



App# \_\_\_\_\_ - \_\_\_\_\_



# FAIRVILLE MANAGEMENT COMPANY

**MONROE TERRACE**  
**606 N. Jefferson Street**  
**Wilmington, DE 19801**  
**Phone (302) 427-3951**  
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**Date & Time Stamp**

## RENTAL APPLICATION

<b>NAMES</b> (Please Print)	<b>Age</b>	<b>Sex</b>	<b>Relationship</b>	<b>Social Security</b>	<b>DOB</b>	<b>POB</b>

**# of Bedrooms:** \_\_\_\_\_ **1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> Floor:** \_\_\_\_\_ **Do you have a sec-8 voucher?** \_\_\_\_\_

### FOR STATISTICAL USE ONLY

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

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

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

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  
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