# RENTAL APPLICATION

## LANG DEVELOPMENT GROUP 6000 WOOLEN WAY, NEWARK, DE 19711 (302) 731-1340

### TO THE APPLICANT

We sincerely thank you for your application. Please help us promptly process this application by clearly providing all of the required information. An application fee of \$40.00 must accompany this application before it will be considered. The fee is non-refundable and is not a part of the security deposit. **Make checks payable to Lang Development Group.** 

| PERSONAL INFORMATION  |                       |                    |                    |                        |                      |  |
|---|-----------------------|--------------------|--------------------|------------------------|----------------------|--|
| Applicant's Full Name   | Cell (                | )                  | Hor                | me ( )                 |                      |  |
| Date of Birth   | SSN                   |                    | Email Ad           | dress                  |                      |  |
| Driver's License Number / State   |                       |                    |                    |                        |                      |  |
| Other Residents (Co-Applicant) Social Se  |                       | curity #           | Relationsh         | nip Da                 | ate of Birth         |  |
| RESIDENCE HISTORY For Past Current Address  | 3 Years Beginnin      |                    |                    |                        |                      |  |
| Month & Year Moved In   |                       | Reason for Leaving |                    |                        |                      |  |
| Owner/Agent/Landlord  |                       | Rental Amount \$   |                    | Landlord's Phone # ( ) |                      |  |
| Previous Address (If Within 3 Years   | )                     | 10                 |                    |                        |                      |  |
| Month & Year Moved In   |                       | Moved Out          |                    |                        | ng                   |  |
| Owner/Agent/Landlord  |                       | Rental Amou        | nt \$              | Landlord's Phone # ( ) |                      |  |
| EMPLOYMENT INFORMATION Applicant's Status: □Employed Fu Employer □ Current □ Pre Employer's Address | ıll-Time <b>□</b> Emp | loyed Part-Tim     | e <b>□</b> Student | t                      | □Unemployed          |  |
| Date(s) Employed  |                       | Emp                | loyed As           |                        |                      |  |
| Supervisor  |                       |                    |                    |                        |                      |  |
| Salary \$ Per   |                       |                    |                    |                        |                      |  |
| If employed by above less than 6 mo   |                       |                    |                    |                        |                      |  |
| If there are other sources of income  |                       |                    |                    |                        |                      |  |
| whom we could contact for confirma-   |                       | OT have to reve    | al child suppor    | t or spouse's annua    | ıl income unless you |  |
| want it considered in this application  |                       |                    |                    |                        |                      |  |
| Amount \$   | Source                |                    |                    |                        |                      |  |
| Amount \$   | Source                |                    |                    |                        |                      |  |
| NUMBER OF VEHICLES  |                       |                    |                    |                        |                      |  |
| Make/Model  | Year                  | Color              | r Tag Number Sta   |                        | State                |  |
|   |                       |                    |                    |                        |                      |  |
|   |                       |                    |                    |                        |                      |  |
| CO-SIGNOR INFORMATION Name of Co-signor: Address Home Phone Number ( )                              |                       |                    | Work Phone N       | umber ( )              |                      |  |
| Social Security Number  | Date                  | of Birth           |                    | er's License Numbe     | er/State             |  |
| V   |                       |                    |                    |                        | □Unemployed          |  |
| Employer  |                       | 3                  |                    |                        | - 1 I 1              |  |
| Employer's Address  |                       |                    |                    |                        |                      |  |
| Date(s) Employed  |                       | Emp                | loyed As           |                        |                      |  |
| Supervisor  |                       | rvisor's Phone     | # ( )              |                        |                      |  |
| Salary \$ Per   |                       |                    |                    |                        |                      |  |
| If employed by above less than 6 mo   | nths, give name ar    | d address of pi    | revious employ     | er.                    |                      |  |

If there are other sources of income you would like considered, please list income source and person (banker, employer, etc.,) whom we could contact for confirmation. You DO NOT have to reveal child support or spouse's annual income unless you want it considered in this application.

#### **EMERGENCY CONTACT**

In Case Of Personal Emergency, Notify

| Name of Person to Contact |                |
|---------------------------|----------------|
| Relationship              | Address        |
| Work Phone ( )            | Home Phone ( ) |

Please provide any other information about yourself that might help us evaluate your application.

#### AUTHORIZATION – PLEASE READ CAREFULLY BEFORE SIGNING

In considering your application, management will rely heavily on the information you have provided. It is important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize management to verify any references you have listed.

Fair Credit Reporting Act Pre-Notification Statement. This is to inform you that as part of our procedure for processing your application, an investigate report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or other with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of investigation.

| Applicant's Signature | D | Pate |
|-----------------------|---|------|
|                       |   |      |

The security deposit must be paid at the signing of the lease agreement and is equal to a month's rent. This application, cosignor form and the lease form the total agreement. Failure to move in on date specified holds applicant liable to the agreement and loss of monies paid as liquidated damages.