

Atlantic Realty Management, LLC.
Application for Rental Unit Residency
Instruction Sheet

(Please Read Carefully)

****ABSOLUTELY NO PETS OR SMOKING IN OR AROUND RENTAL UNIT****

- There is a \$50.00 non-refundable application fee per applicant that must accompany this application in the form of money order. No cash or checks will be accepted. There is an application fee of \$50 for each additional occupant over 18 years of age.
- Please read the application carefully and complete every blank that applies to all applicants or occupants applying. If certain items do not apply to you, your co-applicant or occupants, please mark the blanks "N/A." INCOMPLETE APPLICATIONS WITHOUT THE REQUIRED SUPPORTING DOCUMENTS WILL NOT BE PROCESSED.
- All applicants and potential occupants over the age of eighteen (18) must sign the forms "Permission to Disclose and Openly Discuss Credit and Criminal History, Background screening information Form and consent to preform criminal history." If more than 2 adults over 18 will be in the home, please request addition forms.
- Please sign the employment and residency forms, but DO NOT fill them out , they will be sent to your current employer and landlord.
- If you are self-employed, you will need to provide signed copies of federal income tax returns for the previous two years.
- All applicants must submit their 4 most recent paystubs, to demonstrate income eligibility If you have not been employed with the same employer for one (1) year, you must be able to provide the last pay stub from your previous employer.
- All applicants must provide two forms of valid identification
- All applications are processed on a first come first serve basis and time stamped.
- Available rentals are offered to the applicant with the highest level of criteria met, regardless of date of application.

Criminal Background Requirements:

- All adult applicants must pass the criminal background check, must not have been convicted of any felonies or violent misdemeanors within the previous five years.
- Sex Offenders are not permitted into the communities under any circumstance

Income and Previous Rental Requirements:

- Income must be at least three times the monthly rent amount, other debt's will be taken into consideration for the applicant's ability to meet the rent obligation.
- Applicants may not have open landlord tenant judgements on their background, history of repetitive landlord tenant cases, open judgements that may result in wage attachments.
- Medical bills will be taken into consideration
- No unpaid utility accounts or utility accounts in collections.
- Satisfactory landlord reference

Providing the application is completed accurately and required information for the application are returned to this office, your application will be processed as quickly as possible. Timely response from the agency will depend on each individual background check. Generally, it will take 7-10 business days for the results to come back. You will be contacted by the Atlantic Realty Management, LLC with said results.

Please return the entire application to:

Atlantic Realty Management office at:
31052 Shady Acres Lane, Laurel, DE 19956
302-875-9571 or 9572 office 302-875-9574 fax

Please do not hesitate to call us at with any questions you may have.

Atlantic Realty Management, LLC.
Application for Rental Unit Residency

IMPORTANT: Please take care in completing this application. Make sure all information you provide is complete and accurate. Atlantic Realty Management will not accept any application that has been falsified in any way.

PERSONAL INFORMATION (PLEASE PRINT)

APPLICANT 1

Name _____
Last First Middle Initial

Social Security or ITIN # _____ Date of Birth _____

Drivers License # _____ Issuing State _____

APPLICANT 2

Name _____
Last First Middle Initial

Social Security or ITIN # _____ Date of Birth _____

Drivers License # _____ Issuing State _____

OCCUPANTS RESIDING IN THE HOME

Name _____
Date of birth _____ SS/ITIN# _____ Relationship _____

Name _____
Date of birth _____ SS/ITIN# _____ Relationship _____

Name _____
Date of birth _____ SS/ITIN# _____ Relationship _____

Name _____
Date of birth _____ SS/ITIN# _____ Relationship _____

Total number of persons that will reside in the home including yourself _____
Only one family permitted to live in each unit.

NOTICE: During the term of tenancy, you are required to notify the community owner of any changes in the number, identity, or status of the occupants of the home listed herein.

APPLICANT 1 INFORMATION

Present address: _____
Street number, name or PO Box City State Zip

Present phone # _____ (Including area code) Cell phone # _____ (Including area code)

How Long at Present Address ____ Years ____ Months Current monthly payment \$ _____

Do You? ____ Own ____ Rent ____ Live with relative ____ Other (explain) _____

Landlord's Name: _____ Landlord's Phone # _____ (Including area code)

Previous Address: _____
Street number, name or PO Box City State Zip

Previous Landlord's Name: _____ Landlord's Phone # _____ (Including area code)

Name, address and phone# of nearest relative not living with you: _____

Name and phone # of person to contact in the event of emergency: _____

EMPLOYMENT:

Present occupation: _____

Present employer: _____
Company Supervisor Phone# (Including area code)

Employer's complete address: _____
Street number, name City State Zip

Position held: _____ Length of employment: ____ Years ____ Months

Weekly gross income (before deductions) \$ _____ Weekly net income (after deductions) \$ _____

Previous Employer: _____
Company Supervisor Phone # (Including area code)

Employer's Complete Address: _____
Street Number, Name City State Zip

Position Held: _____ Length of Employment: ____ Years ____ Months

Weekly Gross Income (Before Deductions) \$ _____ Weekly Net Income (After Deductions) \$ _____

Reason for Leaving: _____

APPLICANT 1 INFORMATION

(Page 2)

VEHICLE INFORMATION: 1. _____
Year Make Tag # State

2. _____
Year Make Tag# State

Vehicle information is required to assure the current registration of all vehicles. Any vehicle/s not listed will be considered unauthorized and may require a copy of title, registration and proof of insurance to remain in the community.

Do you own any of the following: _____ Travel or utility trailer _____ Motor Home _____ Boat?

If YES to any above, please provide details: _____

(Please note, RV, travel, utility trailer, motor home or boats may not be stored on rental grounds)

CREDIT REFERENCES: (please use an additional sheet if necessary)

Name and address of creditor Account # Monthly Payment

Name and address of creditor Account # Monthly Payment

Name and address of creditor Account # Monthly Payment

CRIMINAL BACKGROUND:

Have you ever been charged with a Criminal or Drug related Offense? _____ Yes ___ No

If YES, please EXPLAIN:

PERMISSION TO DISCLOSE AND OPENLY DISCUSS CREDIT, CRIMINAL, AND EMPLOYMENT HISTORY

I hereby authorize Atlantic Realty Management, LLC to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and or any other necessary information. I hereby expressly release Atlantic Realty Management, LLC and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and or federal government agencies including without limitation, various law enforcement agencies. Additionally, I understand that refusal to sign this form may result in untimely delays in processing my application or can be grounds for denial of residency. Any negative history may be reason for denial of this application.

Applicant 1 Signature

Date

APPLICANT 2 INFORMATION
(Page 2)

VEHICLE INFORMATION: 1. _____
Year Make Tag # State

2. _____
Year Make Tag# State

Vehicle information is required to assure the current registration of all vehicles. Any vehicle/s not listed will be considered unauthorized and may require a copy of title, registration and proof of insurance to remain in the community.

Do you own any of the following: _____ Travel or utility trailer _____ Motor Home _____ Boat?

If YES to any above, please provide details: _____

(Please note, RV, travel, utility trailer, motor home or boats may not be stored on rental grounds)

CREDIT REFERENCES:

_____ Name and address of creditor	_____ Account #	_____ Monthly Payment
_____ Name and address of creditor	_____ Account #	_____ Monthly Payment
_____ Name and address of creditor	_____ Account #	_____ Monthly Payment

CRIMINAL BACKGROUND:

Have you ever been convicted of a Criminal or Drug related Offense? _____ Yes _____ No

If YES, please EXPLAIN:

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Applicant 2 Signature

Date

ALL APPLICANTS/ OCCUPANTS OF THE HOME THAT ARE

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

This authorization and consent for release of personal information acknowledges that Atlantic Realty Management (Hereafter referred to as "**Company**") and/or its agent, **C4 Operations LLC**, may now, or at any time I am enrolled in, assigned to, volunteer with or am employed by this **Company**, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to: searches of educational institutions attended; state driving records; financial or credit institutions; employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veteran' Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to C4 Operations LLC, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches can be used to determine eligibility under the **Company** policies. Therefore, I authorize the consent for full release of records (either orally or in writing) to the authorized representatives of the **Company**. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and received, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations LLC**, by sending a written request to 1201 Edgewood Rd SW, Cedar Rapids IA 52404-2344, calling (888) 519-6283 or submitting an email request through our website www.C4Operations.com. After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? YES _____ NO _____
If so, do you want a copy of any Consumer Report prepared concerning you? YES _____ NO _____

I understand that California law requires **Company** to give me a copy of any report requested within three (3) days of the date the information was obtained and that failure to do so will expose **Company** to liability (Section 1786.16).

Signed this _____ day of _____, 20_____.

Applicant (Print Name)	Applicant Signature
Parent/Legal Guardian Name if Applicant is a Minor	Parent/Guardian Signature if Applicant is a Minor

CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN COMPLIANCE WITH THE FCRA (FAIR CREDIT REPORTING ACT)

This authorization and consent for release of personal information acknowledges that Atlantic Realty Management (Hereafter referred to as "**Company**") and/or its agent, **C4 Operations LLC**, may now, or at any time I am enrolled in, assigned to, volunteer with or am employed by this **Company**, conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to: searches of educational institutions attended; state driving records; financial or credit institutions; employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or other counsel, whether representing me or any other person (in either a civil or criminal case in which I have been involved); records from the U.S. Veteran' Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to C4 Operations LLC, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

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I understand that California law requires **Company** to give me a copy of any report requested within three (3) days of the date the information was obtained and that failure to do so will expose **Company** to liability (Section 1786.16).

Signed this _____ day of _____, 20_____.

Applicant (Print Name)	Applicant Signature
Parent/Legal Guardian Name if Applicant is a Minor	Parent/Guardian Signature if Applicant is a Minor

18 YEARS OF AGE OR OLDER MUST SIGN BELOW

**PERMISSION TO DISCLOSE AND OPENLY DISCUSS CREDIT,
CRIMINAL AND EMPLOYMENT HISTORY**

I hereby authorize Atlantic Realty Management, LLC to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and or any other necessary information. I hereby expressly release Atlantic Realty Management, LLC and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and or federal government agencies including without limitation, various law enforcement agencies. Additionally, I understand that refusal to sign this form may result in untimely delays in processing my application or can be grounds for denial of residency. Any negative history may be reason for denial of this application.

*BY PROVIDING YOUR EMAIL ADDRESS, YOU WILL BE SENT AN ELECTRONIC
COPY OF YOUR CREDIT / CRIMINAL REPORT- PER REQUEST*

Adult #1

Print Name

Signature

Date

Social Security #

Date of Birth

Email Address: _____

Adult #2

.....

Print Name

Signature

Date

Social Security #

Date of Birth

Email Address: _____

.....

Adult #3

Print Name

signature

Date

Social Security #

Date of Birth

Email Address:

Adult #4

Print Name

signature

Date

Social Security #

Date of Birth

Email Address:

Please use back of form for additional applicants/occupants

VERIFICATION OF EMPLOYMENT FOR APPLICANT 1

To be filled out by employer

DATE: _____

TO: _____

The following individual, Social Security # _____
Has applied for residency at a managed community with Atlantic Realty Management, LLC. The information submitted states that he or she, was or is currently, employed by your company.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and we will in no way hold you responsible for your responses.

1. Length of employment: From _____ to _____
2. Is applicant paid weekly, bi-weekly or monthly? _____
3. Applicant's rate of pay? _____ Per hour ___ Per week ___ Per Year
4. Is Applicant? ___ Full time ___ Part time
5. Is Applicant? ___ Year-round ___ Seasonal
6. Comments: _____

Signature of person supplying information Date

Name of company

Applicant - Please complete ONLY this portion below!

I, _____, authorize _____
Print your name Print name of company

To release information regarding my employment history, services, character and conduct while in your employ to ATLANTIC REALTY MANAGEMENT, LLC. Atlantic Realty Management, LLC releases you from any and all liability, which may result in furnishing such information.

Signature of Applicant 1 Date

Witness Date

USE 1 FORM FOR EACH APPLICANT

VERIFICATION OF EMPLOYMENT FOR APPLICANT 2

DATE: _____

TO: _____

The following individual, _____, Social Security/ITIN # _____
Has applied for residency for a managed community with Atlantic Realty Management, LLC. The information submitted states that he or she, was or is currently, employed by your company.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and we will in no way hold you responsible for your responses.

- 1. Length of employment: From _____ to _____
- 3. Is applicant paid weekly, bi-weekly or monthly? _____
- 3. Applicant's rate of pay? _____ Per hour ___ Per week ___ Per Year
- 4. Is Applicant? ___ Full time ___ Part time
- 5. Is Applicant? ___ Year-round ___ Seasonal
- 7. Comments: _____

Signature of person supplying information

Date

Name of company

Applicant - Please complete ONLY this portion below!

I, _____, authorize _____
Print your name Print name of company

To release information regarding my employment history, services, character and conduct while in your employ to ATLANTIC REALTY MANAGEMENT, LLC. Atlantic Realty Management, LLC releases you from any and all liability, which may result in furnishing such information.

Signature of Applicant 2

Date

Witness

Date

USE 1 FORM FOR EACH APPLICANT

VERIFICATION OF RESIDENCY FOR APPLICANT 2

DATE: _____

TO: _____

The following individual, _____, Social Security # _____
Has applied for residency for a managed community with Atlantic Realty Management, LLC. The information submitted states that he or she, was or is, a resident of your community.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and we will in no way hold you responsible for your responses.

- 1. Length of residency: From _____ to _____
- 3. Resident(s) monthly rental amount \$ _____
- 3. Does resident always pay on time? _____ YES _____ NO
If NO, how many times has resident been late? _____
- 4. Is the resident being asked to leave? _____ YES _____ NO
- 6. Comments: _____

_____ Date
Signature of person supplying information

_____ Name of Company

Applicant - Please complete ONLY this portion below!

I, _____, authorize _____
Print your name Print name landlord or community

To release information regarding my payment history, services, character and conduct while in your residence to ATLANTIC REALTY MANAGEMENT, LLC. Atlantic Realty Management, LLC releases you from any and all liability, which may result in furnishing such information.

_____ Date
Signature of Applicant 2

_____ Date
Witness

USE 1 FORM FOR EACH APPLICANT

ATLANTIC REALTY MANAGEMENT, LLC.
MONTHLY LIVING EXPENSES WORKSHEET FOR APPLICANT(S)

*THIS IS FOR THE HOME YOU ARE APPLYING FOR. YOU MUST USE THE LEAST AMOUNT ALLOWABLE, IF FIGURES ARE UNKNOWN.

- 1. \$ _____ Monthly Rent Amount
- 2. \$ _____ Car payment(s)
- 3. \$ _____ Other installment loan or credit card payments
- 4. \$ _____ Food expense Must allow at least \$200.00 (add \$100.00 each for additional occupants)
- 5. \$ _____ Electric Must allow at least \$ 100.00 (\$120.00 if heated by electric)
- 6. \$ _____ LP gas Must allow at least \$ 100.00 if home is heated by gas
- 7. \$ _____ Telephone (CELL AND HOME) Must allow at least \$ 50.00
- 8. \$ _____ Cable/satellite TV Must allow at least \$ 50.00
- 9. \$ _____ Auto expense (gas, etc) allow \$0.47 x _____ # miles driven per month
- 10. \$ _____ Clothing expense Must allow at least \$ 50.00
- 11. \$ _____ Insurance -health, auto, home, life (please list separately if needed)
- 12. \$ _____ Medical expenses - physician visits/prescription medication
- 13. \$ _____ Child care/babysitting expense
- 14. \$ _____ Recreation expenses Must allow at least \$ 60.00
- 15. \$ _____ Discretionary funds
- 16. \$ _____ Other Expenses - Please specify
- \$ _____ TOTAL MONTHLY LIVING EXPENSES
- \$ _____ Total net monthly income Applicant 1
- \$ _____ Total net monthly income Applicant 2
- \$ _____ Total net monthly combined income
- \$ _____ Less monthly expenses from above
- \$ _____ Available income (must be positive)

Signature Applicant 1

Signature Applicant 2

Expenses verified by: _____

Date: _____