	Head of Household Ethnicity: 1= Hispanic 2= Non Hispanic _____	Head of Household Gender: 1 = Male 2 = Female _____	Head of Household Marital Status: 1= Single 2= Married _____
---	--	---	--

APPLICATIONS CANNOT AND WILL NOT BE ACCEPTED OR PROCESSED UNLESS ALL INFORMATION REQUESTED IS FILLED OUT COMPLETELY, IF IT DOES NOT APPLY PUT N/A.

Have there been any changes in household composition in the last twelve months? Yes No
If yes, explain:

Do you anticipate any changes in household composition in the next twelve month? Yes No
If yes, explain:

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: _____

PRIOR ADDRESS

Prior 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: _____

OTHER SOURCES OF INCOME

YOU MUST ANSWER NO OR N/A ON LINES THAT DO NOT APPLY TO YOU.

Source	Name & Address	Monthly Amount
Social Security		
Child Support		
Pension/Disability		
Public Assistance		
Alimony		
Business Income		
Recurring Cash Contribution		
Other		

ASSETS	FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account		
Savings Account		
Certificate of Deposit		
IRA Account		
Real Estate		
Stocks/Bonds/Mutual Funds		
Whole Life Insurance		
Others		

Have you disposed of any asset (s) valued at \$1,000.00 or more in the past two years for less than fair market value of the item? Yes No
 If yes, please list:

Do you own any Real Estate? Yes No If yes, what is the value? _____

AUTO INFORMATION

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

PERSONAL REFERENCES MAY NOT BE A FAMILY MEMBER

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 with for the visually impaired, a unit for the hearing impaired, grab bars and/or wheel-in showers. Yes No

If yes, explain _____

Were you or any member of your household a full-time student in the last 5 months? Yes No

If yes, please list household member and their ages: _____

Are you or any member of your household a full or part-time student or will be a full or part-time student in the next 12 months? Yes No

If yes, please list household member and their ages: _____

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 **only persons listed on this application** may occupy the unit? Yes No

Do you understand that your approval or denial is based on employment, income and other information provided on this application and if any of the information provided changes you must contact us immediately? Yes No

Do you understand that no one may be added to your lease for the first year? Yes No

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

Do you understand that this property operates under the Low-Income Housing Tax Credit Program and that you must abide by all rules and regulations of the program? 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.

This application is for a Lease Agreement or contract and is subject to written approval in a separate document by the Resident Manager and by Fairville Management Company, Agent for the owner.

Applicant Signature

Date

Applicant Signature

Date

Application Received By

Date

*Fairville Management Company
726 Yorklyn Road, Suite 200
Hockessin, DE 19707
(302) 489-2000 Fax (302) 235-7370*

2/10/14
kac