

Brookside Plaza Apartments **NOW LEASING**

- ❖ ONE BEDROOM W/ DEN Call for pricing.
- ❖ TWO BEDROOM Call for pricing.
- ❖ 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**

DATE OF APPLICATION _____ MOVE-IN DATE _____

ONE BDRM _____ TWO BDRM _____ UNIT _____

Applicant's full name: _____

Date of Birth: _____ Social Security #: _____

Cell Phone: _____ Email Address: _____

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