

Christiana Farms Apartments

Dear Applicant(s):

We take pride in managing our community. We actively seek qualified residents and strive to provide the best service possible.

We are a Low-Income Housing Tax Credit Community. To qualify for residency, all applicants must meet our resident screening criteria, income limitations and occupancy standards set forth by Federal, State and Local Government Agencies. The screening and verification process is used for every applicant – fairly, consistently, and uniformly.

The rental application must be filled out in its entirety with all information required so that the application can be processed in a timely manner. Upon completion of the rental application and returning it to management, please bring the following (No Application will be accepted without payment of application fee(s)):

- \$50.00 Application Fee per adult (18 years or older) payable with a Money Order
Only! No Cash or Checks accepted.

Upon successful completion of the credit and criminal background check, management will contact you to set up an appointment for pre-lease/application processing, at which time the below required documents will be required (if applicable):

- Social Security Cards & Birth Certificates for all family members
- Photo ID/Driver's License for all adults 18 years of age and older
- Most recent copy of Taxes & W-2's for all adult household members
- Paystubs: 6 months of most recent
- Child Support/ Gov't Assistance/ Food Stamp Statements
- Social Security/ SSI/ Disability Statement
- Checking/ Savings/ CD/ Money Market Account Statements
- Life Insurance/ 401K/ IRA/ Retirement Statement
- Name, contact # and email/fax for all sources of income and assets.
- Name, contact # and email/fax for most recent landlord & 2 personal references

Applicant(s) who pass the screening criteria are offered an apartment when a suitable apartment comes available. An applicant who does not satisfy the screening criteria is denied residency.

By submitting your rental application to our community, you acknowledge that the above-mentioned items will be performed and you hereby permit us to do so. Incomplete applications may lengthen our response time and jeopardize acceptance.

Applicant Signature

Date

Applicant Signature

Date

215 Christiana Farms Place, Newark, DE 19702 | 302-454-8656 Office | 302-454-1920

christianafarms@cornellpmc.com

A Cornell Property Management Corp. Community



Christiana Farms Apartments

RESIDENT SCREENING REQUIREMENTS

INCOME LIMIT:

Applicants must be within required income limits for household size.
Minimum Income Requirements (Income/Rent Ratio): If any of our rental rates exceed 35% of household monthly gross income, household is ineligible.
Family Maximum Income must be below the State Low Income Housing Tax Credit limits.
Applicants with Section 8 vouchers must have a minimum annual income of 1X the rent.

EMPLOYMENT AND RENTAL HISTORY:

Applicants must have at least one (1) year of consecutive employment and must also have a favorable landlord reference for one (1) year. **OR**
Applicants must have two (2) years of consecutive employment.

CREDIT REPORT:

May not have any Landlord Judgments.
Civil Judgments must be satisfied or in the process of being satisfied.
At least 95% of all other accounts must be current.
Management will review medical accounts.

CRIMINAL REPORT:

Criminal Background checks will be done on all applicants 18 years of age or older.
No felony charges or convictions of any kind **for the past 10 years.**
No charges or convictions related to the illegal sale, use or distribution of a controlled substance. Anyone listed in the sex offender's registry or lifetime registrant will be denied.

STUDENT STATUS:

This is a Low-Income Housing Tax Credit Community and therefore units cannot be occupied entirely by full-time students unless certain provisions are met. Those provisions are:

- A full-time student and single parent living with his/her minor child who is not a dependent on another's tax Return. A full-time student and Title IV/TANF recipient
- A full-time student enrolled in a job training program under the Job Training Partnership Act (federal, state or local)
- A full-time student married and filing a joint tax return.
- A full-time student that has been in the foster care program in the last five (5) years.

APPLICATION FEE: There is a fifty (\$50) NON-REFUNDABLE application fee, per adult, due and payable at the time you submit your application. This application fee is used to obtain your credit and criminal report and to verify all information provided on the completed application for occupancy. Providing false information will result in immediate denial for occupancy. Please be advised that should you not meet the screening requirements you will be removed from the waiting list and your application will be withdrawn.

I have read the screening criteria and understand that should I not meet the requirements I will be removed from the waiting list and that my application fee will not be refunded. I also understand that I must submit the items requested for my application to be processed.

Applicant Signature

Date

Applicant Signature

Date

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APPLICATION PROCESSING FEE AGREEMENT

The sum of **\$50.00** per adult has been paid as a processing fee to cover the cost of the initial application process for Christiana Farms Apartments. Application fees must be paid by money order or certified check.

THIS APPLICATION PROCESSING FEE SHALL NOT BE REFUNDED FOR ANY REASON

Applicant Signature

Date

Applicant Signature

Date

Managers Signature

Date

Money Order/ Certified Check # _____

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RENTAL APPLICATION

Date & Time Stamp

Number of Bedrooms Desired: 1 ☐ 2 ☐ 3 ☐

Do you have a Section-8 Voucher? ☐ YES ☐ NO

NOTE TO APPLICANT(S): In order to determine your eligibility, or continued eligibility, you must provide *all* information included in this application. This information is considered confidential and will only be used as necessary in determining your eligibility for a Federal Affordable housing program. ***PROVIDING FALSE INFORMATION MAY RESULT IN LOSS OF OPPORTUNITY FOR HOUSING***

Applicant Name (Head of Household):	Home #:
Address:	Cell #:
City, State, Zip:	Email:

PERSONS TO OCCUPY APARTMENT

Household Member Name	Relationship to Head of Household	Birth Date	Age	Social Security Number	Student Status: (Elementary through Higher Education)		
					Full Time	Part Time	N/A
1	HEAD	/ /		- -			
2		/ /		- -			
3		/ /		- -			
4		/ /		- -			
5		/ /		- -			
6		/ /		- -			

1. If there are full time students, 18 years of age or older residing in the household, please name the household member and provide the name of the School attending:

Member Name

Name of School Attending

Member Name

Name of School Attending

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RENTAL HISTORY

HEAD OF HOUSEHOLD:

Current Address: Street _____ City: _____ State: _____ Zip: _____

How long at this Address: _____ Monthly Rent: _____ Reason for moving: _____

Manager's Name: _____ Managers Phone: _____

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

☐ Check here if you are currently living with a family member

Prior Address: Street: _____ City: _____ State: _____ Zip: _____

How long at this Address: _____ Monthly Rent: _____ Reason for moving: _____

Manager's Name: _____ Managers Phone: _____

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

☐ Check here if this address was with a family member

OTHER ADULT MEMBER (If any):

Current Address: Street _____ City: _____ State: _____ Zip: _____

How long at this Address: _____ Monthly Rent: _____ Reason for moving: _____

Manager's Name: _____ Managers Phone: _____

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

☐ Check here if you are currently living with a family member

Prior Address: Street: _____ City: _____ State: _____ Zip: _____

How long at this Address: _____ Monthly Rent: _____ Reason for moving: _____

Manager's Name: _____ Managers Phone: _____

Manager's Address: Street: _____ City: _____ State: _____

☐ Check here if this address was with a family member

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EMPLOYMENT INFORMATION

Head of Household: Name: _____

Current Employment Information:

Employer's Name: _____ Phone: _____

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

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

Occupation: _____

Supervisor: _____ Monthly Income: _____

Other Employment Information (if any):

Employer's Name: _____ Phone: _____

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

Length of Employment: _____

Occupation: _____

Supervisor: _____ Monthly Income: _____

Prior Employer:

Employer's Name: _____ Phone: _____

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

Occupation: _____ Length of Employment: _____

Supervisor: _____ Monthly Income: _____

Did you file taxes for the previous year? ☐ YES ☐ NO

If No - what is the reason you did not file taxes: _____

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EMPLOYMENT INFORMATION

Other Adult Member: Name: _____

Current Employment Information:

Employer's Name: _____ Phone: _____

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

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

Occupation: _____

Supervisor: _____ Monthly Income: _____

Other Employment Information (if any):

Employer's Name: _____ Phone: _____

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

Length of Employment: _____

Occupation: _____

Supervisor: _____ Monthly Income: _____

Prior Employer:

Employer's Name: _____ Phone: _____

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

Occupation: _____ Length of Employment: _____

Supervisor: _____ Monthly Income: _____

Did you file taxes for the previous year? ☐ YES ☐ NO

If No - what is the reason you did not file taxes: _____

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SOURCES OF INCOME

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

Social Security			
Pension / Disability			
Child Support/ Alimony			
Public Assistance			
Mutual Funds/ Stocks Bonds			
Business Income			
Recurring Cash Contribution			
Other			

ASSET INFORMATION

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

ASSETS	FINANCIAL INSTITUTION	NAME ON ACCOUNT
Checking Account		
Savings Account		
Other Checking Account		
Other Savings Account		
Certificate of Deposit		
IRA Account		
Whole Life Insurance		
Other		

_____ I have _____ I have not 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. If yes, please list the asset value under the "other" Column in the above listing of assets.

Do you own any Real Estate? ☐ Yes ☐ No If yes, value of Real Estate: \$ _____

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OTHER SOURCES OF INCOME

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

SOURCE	NAME & ADDRESS	MONTHLY AMOUNT	PERSON RECEIVING
Social Security			
Pension / Disability			
Child Support/ Alimony			
Public Assistance			
Mutual Funds/ Stocks Bonds			
Business Income			
Recurring Cash Contribution			
Other			

ASSET INFORMATION

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

ASSETS	FINANCIAL INSTITUTION	NAME ON ACCOUNT
Checking Account		
Savings Account		
Other Checking Account		
Other Savings Account		
Certificate of Deposit		
IRA Account		
Whole Life Insurance		
Other		

____ I have ____ I have not 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. If yes, please list the asset value under the " other" Column in the above listing of assets.

Do you own any Real Estate? ____ Yes ____ No If yes, value of Real Estate: \$_____

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PERSONAL REFERENCES

Head of Household:

Name: _____

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

Phone: _____ **Relationship:** _____ **Years Known:** _____

Name: _____

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

Phone: _____ **Relationship:** _____ **Years Known:** _____

Other Adult Household Member:

Name: _____

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

Phone: _____ **Relationship:** _____ **Years Known:** _____

Name: _____

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

Phone: _____ **Relationship:** _____ **Years Known:** _____

TOTAL ESTIMATED HOUSEHOLD INCOME (YOU MUST CIRCLE ONE)

Under \$5,000	\$5,001- \$7,500	\$7,501- \$10,000
\$10,001 - \$12,500	\$12,501 - \$15,000	\$15,001 - \$20,000
\$20,001 - \$25,000	\$25,001 - \$35,000	\$35,001- \$45,000
		\$45,001 and over

FOR STATISTICAL USE ONLY

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

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GENERAL INFORMATION

**Are there any special housing needs or accommodation that the household will require?
Examples are a unit for mobility impaired, visually impaired, hearing impaired, grab bars, etc.**

Are you or any member of the household a full-time student or will be a full-time student in the next 12 months? _____ If yes, please list the household members below and their ages.

Have you or any member of your family ever been convicted of any drug or alcohol related activity? _____ If yes, please explain: _____

**Have you or any member of your family ever been convicted of a crime? _____
If yes, please explain: _____**

**Do you anticipate any change in the household composition during the next 12 months? _____
If yes, please explain: _____**

Have you ever applied for or been denied residency at another Cornell Property Management Corp. community? _____ If yes, please explain: _____

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.

It is understood 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. This application is for a Lease Agreement and is subject to written approval in a separate document by the Resident Manager and by Cornell Property Management Corp., Agent for the owner.



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Certification: All household members who are 18 years of age must sign below.

Head of Household

Date

Other Adult Member

Date

Other Adult Member

Date

Management Signature:

Property Manager

Date

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement in misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

IN KEEPING WITH THE FAIR HOUSING ACT, WE DO NOT DISCRIMINATE BASED ON FAMILIAL STATUS, RACE, SEX, DISABILITY, COLOR, RELIGION OR NATIONAL ORIGIN.

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CORELOGIC SAFE RENT

A Tenant Screening Service For Property Owners, Management Companies And Housing Authorities!

Applicant Must Print Clearly Below To Be Sure This Request Is Processed Accurately and Promptly.

Applicant Name

Social Security Number

Current Address

Previous Address

Birth Date

Employer Name

Contact Name

Phone/ Fax Number

Employer Email Address

Hire Date

\$ / Week Month Year
Salary

Landlord Name

Contact Name

Phone/ Fax Number

Landlord Email Address

Move In Date

Move Out Date

I Hereby grant the above Apartment/Landlord/Realtor, whichever is applicable, and its designee, First American Registry, a credit reporting agency, the right to process this credit application for the purpose of obtaining a rental lease. In compliance with the FAIR CREDIT REPORTING ACT, this notice is to inform you that the processing of this application includes but is not limited to making inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer reporting agencies, obtaining credit information from other credit institutions and criminal background checks from appropriate law enforcement agencies. You have the right to make a written request within a reasonable period of time to receive additional information about the nature of this investigation. The undersigned agrees that this application shall remain the property of the apartment complex, landlord or realtor regardless if rental lease is granted.

Applicant Signature

Thank You For Choosing Landlord Protect, Inc.

