

The Heights at Delaware Ridge

Application for Occupancy

How did you hear about our community? _____

Applicant Information										
First Name				Middle Initial			Last Name			
Social Security Number			DL State		Driver’s License Number			Date of Birth		
Mobile Number			Email					Marital Status		
List All Other Minor Occupant(s) Name(s) and Date(s) of Birth										
Pets: List Name, Color, Gender, Weight and Breed		Pet 1				Pet 2				
Vehicle Information		Year		Make		Model		Color		Plate
Residential Information – Past Three Years										
Present Address		Street Address						Apt #		
City				State		Zip Code		How long? FROM _____ TO _____		
Name of Landlord/Complex Name				Landlord Phone #			Rent Amount			
Previous Address		Street Address						Apt #		
City				State		Zip Code		How long? FROM _____ TO _____		
Name of Landlord/Complex Name				Landlord Phone #			Rent Amount			
Previous Address		Street Address						Apt #		
City				State		Zip Code		How long? FROM _____ TO _____		
Name of Landlord/Complex Name				Landlord Phone #			Rent Amount			
Previous Address		Street Address						Apt #		
City				State		Zip Code		How long? FROM _____ TO _____		
Name of Landlord/Complex Name				Landlord Phone #			Rent Amount			
Employment Information										
Current Employment		Name of Employer				Position/Title			Gross Monthly Income	
Employer Address				Phone Number			Name of Supervisor		Dates of Employment FROM _____ TO _____	
Previous Employment		Name of Employer				Position/Title			Gross Monthly Income	
Employer Address				Phone Number			Name of Supervisor		Dates of Employment FROM _____ TO _____	
Have you ever willfully refused to pay rent? If so, why?										
Have you ever filed bankruptcy or are you preparing to file bankruptcy?										
Have you ever been convicted of or charged with a misdemeanor or felony offense? Have you ever been arrested? Provide an explanation separately.										
Have you ever been evicted from any residence? If so, why?										
Character References (Not Related To You)										
Name/Relationship						Phone #		Years Known		
Name/Relationship						Phone #		Years known		
Other Income										
Source						Amount per mo		Duration		
Source						Amount per mo		Duration		
Emergency Contact (Someone Not in Your Household That is 18 or Over)										
Name						Phone #		Relationship		
This application must be signed by all adults who will occupy the apartment before it can be considered by the Landlord. Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord. If approved, all monies deposited with this application will be held as a reservation deposit to be either returned to the applicant or credited toward any deposit, which will be required of applicant at rental agreement, is executed. If applicant withdraws the application, the Reservation Fee will be retained as liquidated damages by the Landlord. A non- refundable screening fee of \$40.00 per adult will be collected to process the application.										
App Fee		Reservation Fee		Pet Deposit		Pet Fee		Admin Fee		Amt Pd
By signing this applicant recognizes that an investigative report will be prepared whereby information is obtained through interviews. This inquiry includes information as to your character, general reputation, credit and mode of living. This application may be disapproved as a result of any misrepresentation or insufficient information as a result of an incomplete application. You have the right to make a written request within a reasonable amount of time to receive additional information about the nature and scope of this investigation.										
Applicant’s Signature								Date		