Southern Delaware Communities, Inc.
Application for Rental Residency
Instruction Sheet

(PLEASE READ CAREFULLY)

ABSOLUTELY NO PETS OR SMOKING INSIDE RENTAL UNITS

- There is a $50.00 non-refundable application fee **per applicant** that must accompany this application in the form of Money Order. No cash or checks will be accepted. There is an application fee of $50.00 for **each** additional occupant over 18 year of age.
    - Money orders made payable to **SOUTHERN DELAWARE COMMUNITIES, INC.**

- Please read the application carefully and complete every blank that applies to all applicants or occupants applying. If certain items do not apply to you, your co-applicant or occupants, please mark the blanks "N/A". INCOMPLETE APPLICATIONS WITHOUT THE REQUIRED SUPPORTING DOCUMENTS WILL NOT BE PROCESSED.

- All applicants and potential occupants over the age of eighteen (18) must sign the forms "Permission to Disclose and Openly Discuss Credit, Criminal, and Employment History" and "Consent to Perform Criminal History Background Check". If more than 2 adults over 18 will be in the home, please request additional forms.
    - All applicants over the age of eighteen (18) must sign C4 consent forms.

- Please sign the employment and residency forms, but **DO NOT** fill them out. They will be sent to your current employer and landlord.

- If you are self-employed, you will need to provide signed copies of federal income tax returns for the previous two years.

- All applicants must submit their 4 most recent paystubs, to demonstrate income eligibility. If you have not been employed with the same employer for one (1) year, you must be able to provide the last pay stub from your previous employer.

- All applicants must provide two forms of valid identification.
    - Examples: Social Security card, I.D., or Passport

- All applicants over the age of eighteen (18) **MUST** supply us with their email address.

Criminal Background Requirements:

- All adult applicants must pass the criminal background check, must not have been convicted of any felonies or violent misdemeanors within the previous five years.

- Sex Offender are not permitted into the communities under any circumstance.

Income and Previous Rental Requirements:

- Income must be at least three times the monthly rent amount, other debt's will be taken into consideration for the applicant's ability to meet the rent obligation.

- Applicants may not have open landlord tenant judgements on their background, history of repetitive landlord tenant cases, open judgements that may result in wage attachments.

- Medical bills will be taken into consideration.

- No unpaid utility accounts or utility accounts in collections.

- Satisfactory landlord reference.

Providing the application is completed accurately and required information for the application are returned to this office, your application will be processed as soon as a unit becomes available and you are at the top of the waitlist.. Timely response from the agency will depend on each individual background check. Generally, it will take 7-10 business days for the results to come back once a unit becomes available. You will be contacted by the Atlantic Realty Management, LLC with said results via email, letter sent to current address, or a phone call.

Please return the entire application to:

Atlantic Realty Management office at:
31052 Shady Acres Lane, Laurel, DE 19956
302-875-9571 Office
302-875-9574 Fax

Please do not hesitate to call us at with any questions you may have.

Southern Delaware Communities, Inc.
Application for Rental Unit Residency

IMPORTANT! Please take care in completing this application. Make sure all information you provide is complete and accurate. Atlantic Realty Management will not accept any application that has been falsified in any way.

PERSONAL INFORMATION **(PLEASE PRINT)**

APPLICANT 1:

Last Name	First Name	Middle Initial
Social Security or ITIN #	Date of Birth	
Drivers License #	Issuing State	

APPLICANT 2:

Last Name	First Name	Middle Initial
Social Security or ITIN #	Date of Birth	
Drivers License #	Issuing State	

OCCUPANTS RESIDING IN THE HOME:

NAME	RELATIONSHIP
DATE OF BIRTH	SOCIAL SECURITY or ITIN#
NAME	RELATIONSHIP
DATE OF BIRTH	SOCIAL SECURITY or ITIN#
NAME	RELATIONSHIP
DATE OF BIRTH	SOCIAL SECURITY or ITIN#

Only one family is permitted to live in each unit.

NOTICE: During the term of tenancy, you are required to notify the community owner of any changes in the number, identity, or status of the occupants of the home listed herein.

APPLICANT 1 INFORMATION

CURRENT ADDRESS		
CITY	STATE	ZIP
PHONE #	EMAIL	
DO YOU? ____ OWN ____ RENT ____ RELATIVE ____ OTHER	HOW LONG AT THIS ADDRESS? _____ YRS _____ MOS	CURRENT MONTHLY PAYMENT $_____
LANDLORDS NAME	LANDLORDS PHONE #	
PREVIOUS ADDRESS		
CITY	STATE	ZIP
LANDLORDS NAME	LANDLORDS PHONE #	
NAME, ADDRESS, PHONE # OF NEAREST RELATIVE NOT LIVING WITH YOU:		
NAME AND PHONE # OF EMERGENCY CONTACT:		

EMPLOYMENT:

CURRENT EMPLOYER	
EMPLOYER'S ADDRESS	
SUPERVISOR NAME	SUPERVISOR PHONE #
LENGTH OF EMPLOYEMENT _____ YRS _____ MOS	POSITION HELD
WEEKLY GROSS INCOME $_____	WEEKLY NET INCOME $_____

**If current job is less than a year, please fill out previous employment on next page.

PREVIOUS EMPLOYER	
EMPLOYER'S ADDRESS	
SUPERVISOR NAME	SUPERVISOR PHONE #
LENGTH OF EMPLOYEMENT _____ YRS _____ MOS	POSITION HELD
WEEKLY GROSS INCOME $_____	WEEKLY NET INCOME $_____

VEHICLE INFORMATION:

YEAR	MAKE & MODEL
TAG #	STATE
YEAR	MAKE & MODEL
TAG #	STATE

Vehicle information is required to ensure the current registration of all vehicles. Any vehicle(s) not listed will be considered unauthorized and may require a copy of title, registration and proof of insurance to remain in the community.

CREDIT REFERENCES:

NAME OF CREDITOR	ACCOUNT NUMBER
ADDRESS OF CREDITOR	MONTHLY PAYMENT
NAME OF CREDITOR	ACCOUNT NUMBER
ADDRESS OF CREDITOR	MONTHLY PAYMENT
NAME OF CREDITOR	ACCOUNT NUMBER
ADDRESS OF CREDITOR	MONTHLY PAYMENT

CRIMINAL BACKGROUND:

Have you ever been charged with a Criminal or Drug related offenses? _____ YES _____ NO

If YES, please EXPLAIN: _____

_____.

ALL APPLICANTS/ OCCUPANTS OF THE HOME THAT ARE 18 YEARS OF AGE OR OLDER MUST SIGN BELOW

PERMISSION TO DISCLOSE AND OPENLY DISCUSS CREDIT, CRIMINAL AND EMPLOYEMENT HISTORY

I hereby authorize Atlantic Realty Management, LLC DBA Southern Delaware Communities, Inc to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle history, licensing records, and/or any other necessary information. I hereby expressly release Atlantic Realty Management, LLC DBA Southern Delaware Communities, Inc and any producer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and or federal government agencies including without limitation, various law enforcement agencies. Additionally, I understand that refusal to sign this form may result in untimely delays in processing my application or can be grounds for denial of residency. Any negative history may be reason for denial of this application.

BY PROVIDING YOUR EMAIL ADDRESS, YOU WILL BE SENT AN ELECTRONIC COPY OF YOUR CREDIT/CRIMINAL REPORT – PER REQUEST

PRINT FULL NAME	
SOCIAL SECURITY #	DATE OF BIRTH
EMAIL ADDRESS	
SIGNATURE & DATE	

APPLICANT 2 INFORMATION

CURRENT ADDRESS		
CITY	STATE	ZIP
PHONE #	EMAIL	
DO YOU? ____ OWN ____ RENT ____ RELATIVE ____ OTHER	HOW LONG AT THIS ADDRESS? _____ YRS _____ MOS	CURRENT MONTHLY PAYMENT $_____
LANDLORDS NAME	LANDLORDS PHONE #	
PREVIOUS ADDRESS		
CITY	STATE	ZIP
LANDLORDS NAME	LANDLORDS PHONE #	
NAME, ADDRESS, PHONE # OF NEAREST RELATIVE NOT LIVING WITH YOU:		
NAME AND PHONE # OF EMERGENCY CONTACT:		

EMPLOYMENT:

CURRENT EMPLOYER	
EMPLOYER'S ADDRESS	
SUPERVISOR NAME	SUPERVISOR PHONE #
LENGTH OF EMPLOYEMENT _____ YRS _____ MOS	POSITION HELD
WEEKLY GROSS INCOME $_____	WEEKLY NET INCOME $_____

**If current job is less than a year, please fill out previous employment on next page.

PREVIOUS EMPLOYER	
EMPLOYER'S ADDRESS	
SUPERVISOR NAME	SUPERVISOR PHONE #
LENGTH OF EMPLOYEMENT _____ YRS _____ MOS	POSITION HELD
WEEKLY GROSS INCOME $_____	WEEKLY NET INCOME $_____

VEHICLE INFORMATION:

YEAR	MAKE & MODEL
TAG #	STATE
YEAR	MAKE & MODEL
TAG #	STATE

Vehicle information is required to ensure the current registration of all vehicles. Any vehicle(s) not listed will be considered unauthorized and may require a copy of title, registration and proof of insurance to remain in the community.

CREDIT REFERENCES:

NAME OF CREDITOR	ACCOUNT NUMBER
ADDRESS OF CREDITOR	MONTHLY PAYMENT
NAME OF CREDITOR	ACCOUNT NUMBER
ADDRESS OF CREDITOR	MONTHLY PAYMENT
NAME OF CREDITOR	ACCOUNT NUMBER
ADDRESS OF CREDITOR	MONTHLY PAYMENT

CRIMINAL BACKGROUND:

Have you ever been charged with a Criminal or Drug related offenses? _____ YES _____ NO

If YES, please EXPLAIN: _____

_____.

ALL APPLICANTS/ OCCUPANTS OF THE HOME THAT ARE 18 YEARS OF AGE OR OLDER MUST SIGN BELOW

PERMISSION TO DISCLOSE AND OPENLY DISCUSS CREDIT, CRIMINAL AND EMPLOYEMENT HISTORY

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BY PROVIDING YOUR EMAIL ADDRESS, YOU WILL BE SENT AN ELECTRONIC COPY OF YOUR CREDIT/CRIMINAL REPORT – PER REQUEST

PRINT FULL NAME	
SOCIAL SECURITY #	DATE OF BIRTH
EMAIL ADDRESS	
SIGNATURE & DATE	

Southern Delaware Communities, Inc.

Monthly Living Expenses Worksheet For Applicant(s)

*This is for the home for which you are applying.
You must use the least amount allowed, if figures are unknown.
Mark "0" if it does not apply.*

1.	$_____	Monthly rent amount
2.	$_____	Car payment(s)
3.	$_____	Other installment loan or credit card payments
4.	$_____	Food expense – must allow at least $300.00 (add $100.00 for each additional occupant)
5.	$_____	Electric – must allow at least $100.00 ($120.00 if electric heat)
6.	$_____	Propane Gas – must allow at least $100.00 if home is heated by gas
7.	$_____	Telephone (CELL & HOME) – must allow at least $75.00
8.	$_____	Cable/Internet – must allow at least $100.00
9.	$_____	Auto expense (gas, etc.) - allow $0.70 x ___ # miles driven per month
10.	$_____	Clothing expense – must allow at least $50.00
11.	$_____	Insurance – health, auto, home, life (please list separately if needed)
12.	$_____	Medical expenses – physician visits/prescription medication
13.	$_____	Child care/babysitting expense
14.	$_____	Recreation expenses – must allow at least $75.00
15.	$_____	Discretionary funds
16.	$_____	Other expenses – Please specify
	$_____	**TOTAL MONTHLY LIVING EXPESES**
	$_____	Total monthly net income for Applicant 1
	$_____	Total monthly net income for Applicant 2
	$_____	Supplemental monthly income (state benefits/child support)
	$_____	Total monthly net combined income
	-$_____	Less monthly expenses from above
	$_____	Available income (must be positive)

_____ _____
Signature Applicant 1 Signature Applicant 2

Expenses verified by: _____ Date: _____

C4 OPERATIONS
Background Check Services

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

This authorization and consent for release of personal information acknowledges that _____(Hereafter referred to as "Company") and/or its agent, C4 Operations LLC may now, or at any time renting from conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work rental history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records. I understand that these searches will be used to determine renting eligibility under the company's renting policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether occupancy was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from C4 Operations LLC, 1201 Edgewood Rd SW, Cedar Rapids, IA 52404 at telephone number(319) 491-6300. After reading this document, I fully understand its contents and authorize the background verification.

Date Signed (mm/dd/yyyy)

Applicant Name (PRINT)

Applicant Name (SIGNATURE)

This form cannot be altered in any way. Thank you! C4 Operations LLC

Background Screening Information Form

Basic Information

Legal First Name	Legal Middle Name	
Legal Last Name	Maiden and/or Other Last Name Used	
Email Address		
Date of Birth	Social Security Number	
Current Physical Address (no P.O. Boxes)		
City	State	Zip

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES NO If YES, please provide an explanation below:

_____

_____

2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

_____

_____

3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

_____

_____

4. Have you ever been arrested for molesting or abusing a minor? YES NO If YES, please provide an explanation below:

_____

_____

5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO If YES, Please provide an explanation below:

_____

_____

6. As of the date of this authorization, do you have any pending criminal charges against you? YES NO If YES, Please provide an explanation below:

_____

_____

7. As of the date of this authorization, have you ever been evicted? YES NO If YES, Please provide an explanation below:

_____

_____

Address History Please provide a complete address history since the age of 18.

Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete, that is grounds for the canceling of any or all offers of occupancy that may exist and may be used at the discretion of _____.

Signed this _____ day of _____, 20_____

Applicant (Print Name):
Applicant Signature:

Southern Delaware Communities, Inc.

Verification of Employment Applicant 1

To be fille out by Employer

DATE: _____
Company/Representative: _____

The following individual, _____, Social Security # _____ has applied for residency at a managed community with Atlantic Realty Management, LLC. The information submitted states that he or she, was or is currently, employed by your company.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and we will in no way hold you responsible for your responses.

1. Length of employment	From:	To:
2. Is applicant paid weekly, bi-weekly, or monthly?		
3. Applicant's rate of pay?	$_____	__ Per hour __ Per week __ Per year
4. Is applicant?	__ Full Time	__ Part Time
5. Is applicant?	__ Year-round	__ Seasonal
6. Comments:		

_____ _____
Signature of person supplying information Date

_____
Name of company

Applicant – Please complete ONLY this portion below!

I, _____, authorize _____
Print your name Print company name

To release information regarding my employment history, services, character and conduct while in your employment to Atlantic Realty Management, LLC. Atlantic Realty Management, LLC releases you from any and all liability, which may result in furnishing such information.

_____ _____
Signature of Applicant 1 Date

_____ _____
Witness Date

Southern Delaware Communities, Inc.

Verification of Employment Applicant 2

To be fille out by Employer

DATE: _____
Company/Representative: _____

The following individual, _____, Social Security # _____ has applied for residency at a managed community with Atlantic Realty Management, LLC. The information submitted states that he or she, was or is currently, employed by your company.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and we will in no way hold you responsible for your responses.

1. Length of employment	From:	To:
2. Is applicant paid weekly, bi-weekly, or monthly?		
3. Applicant's rate of pay?	$_____	__ Per hour __ Per week __ Per year
4. Is applicant?	__ Full Time	__ Part Time
5. Is applicant?	__ Year-round	__ Seasonal
6. Comments:		

_____ _____
Signature of person supplying information Date

_____
Name of company

Applicant – Please complete ONLY this portion below!

I, _____, authorize _____
Print your name Print company name

To release information regarding my employment history, services, character and conduct while in your employment to Atlantic Realty Management, LLC. Atlantic Realty Management, LLC releases you from any and all liability, which may result in furnishing such information.

_____ _____
Signature of Applicant 2 Date

_____ _____
Witness Date

Southern Delaware Communities, Inc.

Verification of Residency Applicant 1

To be fille out by Landlord

DATE: _____
Company/Representative: _____

The following individual, _____, Social Security # _____ has applied for residency at a managed community with Atlantic Realty Management, LLC. The information submitted states that he or she, was or is currently, a resident of your company.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and we will in no way hold you responsible for your responses.

1. Length of residency	From:	To:
2. Resident's monthly rental amount		$_____
3. Does resident always pay on time?	__ Yes	__ No
If NO, how many times has the resident been late?		#_____
4. Is the resident being asked to leave?	__ Yes	__ No
5. Comments:		

_____ _____
Signature of person supplying information Date

_____
Name of company

Applicant – Please complete ONLY this portion below!

I, _____, authorize _____
Print your name Print company name

To release information regarding my payment history, character and conduct while in your residence to Atlantic Realty Management, LLC. Atlantic Realty Management, LLC releases you from any and all liability, which may result in furnishing such information.

_____ _____
Signature of Applicant 1 Date

_____ _____
Witness Date

Southern Delaware Communities, Inc.

Verification of Residency Applicant 2

To be fille out by Landlord

DATE: _____
Company/Representative: _____

The following individual, _____, Social Security # _____ has applied for residency at a managed community with Atlantic Realty Management, LLC. The information submitted states that he or she, was or is currently, a resident of your company.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and we will in no way hold you responsible for your responses.

1. Length of residency	From:	To:
2. Resident's monthly rental amount		$_____
3. Does resident always pay on time?	__ Yes	__ No
If NO, how many times has the resident been late?		#_____
4. Is the resident being asked to leave?	__ Yes	__ No
5. Comments:		

_____ _____
Signature of person supplying information Date

_____
Name of company

Applicant – Please complete ONLY this portion below!

I, _____, authorize _____
Print your name Print company name

To release information regarding my payment history, character and conduct while in your residence to Atlantic Realty Management, LLC. Atlantic Realty Management, LLC releases you from any and all liability, which may result in furnishing such information.

_____ _____
Signature of Applicant 2 Date

_____ _____
Witness Date