

Brookside Plaza Apartments

NOW LEASING

- ❖ ONE BEDROOM W/ DEN \$770.00
- ❖ TWO BEDROOM \$870.00
- ❖ NO PETS ALLOWED
- ❖ SECURITY DEPOSIT SAME AS ONE MONTH'S RENT
- ❖ NON REFUNDABLE APPLICATION FEE
\$35.00 (1ST APPLICANT)
\$25.00 (EACH ADDITIONAL PERSON)

MUST SUBMIT COPY OF DRIVER'S LICENSE, SOCIAL SECURITY CARD AND 2 CURRENT PAY STUBS BEFORE APPLICATION WILL BE CONSIDERED.

**HEAT AND HOT WATER INCLUDED
ON-SITE LAUNDRY FACILITIES
24 – HOUR EMERGENCY MAINTENANCE**

**885 MARROWS RD
APT D-6
NEWARK DE 19713
Monday – Friday 8AM-4PM
302-737-2008**

Brookside Plaza Apartments

P. O. Box 1066
Newark, Delaware 19715
(302) 737-2008

QUALIFICATIONS FOR APARTMENT APPLICATION

1. Must be employed by the same company for six (6) months or more.
2. Must have a good credit rating.
3. Cannot have any judgments against you.
4. Cannot have excessive collections.
5. Must have a good rating from present and previous landlords.
6. Present income per week must be as follows:

1 bedroom w/ den	\$515.00
2 bedroom	\$565.00

APPLICATION FOR APARTMENT LEASE NON-REFUNDABLE APPLICATION FEE

DATE OF APPLICATION _____ MOVE-IN DATE _____
ONE BDRM _____ TWO BDRM _____ UNIT _____

Applicant's full name: _____
Date of Birth: _____ Social Security #: _____
Co-Applicant's full name: _____
Date of Birth: _____ Social Security #: _____
Other Occupants' Names and Birth Dates: _____

RENTAL HISTORY:

Present Address: _____ City: _____ State: _____ Zip: _____
Length of Time at Address: _____ Telephone#: _____
Name of Landlord: _____ Telephone#: _____
Amount of Rent Paid: \$ _____ Date Moved In: _____ Date Moved Out: _____
Previous Address: _____ City: _____ State: _____ Zip: _____

CO-APPLICANT'S RENTAL HISTORY:

Present Address: _____ City: _____ State: _____ Zip: _____
Length of Time at Address: _____ Telephone#: _____
Name of Landlord: _____ Telephone#: _____
Amount of Rent Paid: \$ _____ Date Moved In: _____ Date Moved Out: _____
Previous Address: _____ City: _____ State: _____ Zip: _____

Have you ever: Been Evicted: Yes _____ No _____ Co-Applicant: Yes _____ No _____
 Filed for Bankruptcy: Yes _____ No _____ Yes _____ No _____
 Refused to Pay Rent: Yes _____ No _____ Yes _____ No _____

EMPLOYMENT HISTORY:

Present Status of Employment: Full Time _____ Part Time _____ Student _____ Retired _____
Employed By: _____ Hire Date: _____ How Long Employed: _____
Supervisor's Name and Phone #: _____
Employer's Address: _____ City: _____ State: _____ Zip: _____
Present Income: \$ _____ Other Sources of Income: _____
Name and Address of Previous Employer: _____

CO-APPLICANT'S EMPLOYMENT HISTORY:

Present Status of Employment: Full Time _____ Part Time _____ Student _____ Retired _____
Employed By: _____ Hire Date: _____ How Long Employed: _____
Supervisor's Name and Phone #: _____
Employer's Address: _____ City: _____ State: _____ Zip: _____
Present Income: \$ _____ Other Sources of Income: _____
Name and Address of Previous Employer: _____

APPLICANT:

Your Driver's License Number: _____ State: _____
Vehicle Make: _____ Model: _____ Year: _____ Tag#: _____ State: _____

CO-APPLICANT:

Your Driver's License Number: _____ State: _____
Vehicle Make: _____ Model: _____ Year: _____ Tag#: _____ State: _____

PLEASE LIST YOUR BANK AND CREDIT REFERENCES:

APPLICANT:

YOUR BANK (S)	CITY/STATE	BRANCH	TYPE OF ACCT	ACCT. NUMBER
1. _____				
2. _____				

CREDIT REFERENCES

1. _____
2. _____
3. _____

CO-APPLICANT:

YOUR BANK (S)	CITY/STATE	BRANCH	TYPE OF ACCT.	ACCT. NUMBER
1. _____				
2. _____				

CREDIT REFERENCES

1. _____
2. _____
3. _____

EMERGENCY CONTACT:

Name: _____ Phone #: _____ Relation: _____

Address: _____

Name: _____ Phone#: _____ Relation: _____

Address: _____

I RECOGNIZE THAT AS PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION AN INVESTIGATIVE CONSUMER CREDIT REPORT WILL BE ORDERED AND AT THE LANDLORD'S DISCRETION MAY CONTINUE AT ANY GIVEN TIME TO RECOVER ANY DEBT BY MEANS OF CONSUMER CREDIT INVESTIGATION. ALSO EMPLOYERS, FRIENDS, AND OTHERS WITH WHOM I MAY BE ACQUAINTED WITH. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I UNDERSTAND THAT THE ACCEPTANCE OR REJECTION OF THIS APPLICATION IS AT THE SOLE DISCRETION OF THE MANAGEMENT. THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

A SECURITY DEPOSIT WILL BE REQUIRED WITHIN THREE (3) DAYS OF APPROVAL. IF APPLICANT FAILS TO GIVE THE REQUIRED SECURITY DEPOSIT AFTER THE TIME ALLOWANCE OF THREE (3) DAYS, BROOKSIDE PLAZA APARTMENTS HAS THE RIGHT TO CANCEL APPLICATION.

Signature: _____ Date: _____

Signature: _____ Date: _____

A copy of your driver's license, social security card, and two current pay stubs must accompany this application before it will be considered for review!!!!

If the above application is approved by the management of Brookside Plaza Apartments, the below signed applicant understands that he/she has five (5) days to cancel the application and receive a full refund of the security deposit, that will be paid within 10 business days. If the application is canceled after five (5) days, the applicant agrees that full deposit will be forfeited. At no time for any reason will the application fee be refunded.

I agree to the above statement by signing below:

Applicant Date

Applicant Date