

## **Woodlawn Trustees, Inc.**

Rental Office 601 N. Bancroft Parkway Wilmington, DE 19805 302-655-6215



## **Application for Rental Property**

Number of Bedroor	ms:	Location Des	sired:		Expecte	d Move-In Date:	
Applicant #1 Infor	mation						
Name:							
Phone Number:		Cell Number	er:		E-Mail:		
Date of Birth:		SSN:		Drivers	Lic. #/St	ate ID #:	
Current Address:				,			
City:			State:			Zip Code:	
Own Rent	(please check)	Monthly Payment or rer	nt:	How	Long?		
Previous Address:							
City:			State:			Zip Code:	
Applicant #1 Empl	oyment Info	ormation					
Current Employer:					Phone	e Number:	
Current Address:					1	How Long:	
City:			State:			Zip Code:	
Position:		Hourly	Salary	(please check)	Monthly Ir	ncome:	
Applicant #1 Emer	gency Conta	act Information					
Emergency Contact N	lame:			Relation:		Phone Number:	
Current Address:							
City:			State:			Zip Code:	
Applicant #2 Infor	rmation						
Name:							
Phone Number:		Cell Number	er:		E-Mail:		
Date of Birth:		SSN:		Drivers	Lic. #/St	ate ID #:	
Current Address:				1			
City:			State:			Zip Code:	
Own Rent	(please check)	Monthly Payment or rer	nt:	How	Long?	1	
Previous Address:				-			
City:			State:			Zip Code:	
Applicant #2 Emplo	oyment Info	rmation					
Current Employer:					Phon	e Number:	
Employer Address:						How Long:	
City:			State:			Zip Code:	
Position:		Hourly	Salary	(please check)	Monthly I	ncome:	
Other Sources of In	ncome Rece	ived on a regular bas	is				
Please list:	Alimony, Child	support or separate maintenan	ce income need not	be revealed if you do not wi	ish to have it	considered in connection with this application.	
Credit References							
1.					Accou	ınt Number:	
2.					Account Number:		
3.					Accou	ınt Number:	
References							
Name:			Address:			Phone Number:	

0								
Occupal Name:	nts		I	DOB:		Relatio	nshin:	Age:
Phone Nu	ımbori		SSN:				#/State ID #:	Age.
Cell Num			E-Mail Add	rocc'		Dilvers Lic.	#/State 1D #.	
Name:	Dei.			DOB:		Relatio	nchin:	Age:
Phone Nu	ımhori		SSN:	JOB.	lı .		#/State ID #:	Age.
Cell Num			E-Mail Add	rocci		Dilveis Lic.	#/State ID #.	
Name:	ibei.			DOB:		Relatio	nchin:	Age:
	una la curi			JUB:	Ti		#/State ID #:	Age.
Phone Nu			SSN:			Drivers Lic.	#/State ID #:	
Cell Num	ber:		E-Mail Add			Dolotio	a ala ira i	Ago
Name:				DOB:		Relatio	•	Age:
Phone Nu			SSN:		l	Drivers Lic.	#/State ID #:	
Cell Num	ber:		E-Mail Add	ress:				
Guarant Name:	tor Information (if ap	pplicable)						
Phone Nu	umber:	1	Cell Number:			E-Mail:		
Date of B	Birth:	SSN:			Drive	ers Lic. #/S	tate ID #:	
Current A	Address:							
City:				State:			Zip Code:	
Own	Rent (please check	)   Monthly Payr	nent or rent:		Ho	w Long?		
Previous	Address:							
City:				State:			Zip Code:	
Guarant	tor Employment Info	rmation (if ap	plicable)					
	mployer:	( чр	,			Phor	ne Number:	
Employer	r Address:						How Long:	
City:				State:			Zip Code:	
Position:			Hourly	Salary	(please check)	Monthly 1	,	
Remark	'c		Tiourty	Salary	(produce sincomy	, , , , ,		
Kemark	.5							
	. 6:							
Applicar	nt Signatures							
	forfeiture of all applicati religion, creed, sex, mai which disputes concerni The undersigned Applic obtain a consumer repo the above information, reports and criminal rec permissible purposes. S application, a detailed n	the information approval process t(s) acknowledg ion fees and deprital status, faming the same mant(s) hereby cort and criminal Applicant(s) agricord reports in the consulation of the fincill be asked to part of the fincil	on this applica is. By signing the state is woodla ilial status, age ay effectively a nosents to allow record informatees and understate informate informates in future to enumer report and lings will be average and non-refundation.	tion will be he his application complete, or wn Trustees, e, sexual orien nd expeditiou w Woodlawn a tion, obtain a stands that ov sure that App d/or criminal bailable to you dable security	eld in strict conficent, Applicant(s) de misleading infortent for does not distation or disabilitation	dence. Plea eclares that mation may criminate of by and provious with fairness elf or throu- ental, and ofts and em ess to satisfy k provide in Should the	ase be sure to compose all statements in the part of receiving a manufacture of the basis of race, wides an administration of the basis of race, wides an administration of the basis of th	pletely fill out this his application are true of this application, and , color, national origin, cive procedure through for all parties concerned. agents and employees, to nation in order to verify a additional consumer
	I have read and understand Applicant #1 Full Name (pr		stated in this Re		n. #1 Signature			Signature Date
Ā	Applicant #2 Full Name (pr	inted)		Applicant	#2 Signature			Signature Date
(	Occupant (over 18 years ol	d) Full Name (prin	ted)	Occupant	(over 18 years old)	) Signature		Signature Date

How did you learn about	: Woodlawn?					
Apartments.com		Drive by (saw sign)				
Apartmentguide.com		Other	☐ (please specify	)		
News Journal		Referred by	□ Name			
Woodlawn Website						
Income and Credit Requ	irements					
The following requi	rements must be	met in order for an a	pplication to be	considered:		
1) Weekly gross pay (before taxes) should be equal to or greater than the month's rent. If two applicants apply we will combine the income. (Please call 302-655-6215 for rental prices.)						
2) Each applicant must have a good credit history. At least two credit references should be provided. The following are examples of references: major credit cards or department store cards, loans (car, student or bank loans), cell phone bills or utility bills. If utility or cell phone bills are used, please provide a recent copy of the bills. A credit report will be obtained on all parties applying.						
* All applicants and occupants over the age of 18 will be subject to a criminal background check.						
3) Applicants shou	ıld have 3 persor	al references includir	ng phone number	and a complete address for each.		
If you do not meet the above requirements, you may still be eligible if you provide a financial guarantor. Please contact our rental office for more information.						
Rental Application Check	dist (You must pro	vide the following with	your application)			
Proof of Inco		old income for I	ast 30 days)			
☐ Social Security a	ment, hours worked allotments all records and tax f	ed, & payday forms (Schedule C or F) nefits, 1099 forms				
Such as:  Government iss	ued identification c			cture and signature		
Official military	identification card					