

Application fee is \$35.00 per applicant.



Harrington Realty, Inc.
736 N. DuPont Highway
Dover, Delaware 19901
(302) 736-0800 Office
(302) 736-1993 Fax

| | |
|----------------------------------|------------------------|
| For Office Use Only: | |
| Requested by _____ | Client ID# - - - - - |
| \$_____ Application Fee Received | |
| Paid by __ | Cash or __ Money Order |

Application for Rental Housing

IMPORTANT: This application must be filled out completely. All employers and landlords must be listed with phone numbers. If we are unable to reach current and prior landlords, your application will not be processed.

| | | | |
|---------------------------------------|---------------|-----------------|-------------------------|
| Complete Name (including middle name) | Date of Birth | Social Security | Driver's license Number |
|---------------------------------------|---------------|-----------------|-------------------------|

| | |
|---------------|-------------------|
| Email Address | Number Cell Phone |
|---------------|-------------------|

Residential History

| | | |
|---|----------------|----------------|
| Current Address (include city, state, and <u>zip code</u>) | Home Telephone | Work Telephone |
|---|----------------|----------------|

| | | | |
|--|------------------|--------------------|----------------------|
| Landlord, Management Company, or Owner | Telephone Number | Dates of Residence | Monthly Rent Payment |
|--|------------------|--------------------|----------------------|

| | | |
|--|----------------|----------------|
| Previous Address (include city, state, and <u>zip code</u>) | Home Telephone | Work Telephone |
|--|----------------|----------------|

| | | | |
|--|------------------|--------------------|----------------------|
| Landlord, Management Company, or Owner | Telephone Number | Dates of Residence | Monthly Rent Payment |
|--|------------------|--------------------|----------------------|

| | | |
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| Previous Address (include city, state, and <u>zip code</u>) | Home Telephone | Work Telephone |
|--|----------------|----------------|

| | | | |
|--|------------------|--------------------|----------------------|
| Landlord, Management Company, or Owner | Telephone Number | Dates of Residence | Monthly Rent Payment |
|--|------------------|--------------------|----------------------|

Employment and Income Information

IMPORTANT: If you are receiving assistance, please list below the amount, source, and caseworker's name and phone number. If your employer will not release salary information over the phone, you must fill out a separate release form or provide a check stub

1

| | | |
|--------------------------|-----------|--------------------|
| Current Source of Income | Job Title | Salary (per month) |
|--------------------------|-----------|--------------------|

| | | |
|-----------------|------------------|--------------|
| Supervisor Name | Telephone Number | Date of Hire |
|-----------------|------------------|--------------|

2

| | | |
|--------------------------|-----------|--------------------|
| Current Source of Income | Job Title | Salary (per month) |
|--------------------------|-----------|--------------------|

| | | |
|-----------------|------------------|--------------|
| Supervisor Name | Telephone Number | Date of Hire |
|-----------------|------------------|--------------|

3

| | | |
|--------------------------|-----------|--------------------|
| Current Source of Income | Job Title | Salary (per month) |
|--------------------------|-----------|--------------------|

| | | |
|-----------------|------------------|--------------|
| Supervisor Name | Telephone Number | Date of Hire |
|-----------------|------------------|--------------|

| | |
|-----------------------------|--------------------|
| Additional Source of Income | Amount (per month) |
|-----------------------------|--------------------|

| | | |
|-----------------------------------|------------------|----------|
| Caseworker's Name (if applicable) | Telephone Number | Duration |
|-----------------------------------|------------------|----------|

Co-Applicant Information

IMPORTANT: This application must be filled out completely. All employers and landlords must be listed with phone numbers. If we are unable to reach current and prior landlords, your application will not be processed.

| | | | |
|---------------------------------------|---------------|------------------------|-------------------------|
| Complete Name (including middle name) | Date of Birth | Social Security Number | Driver's License Number |
|---------------------------------------|---------------|------------------------|-------------------------|

| | |
|---------------|-------------------|
| Email Address | Cell Phone Number |
|---------------|-------------------|

Residential History

| | | |
|---|----------------|----------------|
| Current Address (Include city, state, and zip code) | Home Telephone | Work Telephone |
|---|----------------|----------------|

| | | | |
|--|------------------|--------------------|----------------------|
| Landlord, Management Company, or Owner | Telephone Number | Dates of Residence | Monthly Rent Payment |
|--|------------------|--------------------|----------------------|

| | | |
|--|----------------|----------------|
| Previous Address (Include city, state, and zip code) | Home Telephone | Work Telephone |
|--|----------------|----------------|

| | | | |
|--|------------------|--------------------|----------------------|
| Landlord, Management Company, or Owner | Telephone Number | Dates of Residence | Monthly Rent Payment |
|--|------------------|--------------------|----------------------|

| | | |
|--|----------------|----------------|
| Previous Address (Include city, state, and zip code) | Home Telephone | Work Telephone |
|--|----------------|----------------|

| | | | |
|--|------------------|--------------------|----------------------|
| Landlord, Management Company, or Owner | Telephone Number | Dates of Residence | Monthly Rent Payment |
|--|------------------|--------------------|----------------------|

Employment and Income Information

IMPORTANT: If you are receiving assistance, please list below the amount, source, and caseworker's name and phone number. If you employer will not release salary information over the phone, you must fill out a separate release form or provide a check stub

1

| | | |
|--------------------------|-----------|--------------------|
| Current Source of Income | Job Title | Salary (per month) |
|--------------------------|-----------|--------------------|

| | | |
|-----------------|------------------|--------------|
| Supervisor Name | Telephone Number | Date of Hire |
|-----------------|------------------|--------------|

2

| | | |
|--------------------------|-----------|--------------------|
| Current Source of Income | Job Title | Salary (per month) |
|--------------------------|-----------|--------------------|

| | | |
|-----------------|------------------|--------------|
| Supervisor Name | Telephone Number | Date of Hire |
|-----------------|------------------|--------------|

3

| | | |
|--------------------------|-----------|--------------------|
| Current Source of Income | Job Title | Salary (per month) |
|--------------------------|-----------|--------------------|

| | | |
|-----------------|------------------|--------------|
| Supervisor Name | Telephone Number | Date of Hire |
|-----------------|------------------|--------------|

| | |
|-----------------------------|--------------------|
| Additional Source of Income | Amount (per month) |
|-----------------------------|--------------------|

| | | |
|-----------------------------------|------------------|----------|
| Caseworker's Name (if applicable) | Telephone Number | Duration |
|-----------------------------------|------------------|----------|

| | | | |
|--|---------------|---------|-------------------|
| Vehicle (Make and Model) | Year | Color | License Plate No. |
| Vehicle (Make and Model) | Year | Color | License Plate No. |
| Vehicle (Make and Model) | Year | Color | License Plate No. |
| Name of person to contact in case of emergency | Telephone No. | Address | |
| Name of person to contact in case of emergency | Telephone No. | Address | |

Occupants

IMPORTANT: List all other intended occupants.

| Name (including first and last) | Age | Relationship |
|---------------------------------|-----|--------------|
| | | |
| | | |
| | | |
| | | |

Have you ever lived at any address not listed in the past five years? _____ If yes, please explain.

Have you been evicted or asked to move in the past five years? _____ If yes, please explain.

Have you ever been convicted of a gross misdemeanor or felony? _____ If yes, please explain.

Have you ever filed for Bankruptcy Chapter 7 or 13? _____ If yes, please explain.

Do you have any pets? _____ If yes, please explain. Please include type of animal and age

Explanations:

I represent that the above information is true and correct. I understand that Harrington Realty, Inc. will conduct an investigation of my background. I authorize and consent to the release of any and all information to Harrington Realty, Inc. that they may require including credit, employment, residency/rental, banking, criminal, and government financial aid information. Such information may be conveyed to Harrington Realty, Inc. by any means of transmission and Harrington Realty, Inc. is further authorized to report such information to its client. I hold Harrington Realty, Inc. harmless from any claim for damages resulting from such information. However, Harrington Realty, Inc. agrees to, upon written request, reinvestigate and report any information that I claim as false.

| | |
|------------------------|------|
| Applicant Signature | Date |
| Co-Applicant Signature | Date |