

Rental Application

Jeffrey P. Stape, Licensed Real Estate Broker
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 Independence Mall
 Wilmington, DE 19803-3630
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Property: _____

Effective: _____

Amount of Deposit: _____

Applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
Current address:		Cell Phone:	
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	
Employment Information			
Current employer:			
Employer address:		How long?	
Phone:	Supervisor's Name:	Supervisor's Phone:	
Position:	Hourly Salary (Please circle)	Annual income:	
Emergency Contact			
Name of a person not residing with you:		Relationship:	
Address:			
City:	State:	ZIP Code:	Phone:
Co-applicant Information			
Name:			
Date of birth:	SSN:	Phone:	
Current address:		Cell Phone:	
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:	How long?	
Co-applicant Employment Information			
Current employer:			
Employer address:		How long?	
Phone:	Supervisor's Name:	Supervisor's Phone:	
Position:	Hourly Salary (Please circle)	Annual income:	
Other Occupants on Premise			
Name:		Relationship:	
Name:		Relationship:	
Name:		Relationship:	
Other income and sources (interest, support, social security, pension)			
Do you have any pets? If so, what kind?			

Credit References		
Bank:	Account #:	
Bank:	Account #:	
Credit Cards and Account Numbers:		
Name:	Account #:	
Name:	Account #:	
Name:	Account #:	
Name:	Account #:	
Automobile Information		
Year and make of car:		
Car loan amount: \$	Monthly payment:	
Any other financial obligations?		
References		
Name:	Address:	Phone:

Please put any additional pertinent information on a separate sheet and attach to this application.

I understand that false information submitted here may be cause for termination of lease made on the strength of this application. I also understand and agree that rental agent may reject this application without cause. I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application.	
Signature of applicant:	Date:
Signature of co-applicant:	Date:

A \$20 Non-Refundable credit check fee must accompany this application. Please make payable to Jeffrey P. Stape.