

East Lake Gardens Apartments

100 Lakeview Drive
Dover, DE 19901
302-677-0733

Thank you for your inquiry to Housing Development Corporation MidAtlantic. We build hope and opportunity for all residents to reach their full potential by creating, preserving and strengthening affordable housing communities.

East Lake Gardens Apartments is a general occupancy community. This property features two-bedroom apartments (only) for low-to-moderate income individuals and families. Enclosed is an application and fact sheet that includes property information, amenities, unit rents*, and income guidelines. *Income limits must be met to qualify. Section 8 and most housing vouchers are accepted. **You must complete and return this application (with fee) in order to apply and/or be placed on the waiting list.**

If you have any questions including; income guidelines/qualifications, length of waiting list or availability, pet policy, etc., please contact the Community Manager at 302-677-0733 or email EastLakeGardensApartments@hdcweb.com.

When completing emailed or downloaded applications, please note the following:

- There is a different application for every property, please make sure you are filling out the correct application.
- You must print out the application in order to complete it.
- You may NOT email or fax applications. All applications must be mailed or hand delivered to the property where you are applying for residency.
- In order to process your application, we find it necessary to charge an application fee. **The fee is \$20 per adult age 18 and older (Children under 18 are free).** Please note: if you are applying under the section 811 PRA Demo Program, the application fee is not applicable. For all others,
- This is a NON-REFUNDABLE FEE, even if your application is rejected for any reason (over income, unacceptable credit or landlord references, or any other reason) or you withdraw your application.
- **This application must be returned to:**
East Lake Gardens
100 Lakeview Drive
Dover, DE 19901

We look forward to welcoming you home to HDC MidAtlantic!

HDC MIDATLANTIC TEAM

info@hdcweb.com

www.hdcweb.com

Equal Housing Opportunity



4-6 West King Street, Suite 4, Lancaster, PA 17603-3824
717-291-1911 • TTY 711 • www.Hdcweb.org



EAST LAKE GARDENS

100 Lakeview Drive
Dover, DE 19901
(302) 677-0733 TTY 711
info@hdcweb.com



RENTAL INFORMATION:

47 Affordable Housing, General Occupancy Apartments

2 Bedroom Apartments (1 full and 1 ½ Bath, 1000 square ft.)

50% Income Limit 2 Bedroom Apartments = \$630

60% Income Limit 2 Bedroom Apartments = \$740

RENT INCLUDES WATER, SEWER AND TRASH REMOVAL

Section 8 Vouchers Accepted

AMENITIES INCLUDE:

- ◆ Central Air-Conditioning
- ◆ Wall-to-Wall Carpeting/
- ◆ Vinyl Plank Flooring
- ◆ Walk-in Closet
- ◆ Spacious Floor Plans
- ◆ Fully Equipped Kitchen
with Dishwasher & Pantry
- ◆ No Pets
- ◆ On-Site Building Management
- ◆ On-Site Professional Maintenance
- ◆ 24-Hour Emergency Maintenance
- ◆ Laundry Facilities On-Site
- ◆ Ample Off-Street Parking
- ◆ Tobacco Free Community



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INCOME LIMITS:

East Lake Gardens Apartments is an affordable rental community and maximum and minimum income limits apply for all rental opportunities. The maximum income levels are based on a percentage of the Delaware State median income by household size. When applying for residency, applicants will be required to complete forms pertaining to their household composition, gross household income (before any deductions) and your income from assets.

MAXIMUM INCOME LIMITS:

	1 person	2 people	3 people	4 people
50%	\$26,150	\$29,900	\$33,650	\$37,350
60%	\$31,380	\$35,880	\$40,380	\$44,820

MINIMUM INCOME GUIDELINES:

50% Income Level = \$17,184 per year

60% Income Level = \$19,416 per year

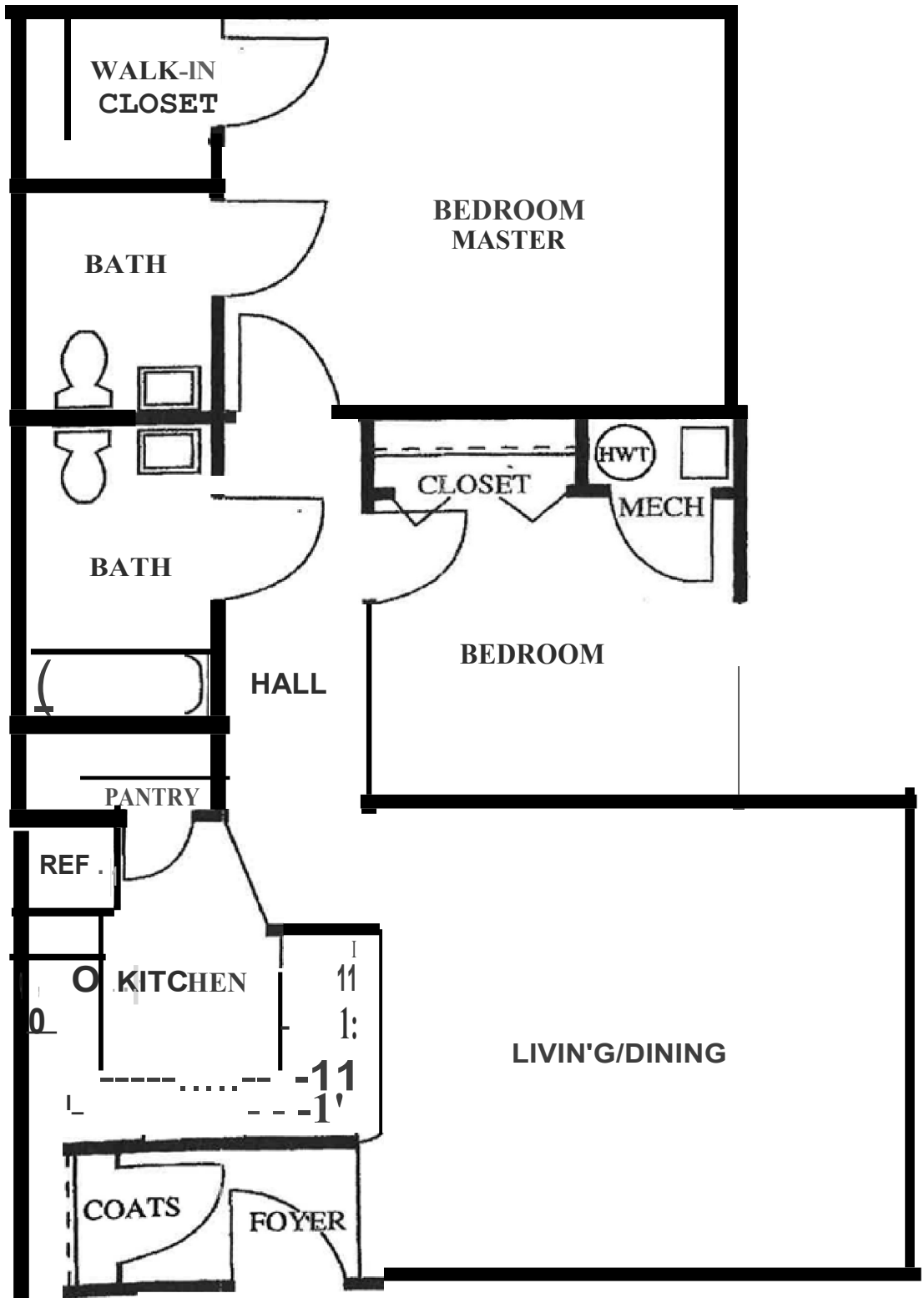
APPLICATION PROCESSING:

Credit history, criminal background, landlord history, and other resident selection criteria apply. Income limits, and other resident selection criteria will determine the eligibility to lease the apartment/townhome. Households comprised entirely of full time students will not qualify unless certain exceptions are met. All statements made on the rental application must be verified in writing through a third party not related to the applicant household.



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Details and dimensions shown on these plans are approximate and subject to change



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Dear Applicant:

In order to process your application, we find it necessary to charge an application fee. The fee is **\$20 per adult 18 and older (Children under 18 are free)**. Please note: if you are applying under the section 811 PRA Demo Program, the application fee is not applicable. For all others: This is a NON-REFUNDABLE FEE, even if your application is rejected for any reason (over income, unacceptable credit or landlord references, or any other reason) or you withdraw your application.

The application fee covers costs associated with processing including, but not limited to, credit checks, and criminal background checks. Our processing includes a credit check, which you must pass. If you have an open bankruptcy or judgment(s) on your report, your application will be subject to further review, unless the bankruptcy or judgment(s) has been discharged for six months. Your application will also be subject to further review if you have a delinquent account with a current or previous landlord and/or you have a utility account in collections for a utility provider you would be required to use at this property. We recommended that if you are unsure about your credit consider checking it before you apply.

By signing this memo, you are not entering into a contract. You are only paying a fee. The payment of this fee does not obligate HDC MidAtlantic or the owner to rent to you. You acknowledge that this fee will not be returned to you for any reason.

If you write a check for the application fee and the bank returns it for insufficient funds, account closed or in any manner not honored for payment, you will be charged \$20.

If you have questions about the application or resident selection criteria, we encourage you to ask questions prior to submitting your application.

By signing this memo, I understand that the application fee is non-refundable regardless of whether my application is accepted or rejected.

Name (printed): _____

Signature: _____

Date: _____ Received by _____
Employee Signature

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:

East Lake Gardens Apartments

Paid by: Check Money Order



Estimado solicitante:

Para poder procesar su solicitud, se nos hace necesario cobrar una tasa de solicitud. La tasa es de **\$20 por adulto de 18 años o más (los niños menores de 18 entran gratis)**. Tome nota: si está realizando la solicitud bajo el Section 811 PRA Demo Program la tasa de solicitud no es de aplicación. Para todos los demás, Esta tasa NO TIENE DEVOLUCIÓN, incluso si su solicitud es denegada por cualquier motivo (exceso de ingresos, crédito o referencias de arrendador no aceptables, o cualquier otro motivo) o si Ud. retira su solicitud.

La tarifa de solicitud cubre los costos asociados con el procesamiento, incluidos, entre otros, verificaciones de crédito y verificación de antecedentes penales. Nuestro procesamiento incluye una verificación de crédito, que debe aprobar. Si tiene una quiebra abierta o una sentencia (s) en su informe, su solicitud estará sujeta a una revisión adicional, a menos que la quiebra o sentencia (s) se hayan descargado durante seis meses. Su solicitud también estará sujeta a una revisión adicional si tiene una cuenta atrasada con un propietario actual o anterior y / o tiene una cuenta de servicios públicos en cobranza para un proveedor de servicios públicos que debería usar en esta propiedad. Le recomendamos que, si no está seguro de su crédito, considere verificarlo antes de presentar la solicitud.

Al firmar esta nota, no está entrando en un contrato. Únicamente está pagando una tasa. El pago de esta tasa no obliga a HDC MidAtlantic o al propietario a alquilarle a usted. Ud. reconoce que esta tasa no le será devuelta bajo ningún concepto.

Si Ud. escribe un cheque para la tasa de solicitud y el banco lo devuelve debido a fondos insuficientes, cuenta cerrada o por cualquier motivo no válido para el pago, se le cobrarán a Ud. \$20.

Si tiene alguna duda sobre la solicitud o los criterios de selección de residentes, le animamos a que haga consultas antes de entregar la solicitud

Al firmar esta nota, entiendo que la tasa de solicitud no tiene devolución independientemente de si mi solicitud es aceptada o denegada.

Nombre (con letra de molde): _____

Firma: _____

Fecha: _____ Recibido por: _____

Firma del empleado

POR FAVOR, HAGA EL CHEQUE O EL GIRO POSTAL PAGADERO A:

East Lake Gardens Apartments

Pagado en: Cheque Giro Postal



TO ALL APPLICANTS:

As a part of your rental housing application we will complete a criminal check, sex offender check, credit check, landlord reference check, verification of income, verification of assets and other resident selection criteria on all persons in your household age 18 and older as required by our management contract with the owner of this community.

In addition, please be advised that under federal law, persons with disabilities have the right to request reasonable accommodations to rules and modifications to apartments at no cost to themselves.

REGISTERED SEX OFFENDERS WILL NOT BE ADMITTED FOR HOUSING.

Thank you,

MANAGEMENT AGENT: HDC MIDATLANTIC



A TODOS LOS SOLICITANTES:

Como parte de su solicitud de vivienda en alquiler llevaremos a cabo verificaciones de antecedentes penales, de agresores sexuales, de crédito, de referencia de arrendadores, de ingresos, de bienes y otros criterios de selección de residentes sobre todas las personas del hogar a partir de los 18 años, tal y como lo requiere nuestro contrato de gestor con el propietario de esta comunidad.

Además, tenga en cuenta que, según la ley federal, las personas con discapacidad tienen el derecho de solicitar acomodaciones razonables a las reglas y modificaciones en los apartamentos sin costo a ellos mismos.

NO SE ADMITIRÁN AGRESORES SEXUALES REGISTRADOS PARA LAS VIVIENDAS.

Gracias,

AGENTE DE ADMINISTRACIÓN: HDC MIDATLANTIC



Please complete this application and return to:

Por favor rellene esta solicitud y devuélvala a:

**East Lake Gardens Apartments
100 Lakeview Drive, Dover, DE 19901**

THE FOLLOWING INFORMATION IS CONFIDENTIAL AND WILL NOT BE DISCLOSED WITHOUT YOUR CONSENT.

LA SIGUIENTE INFORMACIÓN ES CONFIDENCIAL Y NO SE DIVULGARÁ SIN SU CONSENTIMIENTO.

Number of bedrooms: _____ Do you receive Section 8 or any other rental subsidy? Yes No

Número de dormitorios: _____ ¿Recibe Ud. Section 8 o cualquier otro subsidio de alquiler? Sí No

FOR OFFICE USE ONLY

Date Received: _____

Time Received: _____

HOUSEHOLD COMPOSITION / COMPOSICIÓN DEL HOGAR

Starting with the Head of Household, list all members who will live at this location. Provide the relationship of the household member to the Head of Household (spouse, daughter, etc.)

Comenzando por el cabeza de familia, enumere todos los miembros que vivirán en esta ubicación. Proporcione la relación del miembro con el cabeza de familia (cónyuge, hija, etc.)

MEMBER NO. MIEMBRO N°	FULL NAME NOMBRE COMPLETO	RELATIONSHIP PARENTESCO	BIRTH DATE MM/DD/YEAR FECHA DE NACIMIENTO MM/DD/AÑO	SOCIAL SECURITY NO. N° SEGURIDAD SOCIAL
Head of Household <i>Cabeza de familia</i>				
2				
3				
4				
5				
6				
7				
8				

Applicant's Name (Head of Household)
Nombre del solicitante (Cabeza de familia)

Email address:
Dirección de correo electrónico:

Home Phone
Teléfono de casa
()

Present Street Address
Domicilio actual

City
Ciudad

State
Estado

Zip Code
Código postal

No. Yrs. at Present
Address
*N° años en el
domicilio actual*

Former Street Address
Antiguo domicilio

City
Ciudad

State
Estado

Zip Code
Código postal

No. Yrs. at Former
Address
*N° años en el antiguo
domicilio*

Co-Applicant's Name
Nombre del co-solicitante

Email address:
Dirección de correo electrónico:

Home Phone
Teléfono de casa

Present Street Address
Domicilio actual

City
Ciudad

State
Estado

Zip Code
Código postal

No. Yrs. at Present
Address
*N° años en el
domicilio actual*

Former Street Address
Antiguo domicilio

City
Ciudad

State
Estado

Zip Code
Código postal

No. Yrs. at Former
Address
*N° años en el antiguo
domicilio*



CURRENT / PREVIOUS LANDLORD INFORMATION (Head of Household)				
Provide the name, address, and phone number for all landlords in the past 3 years.				
<i>INFORMACION DEL ARRENDADOR ACTUAL/PREVIO (Cabeza de familia)</i>				
<i>Proporcione el nombre, la dirección y el número de teléfono de todos los arrendadores de los últimos 3 años.</i>				
Current Landlord Street Address <i>Dirección del arrendador actual</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	Phone <i>Télefono</i> ()
Previous Landlord Street Address <i>Dirección del arrendador anterior</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	Phone <i>Télefono</i> ()
Previous Landlord Street Address <i>Dirección del arrendador anterior</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	Phone <i>Télefono</i> ()
CURRENT / PREVIOUS LANDLORD INFORMATION (Co-Applicant)				
Provide the name, address, and phone number for all landlords in the past 3 years.				
<i>INFORMACIÓN DEL ARRENDADOR ACTUAL/PREVIO (Co-solicitante)</i>				
<i>Proporcione el nombre, la dirección y el número de teléfono de todos los arrendadores de los últimos 3 años.</i>				
Current Landlord Street Address <i>Dirección del arrendador actual</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	Phone <i>Télefono</i> ()
Previous Landlord Street Address <i>Dirección del arrendador anterior</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	Phone <i>Télefono</i> ()
Previous Landlord Street Address <i>Dirección del arrendador anterior</i>	City <i>Ciudad</i>	State <i>Estado</i>	Zip Code <i>Código postal</i>	Phone <i>Télefono</i> ()
EMPLOYMENT INFORMATION/ INFORMACIÓN SOBRE EL EMPLEO				
Name and Address of Employer (Head of Household) <i>Nombre y dirección del empleador (Cabeza de familia)</i>		Type of Business <i>Tipo de negocio</i>	Self Employed? <i>¿Autónomo?</i> Yes/Sí <input type="checkbox"/> No <input type="checkbox"/>	
Business Phone Number <i>Número de teléfono del negocio</i>	Position/Title <i>Puesto/Título</i>	No. Yrs. on Job <i>Nº Años en el empleo</i>		
Name and Address of Previous Employer (if employed at present position less than 1 yr.) <i>Nombre y dirección del empleador anterior (si lleva empleado en la posición actual menos de 1 año)</i>		No. of Yrs. with Previous Employer <i>Nº Años con empleador anterior</i>	Business Phone <i>Télefono del negocio</i> ()	
Name and Address of Employer (Co-Applicant) <i>Nombre y dirección del empleador (co-solicitante)</i>		Type of Business <i>Tipo de negocio</i>	Self Employed? <i>¿Autónomo?</i> Yes/Sí <input type="checkbox"/> No <input type="checkbox"/>	
Business Phone Number <i>Número de teléfono del negocio</i> ()	Position/Title <i>Puesto/Título</i>	No. Yrs. on Job <i>Nº Años en el empleo</i>		
Name and Address of Previous Employer (if employed at present position less than 1 yr.) <i>Nombre y dirección del empleador anterior (si lleva empleado en la posición actual menos de 1 año)</i>		No. of Yrs. with Previous Employer <i>Nº Años con empleador anterior</i>	Business Phone <i>Télefono del negocio</i> ()	



YEARLY INCOME				
SOURCE FUENTE	APPLICANT SOLICITANTE	CO- APPLICANT CO-SOLICITANTE	OTHER HOUSEHOLD MEMBERS 18 YRS OR OLDER OTROS MIEMBROS DEL HOGAR DE 18 AÑOS O MÁS	TOTAL
Gross Salary from Wages <i>Salario bruto de salarios</i>	\$	\$	\$	\$
Overtime Pay <i>Pago por horas extras</i>	\$	\$	\$	\$
Commissions/Fees/Tips/ Bonuses <i>Comisiones/Tasas/Propinas/Bonos</i>	\$	\$	\$	\$
Unemployment Benefits <i>Beneficios por desempleo</i>	\$	\$	\$	\$
Workers Compensation, etc. <i>Indemnización a los trabajadores, etc.</i>	\$	\$	\$	\$
Social Security, Pensions, Retirement Funds, etc. <i>Seguridad social, pensiones, fondos de jubilación, etc.</i>	\$	\$	\$	\$
TANF Payments <i>Pagos TANF</i>	\$	\$	\$	\$
Alimony, Child Support <i>Pensión alimenticia, manutención de hijos</i>	\$	\$	\$	\$
Interest and/or Dividends <i>Intereses y/o dividendos</i>	\$	\$	\$	\$
Net Income from Business <i>Ingresos netos de negocios</i>	\$	\$	\$	\$
Net Rental Income <i>Ingresos netos de alquiler</i>	\$	\$	\$	\$
Financial Assistance in excess of Tuition: <i>Asistencia financiera por encima de la matrícula:</i>	\$	\$	\$	\$
Other: <i>Otros:</i>	\$	\$	\$	\$
			TOTAL:	\$



ASSETS <i>ACTIVOS</i>	CASH VALUE <i>VALOR EN EFECTIVO</i>	NAME OF FINANCIAL INSTITUTION <i>NOMBRE DE LA INSTITUCIÓN FINANCIERA</i>
Checking Account <i>Cuenta corriente</i>	\$	
Savings Account <i>Cuenta de ahorros</i>	\$	
Certificate of Deposit <i>Certificado de depósito</i>	\$	
Mutual Funds/Stocks/Bonds <i>Fondos Mutuos/Acciones/Bonos</i>	\$	
Real Estate <i>Inmobiliaria</i>	\$	
Whole Life Insurance Policy <i>Póliza de seguro de vida íntegra</i>	\$	
Other: <i>Otros:</i>	\$	
TOTAL:	\$	

I HAVE / HAVE NOT (← check one) disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. **IF YES**, please list the asset value under the "Other" row in the above listing of assets.

YO ME HE / NO ME HE (marque uno) deshecho de ningún bien valorado en \$1.000 o más en los últimos dos años por menos del valor justo de mercado del artículo. **SI la respuesta es SI**, indique el valor del bien en la fila "Otros" del listado de activos anterior.

PLEASE LIST MOTHER'S FULL MAIDEN NAME FOR ALL ADULTS		
POR FAVOR ESCRIBA EL NOMBRE DE SOLTERA DE LA MADRE PARA TODOS LOS ADULTOS		
	YOUR FULL NAME <i>SU NOMBRE COMPLETO</i>	YOUR MOTHER'S FULL MAIDEN NAME <i>NOMBRE DE SOLTERA DE SU MADRE</i>
Head of Household <i>Cabeza de familia</i>		
Co-Applicant <i>Co-solicitante</i>		
Other <i>Otro</i>		



Do you own a home or other property? Yes No

¿Es Ud. propietario de una casa u otra propiedad? Sí No

Do you have problems with insect/rodent infestation? Yes No **IF YES**, please answer the following:

Did you assist in the prep prior to extermination? Yes No

Was the extermination successful? Yes No

¿Tiene problemas con infestaciones de insectos/roedores? Sí No Si la respuesta es SI, conteste a lo siguiente:

¿Ayudó en la preparación antes del exterminio? Sí No

¿El exterminio tuvo éxito? Sí No

Are you or any member of your household currently using an illegal substance? Yes No

¿Está usted o algún miembro de su hogar usando una sustancia ilegal en la actualidad? Sí No

Are you or any member of your household currently abusing alcohol? Yes No

¿Está usted o algún miembro de su hogar abusando del alcohol en la actualidad? Sí No

Have you or any member of your household been convicted of drug use, manufacture or distribution? Yes No

¿Ha sido condenado Ud. o algún miembro de su hogar por consumo, fabricación o distribución de drogas? Sí No

Have you or any member of your household been convicted of any crime in the past seven years (including misdemeanors, summary offenses and/or felonies)? Yes No

If YES, what type of conviction? _____

¿Ha sido condenado Ud. o algún miembro de su hogar por algún delito en los últimos siete años (incluyendo delitos menores, delitos sumarios y/o delitos mayores)? Sí No

Si la respuesta es SI, ¿qué tipo de condena? _____

Have you or any member of your household ever been evicted from any housing? Yes No

¿Ha sido desalojado Ud. o algún miembro de su hogar de alguna vivienda? Sí No

Are you or any member of your household registered in any state as a Sexual Offender? Yes No

IF YES, which state(s)? _____

¿Está Ud. o algún miembro de su hogar registrado en cualquier estado como Agresor Sexual? Sí No

Si la respuesta es SI, ¿en qué estado(s)? _____

Please list ALL states in which ALL members of the household listed on page one (1) have resided:

*Enumere **TODOS** los estados en los que **TODOS** los miembros del hogar que aparecen en la página uno (1) han residido:*



Are you presently displaced due to a presidentially declared disaster? Yes No
¿Está actualmente desplazado debido a un desastre declarado presidencialmente? Sí No

Are you currently serving in or are a veteran of the United States Military? Yes No
¿Está actualmente sirviendo en o es un veterano de las Fuerzas Armadas de los Estados Unidos?
 Sí No

Are there any special housing needs or reasonable accommodations your household will require? Yes No

IF YES, please list: _____

¿Hay necesidades especiales de vivienda o adaptaciones razonables que requiera su hogar?
 Sí No

Si la respuesta es Si, por favor enumere: _____

Do you own pets? Yes No

IF YES, please list what kind(s): _____

¿Tiene mascotas? Sí No

Si la respuesta es Si, por favor enumere qué tipo: _____

STUDENT INFORMATION/ INFORMACIÓN DEL ESTUDIANTE		
Are ALL household members students? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>¿TODOS los miembros del hogar son estudiantes?</i> Sí <input type="checkbox"/> No <input type="checkbox"/>		
IF YES, please complete the following: <i>Si la respuesta es Si,</i> rellene lo siguiente:		
	Please list the name and address of your college, trade school, etc. <i>Por favor, indique el nombre y la dirección de su universidad, escuela de oficios, etc.</i>	
Head of Household <i>Cabeza de familia</i>		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> <i>Tiempo completo <input type="checkbox"/> Tiempo parcial <input type="checkbox"/></i>
Co-Applicant <i>Co-solicitante</i>		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> <i>Tiempo completo <input type="checkbox"/> Tiempo parcial <input type="checkbox"/></i>
Is the student(s) married and filing a joint tax return? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>¿El(los) estudiante(s) está(n) casado(s) y presentando una declaración de impuestos conjunta?</i> Sí <input type="checkbox"/> No <input type="checkbox"/>		
Is the household comprised of a single-parent and children, none of which are dependents of a third party? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>¿El hogar está compuesto por un solo padre y sus hijos, ninguno de los cuales son dependientes de un tercero?</i> Sí <input type="checkbox"/> No <input type="checkbox"/>		
Does the household receive aid for depending children or TNAF? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>¿El hogar recibe ayuda para niños dependientes o TNAF?</i> Sí <input type="checkbox"/> No <input type="checkbox"/>		
Are the full-time student(s) recipients of foster care assistance under Part B or E of Title IV of the social security act? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>¿Los estudiantes a tiempo completo son beneficiarios de la asistencia por acogida temporal en virtud de la Parte B o E del Título IV de la ley de seguridad social?</i> Sí <input type="checkbox"/> No <input type="checkbox"/>		



In accordance with the data collection information required by the Department of Housing and Urban Development (HUD), please provide the following information for the head of household:

De acuerdo con la información de recopilación de datos requerida por el Departamento de Vivienda y Desarrollo Urbano (HUD), proporcione la siguiente información para el cabeza de familia:

- GENDER/GÉNERO:** Male/Hombre Female/Mujer
- ETHNICITY/ORIGEN ÉTNICO:** Hispanic or Latino/
Hispano o Latino Not Hispanic or Latino
No Hispano o Latino
- RACE:** White
Blanco American Indian/Alaska Native & White
Indio Americano/Nativo de Alaska y Blanco
- Black or African American
Negro o afroamericano Asian & White
Asiático y Blanco
- Asian
Asiático Black/African American & White
Negro/afroamericano y blanco
- American Indian or Alaska Native
Indio Americano/Nativo de Alaska y American Indian/Alaska Native &
Black/African American
Negro/afroamericano
- Native Hawaiian or Other Pacific Islander
Nativo hawaiano u otro Isleño del Pacífico Other Multi-racial
Otros multirraciales

How did you hear about East Lake Gardens Apartments? Please mark all that apply.

*¿Cómo se enteró de **East Lake Gardens Apartamentos**? Por favor, marque todas las que correspondan.*

- HDCweb.com SocialServe.Com Drive-by
HDCweb.com SocialServe.Com Visto al pasar
- Craigslist Referral- HDC Employee Apartment Transfer
Craigslist Referencia- Empleado de HDC Traslado de apartamentos
- Apartments.com Referral-Family Member Facebook
Apartments.com Referencia – Familiar Facebook
- Zillow/Trulia/HotPads Referral-HDC Resident Facebook
Zillow/Trulia/HotPads Referencia - Residente de HDC
- GoSection8.com Referral-Local Agency
GoSection8.com Referencia - Agencia local



The information provided in this application is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer(s) and financial references for purposes of income and asset verification related to my/our application for tenancy. I/we understand that in order to be considered for housing we must pass all the resident selection criteria including a credit check, landlord reference check, criminal background check, and income qualification. I/we understand that if information is missing (intentional or not), incomplete, or falsely reported on this rental application, my/our application shall be immediately rejected for consideration of housing. I/we understand that this application gives Housing Development Corporation MidAtlantic permission to verify all the information included within the application and other information requested during the processing of the application. **I/we understand that this application is not an approval for housing.**

*****ALL PERSONS AGE 18 AND OLDER MUST SIGN THIS APPLICATION BELOW*****

Head of Household

Date

Co-Applicant

Date

Co-Applicant

Date



La información proporcionada en esta solicitud es verdadera y completa a mi/nuestro leal saber y entender. Yo/nosotros damos consentimiento a la divulgación de ingresos e información financiera de mi/nuestro(s) empleador(es) y referencias financieras para fines de verificación de ingresos y activos relacionados con mi/nuestra solicitud de arrendamiento. Yo/nosotros entendemos que para ser considerados para la vivienda debemos pasar todos los criterios de selección de residentes incluyendo la verificación del crédito, de referencia del arrendador, de antecedentes penales, y cumplir los requisitos de ingresos. Yo/nosotros entendemos que si hay información que falte (de manera intencional o no), que sea incompleta, o esté falsamente informada en esta solicitud de alquiler, mi/nuestra solicitud será denegada inmediatamente para la consideración de vivienda. Yo/nosotros entendemos que esta aplicación da permiso al Housing Development Corporation MidAtlantic para verificar toda la información incluida en la solicitud y otra información solicitada durante el proceso de solicitud. **Yo/nosotros entendemos que esta solicitud no es una aprobación de vivienda.**

*****TODAS LAS PERSONAS DE 18 AÑOS O MÁS DEBEN FIRMAR ESTA SOLICITUD A CONTINUACIÓN*****

Cabeza de familia

Fecha

Co-solicitante

Fecha

Co-solicitante

Fecha



CONSENT: I authorize and direct any business; individual; or federal, state, or local agency, department, or organization to release to Housing Development Corporation MidAtlantic as Management Agent for **East Lake Gardens Apartments** any information or materials needed to complete and verify my application for tenancy, my eligibility and continued eligibility for tenancy, and my certification and recertification for assistance, if applicable. I give my consent for the release of such information about the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by any federal, state, or local housing assistance agency and the owner and management agent in administering and enforcing program and owner and management agent rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- Identity and Marital Status
- Employment, Income and Assets
- Credit and Criminal Activity
- Criminal History
- Residences and Rental Activity
- Medical or Child Care Allowances
- Social Security Numbers
- Sexual Offender Status

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Past and Present Employers
- Veterans' Administration
- Banks and other Financial Institutions
- Welfare Agencies
- Retirement Systems
- Post Office
- Social Security Administration
- State Unemployment Agencies
- Schools and Colleges
- Utility Companies
- Support and Alimony Providers
- Credit Providers and Credit Bureaus
- Medical and Child Care Providers
- Police Departments and Other Agencies which Retain Criminal Background Histories and Sexual Offender Registries



CONSENTIMIENTO: Autorizo y dirijo cualquier negocio, individuo, o agencia federal, estatal o local, departamento u organización para que divulgue a Housing Development Corporation MidAtlantic como Agente de Administración para **East Lake Gardens Apartments** cualquier información o materiales necesarios para llenar y verificar mi solicitud para arrendamiento, mi elegibilidad y la elegibilidad continuada para el arrendamiento, y mi certificación y recertificación para la asistencia, si corresponde. Doy mi consentimiento para la divulgación de dicha información sobre los niños menores a mi cargo que viven conmigo. Entiendo y acepto que esta autorización o la información obtenida con su uso puede ser dada y utilizada por cualquier agencia federal, estatal o local de asistencia de vivienda y por el propietario y agente de administración para la administración y aplicación de las reglas y políticas del programa y del propietario y del agente de administración.

INFORMACIÓN CUBIERTA: Entiendo que, dependiendo de las políticas y requisitos del programa, puede ser necesaria información previa o actual sobre mí o mi hogar. Las verificaciones y consultas que se pueden solicitar incluyen, entre otras:

- Identidad y Estado Civil
- Empleo, Ingresos y Activos
- Crédito y actividad delictiva
- Antecedentes penales
- Residencias y actividad de alquiler
- Subsidios médicos o de cuidado infantil
- Números de Seguridad Social
- Estado del Agresor Sexual

GRUPOS O INDIVIDUOS A LOS QUE SE PUEDE PREGUNTAR: Los grupos o individuos a los que se puede pedir la divulgación de la información anterior (dependiendo de los requisitos del programa) incluyen, entre otros:

- Arrendadores anteriores (incluidas las agencias públicas de vivienda)
- Empleadores pasados y presentes
- Administración de Veteranos
- Bancos y otras instituciones financieras
- Agencias de prestaciones sociales
- Sistemas de jubilación
- Oficinas de correos
- Administración de la Seguridad Social
- Agencias estatales de desempleo
- Escuelas y Universidades
- Empresas de servicios públicos
- Proveedores de apoyo y pensión alimenticia
- Proveedores de crédito y oficinas de crédito
- Proveedores de Cuidado Médico e Infantil
- Departamentos de Policía y otras agencias que mantengan antecedentes penales y registros de agresores sexuales

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or a Public Housing Authority (PHA) may conduct matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, state, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and state welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

_____	_____	_____
Head of Household	Print Name	Date
_____	_____	_____
Co-Applicant	Print Name	Date
_____	_____	_____
Other Adult Member	Print Name	Date

I hereby certify that the following are minor children living with me:

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX RETURN" MUST BE PREPARED AND SIGNED SEPARATELY.



AVISO Y CONSENTIMIENTO DE COMPARACIÓN POR COMPUTADORA: Entiendo y acepto que el HUD o una Autoridad de Vivienda Pública (PHA) pueden llevar a cabo programas de comparación para verificar la información suministrada para mi certificación o recertificación. Si se hace una coincidencia de computadora, entiendo que tengo derecho a ser notificado de cualquier información adversa encontrada y a tener la oportunidad de refutar la información incorrecta. El HUD o la PHA pueden, durante el curso de sus funciones, intercambiar dicha información automatizada con otras agencias federales, estatales o locales, incluyendo entre otras: las Agencias estatales de seguridad laboral, el Departamento de Defensa, la Oficina de gestión del personal, el Servicio postal de los EE. UU., la Agencia de seguridad social y las agencias estatales de prestaciones sociales y de cupones de alimentos.

CONDICIONES: Estoy de acuerdo con que se pueda usar una fotocopia de esta autorización para los propósitos descritos anteriormente. El original de esta autorización está archivado en la oficina de gestión y seguirá vigente durante un año y un mes desde la fecha de la firma. Entiendo que tengo el derecho de revisar mi expediente y corregir cualquier información que yo pueda probar que es incorrecta.

FIRMAS:

_____	_____	_____
Cabeza de familia	Nombre con letra de molde	Fecha
_____	_____	_____
Co-solicitante	Nombre con letra de molde	Fecha
_____	_____	_____
Otro miembro adulto	Nombre con letra de molde	Fecha

Por la presente certifico que los siguientes son niños menores que viven conmigo:

NOTA: ESTE CONSENTIMIENTO GENERAL NO PUEDE SER USADO PARA SOLICITAR UNA COPIA DE LA DEVOLUCIÓN DE IMPUESTOS. SI SE NECESITA UNA COPIA DE LA DEVOLUCIÓN DE IMPUESTOS, SE DEBE PREPARAR Y FIRMAR POR SEPARADO EL FORMULARIO IRS FORM 4506 REQUEST FOR COPY OF TAX RETURN (SOLICITUD DE COPIA DE LA DEVOLUCIÓN DE IMPUESTO).



THIS IS NOT A CONTRACT

I, _____, (Licensee) hereby state that with respect to this HDC MidAtlantic managed property, **East Lake Gardens Apartments**, I am acting in the following capacity:

As Agent of the Owner/Landlord Pursuant to a Property Management Agreement.

Signatures:

I acknowledge that I have received this notice:

(Head of Household) _____
Date

(Co-Applicant) _____
Date

(Co-Applicant) _____
Date

I certify that I have provided this notice:

(Licensee to be signed by HDC MidAtlantic) _____
Date



ESTO NO ES UN CONTRATO

Yo, _____ (Licenciario) por la presente declaro que con respecto a esta propiedad administrada por HDC MidAtlantic, **East Lake Gardens Apartments**, estoy actuando en la siguiente capacidad:

Como Agente del Propietario/Arrendador de conformidad con un Acuerdo de administración de la propiedad.

Firmas:

Reconozco que he recibido este aviso:

(Cabeza de familia)

Fecha

(Co-solicitante)

Fecha

(Co-solicitante)

Fecha

Certifico que he proporcionado este aviso:

(Licenciario a firmar por HDC MidAtlantic)

Fecha





Consumer Information Statement (CIS) for Consumers Seeking to
Rent Residential Property
This information is from the Delaware Real Estate Commission and is not a contract.

Delaware law, title 24 ch.29 requires real estate salespersons, associate brokers, and brokers to provide this CIS to you at the earlier of your first scheduled appointment, the first showing of a property, or making an offer unless you are a tenant for 120 days or less. You are encouraged to read this CIS before you list your home for rent or go to view homes to rent. This is first given to you to explain Agency law in Delaware. It must be signed prior to completing a rental application, or the signing of a rental agreement (lease), a listing agreement, or any other brokerage agreement.

Presumed Agency: You are a customer when you first contact a broker or salesperson who immediately owes you a duty of confidentiality as explained below. You automatically become a client and the other Statutory Duties begin upon the earlier of (i) the first scheduled appointment, (ii) the first showing of a property, (iii) making an offering, or (iv) the agent working for you, unless a CIS is signed indicating there is no agency relationship which means there are no duties owed to you other than confidentiality. **Under Delaware Law, it is presumed that you consent to dual agency unless you fill out this form saying you do not want dual agency.** Dual agency is explained below.

Brokers and Salespersons as Statutory Agents: Under Delaware law, a real estate broker, associate broker, or salesperson is a statutory agent of yours and may be a dual agent representing both parties unless you elect, in a written agreement, to enter into a common law agency relationship or to decline dual agency. A statutory agent is an independent contractor. He or she is NOT your fiduciary, but is an agent with duties specified by Delaware statutory law. Unless you say otherwise, the broker, associate broker, or salesperson also may represent both the tenant and landlord with duties owed to both which is called dual agency as explained below.

Important Terms:

Client: The member of the public who is the principal in the statutory agency relationship.

Customer: A member of the public who is working with a licensee, before the presumed agency relationship begins or who declines agency representation which means there are no duties other than confidentiality.

Delaware Real Estate Commission: The regulatory body which issues licenses to brokers and salespersons under Delaware law, and which hears complaints filed by the public with respect to licensees. License law and rules and regulations are available on the Real Estate Commission's website at www.dpr.delaware.gov.

Designated Agent: An independent contractor working with you under statutory agency. He or she may be licensed as a broker, associated broker, or a salesperson.

Dual Agency: Whenever a dual agency relationship exists, the designated salesperson or associate broker, that agent's broker, and the brokerage organization may be dual agents. Examples are listed below:

1. If the same salesperson or associate broker represents both the tenant and landlord in a transaction, then that salesperson or associate broker, his or her broker, and brokerage organization are all dual agents.
2. If the tenant and landlord are represented by two different salespeople or associate brokers working for the same broker, then the broker and the brokerage organization are both dual agents, but the salespersons or associate brokers are not.
3. If the tenant and landlord are represented by two different salespeople or associate brokers working for different brokers under the same brokerage organization, then only the brokerage organization is a dual agent.

Statutory Agent: An agent with duties under Delaware statutory law, not common law fiduciary duties. The agent is a statutory agent for you and may be a dual agent as explained above.

Confidentiality: Brokers and salespersons have a duty of confidentiality to all parties from the moment of their first contact. **A broker or salesperson MAY NOT disclose the following information UNLESS the affected party has provided his or her informed consent:**

1. The tenant is willing to pay more rent than what has been offered.
2. The landlord is willing to accept less than the rent rate asked.

3. The landlord or tenant will agree to terms other than those offered.
4. Any personal motivations for any party to a transaction, **IF** that party has requested that the information be kept confidential.
5. Other confidential information, **UNLESS** disclosure is required by law, or **UNLESS** failure to disclose would be fraud or intentional misrepresentation.
6. Facts or suspicions regarding circumstances which may psychologically impact or stigmatize property under Section 2927 of Title 24 of Delaware law unless by law it must be disclosed.
7. Facts or suspicions that someone is a registered sex offender under Delaware law. Information regarding registered sex offenders is available from the Delaware State Police at www.state.de.us/dsp/sexoff/index.htm.

Important Information:

1. The client and his or her broker and designated agent are not responsible for the wrongful actions of the other unless they had actual knowledge of the wrongful act, error, omission or misrepresentation; however, the person who was wrong is still responsible.
2. Notice given to a designated agent is considered notice to that designated agent's client. **Notice given to anyone else in the licensee's office is not considered notice to that client.**
3. Put it in writing! Statements and negotiations by a party are not binding until they are in writing and signed by the party.

Brokers, Associate Brokers, and Salespersons MUST:

1. Comply with all applicable laws, including performing the duties required of him or her by the statute and rules and regulations of the Delaware Real Estate Commission.
2. Follow all other applicable laws, including laws governing fair housing and civil rights.
3. Perform as required by the terms of any written brokerage agreement, if one exists.
4. Exercise reasonable skill and care as a broker or salesperson.
5. Advise you to obtain expert advice on material matters outside his or her expertise.
6. Account to you in a timely manner for all money and property received.
7. Help to inform the parties regarding the progress of the transaction.
8. Disclose adverse material facts or defects actually known by the broker or salesperson.
9. Put any compensation agreement in writing.

Brokers, Associate Brokers, and Salespersons MAY:

1. List similar properties for rent.
2. Show clients properties not owned by their other clients.
3. Show the same property one client is interested in to one or more other clients.
4. Provide information generally available to licensees, such as recent rental activity.
5. Give advice and opinions throughout the real estate transaction.
6. Help you prepare offers and counteroffers and present them in a timely manner so long as the forms used advise the parties that they may seek legal advice prior to signing.
7. Develop negotiating strategies or options for how to proceed with a transaction.
8. Perform ministerial tasks.
9. Cooperate with other brokers or salespersons.
10. Provide clients with relevant information and advice when requested.
11. Transmit financial information provided to them. Although they do not independently verify the accuracy or completeness of this information, they **MAY NOT** transmit financial information they know is false.

Common Law Agency: Under Delaware law, salespersons, associate brokers, and brokers are statutory agents as explained in this form and are not common law agents. If you are considering hiring a common law agent, you should obtain disclosure of the potential legal liability and financial risks of common law agency and read and understand those risks before you enter into a common law agency relationship.

1. Client(s) or Customer(s): _____

2. Licensee: _____

3. Brokerage Office Name and Registered Phone Number:

4. Relationship: Nothing needs to be completed in this paragraph because the law presumes you want Agency Representation and Dual Agency unless you want to opt out by choosing a different status.

I am the LANDLORD. The licensee identified above is:

My designated landlord's agent and dual agent, if I am renting my property to a tenant whom the agent also represents. This relationship is presumed by law unless you choose a different relationship by initialing one of these lines. **You do not need to initial any of these lines if you are staying with the presumed status of agency and dual agency.**

_____ My designated landlord's agent **only**. Or _____ The tenant's agent and **NOT** my agent.

I am the TENANT. The licensee identified above is:

My designated tenant's agent and dual agent, if I am renting a property from a landlord whom the agent also represents. This relationship is presumed by law unless you choose a different relationship by initialing one of these lines. **You do not need to initial any of these lines if you are staying with the presumed status of agency and dual agency.**

_____ My designated tenant's agent **only**. Or _____ The landlord's agent and **NOT** my agent.

5. Signing this form does not obligate me to pay anything. I am only obligated to pay a fee if I enter into a separate written brokerage agreement (for example, a listing or tenant representation agreement) signed by me. This CIS must be signed prior to completing a rental application or the signing of a rental agreement (lease), a Listing Agreement, or any other brokerage agreement.

By signing this form, I acknowledge that I have been given an opportunity to read this CIS and recognize the agency relationship indicated above in section 4.

_____ Date: _____ Signature of Landlord or Tenant
Signature of Landlord or Tenant

_____ Date: _____ Signature of Landlord or Tenant
Signature of Landlord or Tenant

_____ Date given to Landlord or Tenant: _____
Signature of Broker or Licensee