



**EFFECTIVE 4/01/2023      SUMMIT CHASE APARTMENTS    (302) 543-6514**

Dear Future Resident:

Thank you for your interest in leasing at **SUMMIT CHASE APARTMENTS!**

The following information provided is based on a 12 month lease. The monthly rental rates are:

**2 Bedroom: \$1,250.00 INCLUDES WATER, SEWER & TRASH**

**3 Bedroom \$1,450.00-\$1,500.00 INCLUDES WATER, SEWER & TRASH**

The application fee is \$40.00 per adult applying \$80.00 for a couple. This fee would need to be paid in the form of a money order please note this is Non-refundable.

\$200.00 will hold an apartment. Please pay with a money order.

**Small pets under 35lbs welcome with a \$350.00 nonrefundable pet fee PLUS A \$30.00 MONTHLY PET FEE. REQUIREMENTS FOR APPROVED APPLICATION**

**INCOME REQUIREMENTS:**

2 Bedroom (\$45,000. per year)

3 Bedroom (\$52,200 – 54,000. per year)

**ADDITONAL REQUIREMENTS:**

**\*Must be 18 years of age.**

**\*Must have good rental history (pay on time-no evictions)**

**\*Must have good credit history (pay all bills on time-no collection accounts)**

**\*Criminal background check is run**

**BE PREPARED TO PROVIDE THE FOLLOWING**

**\*Driver's license for each applicant, or another federal or state issued picture I.D.**

**\*Social Security card for each applicant**

**\*2 current, consecutive paystubs for each applicant**



**OFFICE USE ONLY**

Date: \_\_\_\_\_ Deposit: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
Unit BR Type: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_ Lease Term: \_\_\_\_\_  
To: \_\_\_\_\_ NTV Requirements: \_\_\_\_\_ Days Security Deposit: \_\_\_\_\_  
Prorate Amount: \_\_\_\_\_ for date \_\_\_\_\_ from \_\_\_\_\_  
Other fee: \_\_\_\_\_ Balance Due on Move-in: \_\_\_\_\_  
Number of Occupants in Apartment: \_\_\_\_\_ Children: \_\_\_\_\_ Cosigner: Y N

**RENTAL APPLICATION****1. APPLICANT "A":**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ W/ Relatives or Friends: Y N Dates: \_\_\_\_\_  
Landlord or Mortgage Holder: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Previous Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ W/Relatives or Friends: Y N Dates: \_\_\_\_\_  
Previous Landlord or Mortgage Holder: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list all places you have lived in the last 8 years with names and phone # of landlord, and any family or friendship relationship for each place of residence if not shown above:

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**1. APPLICANT "B":**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ W/ Relatives or Friends: Y N Dates: \_\_\_\_\_  
Landlord or Mortgage Holder: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Previous Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ W/Relatives or Friends: Y N Dates: \_\_\_\_\_  
Previous Landlord or Mortgage Holder: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please list all places you have lived in the last 8 years with names and phone # of landlord, and any family or friendship relationship for each place of residence if not shown above:

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**APPLICANT "A":**

**Additional Income (List sources & Amounts):**

Please list places of employment in the last 7 years with names and phone numbers of supervisor if not shown above:

**Additional Income (List sources & Amounts):**

Please list places of employment in the last 7 years with names and phone numbers of supervisor if not shown above:

Make Payments to: \_\_\_\_\_



**5. CREDIT DIFFICULTIES:**

Please describe all past due, current or delinquent problems with any credit cards, loans or rental payments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. PERSONAL**

**INDICATE APPLICANT "A" OR "B" IF ANY "YES" ANSWERS**

Have you ever been convicted of a crime? \_\_\_\_\_

Do you have any outstanding judgments or any overdue or unpaid bills or loans?  
\_\_\_\_\_

Were you ever involved in a landlord-tenant eviction action? \_\_\_\_\_

Have you ever had a bed bug infestation or other pest infestation? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_

Are you a co-maker or endorser on a note? \_\_\_\_\_

Have you ever declared bankruptcy? \_\_\_\_\_

Explain any "yes" answers:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any pets? If yes, type, age weight:  
\_\_\_\_\_  
\_\_\_\_\_

Name of all Individuals to occupy apartment:

Birth date(s)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT "A"**

Nearest Relative Not Living with Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Referred to SUMMIT CHASE APARTMENTS by: \_\_\_\_\_

**APPLICANT "B"**

Nearest Relative Not Living with Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Referred to SUMMIT CHASE APARTMENTS by:  
\_\_\_\_\_



I hereby acknowledge payment in the amount of **\$200.00** as a deposit for Apartment #**TBD** at 9 COURTYARD LANE, WILMINGTON, DE 19802. **It is understood and agreed that should I withdraw this application after the third business day on \_\_\_\_\_, I will forfeit this deposit and Summit Chase Apartments may keep said deposit for costs and damages incurred. It is also understood that by the end of the third business day if Summit Chase Apartments does not receive a completed application and all appropriate paperwork from all applicants Summit Chase Apartments has the right to place the above mentioned apartment back on the market for rental and said deposit will be refunded.** If my application is rejected for any reason, this amount will be refunded to me in its entirety. Otherwise, this money will become credit towards any of the advance rent or security deposit to be paid. A non-refundable check/application fee of \$ 40.00 is charged for each applicant.

Application states that every question has been answered fully and accurately. It is agreed that this application will be rejected with out further review if landlord discovers any missing or inaccurate information.

The undersigned applicant hereby specifically authorizes Landlord or his agents to obtain, and authorizes people to give the Landlord or his agents, any other information which may be available about the applicant (i.e. verification of income, employment, residences, credit history, criminal history, bank accounts, personal references, and any other pertinent information).

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print First Name, Middle Initial, Last Name

\_\_\_\_\_  
Print First Name, Middle Initial, Last Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Leasing Agent

\_\_\_\_\_  
Date

Landlord complies with all Federal and State laws regarding discrimination and does not discriminate based upon age, sex, race, marital status, religion, national origin, or other prohibited classifications.



**SUMMIT CHASE APARTMENTS  
9 COURTYARD LANE  
WILMINGTON, DE 19802  
PHONE: 302-543-6514  
FAX: 302-543-6515**

**Request for Employment Verification**

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Social Security # \_\_\_\_\_

I hereby give my approval for Verification of my Employment and Salary Status:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Please complete this form and fax back to the number above.

**Employer's Verification**

Present Position \_\_\_\_\_

Date Hired \_\_\_\_\_

Current Pay Rate

Hourly \$ \_\_\_\_\_

Salaried \$ \_\_\_\_\_

Yearly\$ \_\_\_\_\_

Number of Hours Worked in the Week \_\_\_\_\_

Number of Overtime Hours in the Week (Only if Concurrent) \_\_\_\_\_

Person completing this form: Name \_\_\_\_\_

Title \_\_\_\_\_

Thank you for your cooperation.

Summit Chase Leasing Staff



**SUMMIT CHASE APARTMENTS  
9 COURTYARD LANE  
WILMINGTON, DE 19802  
PHONE: 302-543-6514  
FAX: 302-543-6515**

**Landlord Verification**

I hereby give my approval for a Rental Verification:

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Dear Landlord/Property Manager:

Summit Chase Apartments has an application for residency from the applicant mentioned below. Please complete the following information, and return it to us promptly. The information given will be strictly for the use of our company. Thank you for you anticipated cooperation with this matter.

NAME OF APPLICANT(S):

\_\_\_\_\_

CURRENT ADDRESS:

\_\_\_\_\_

MONTHLY RENTAL \$ \_\_\_\_\_ RENT PAID ON TIME? \_\_\_\_\_

HOW MANY TIMES WAS RENT LATE? \_\_\_\_\_ HOW MANY NSF CHECKS? \_\_\_\_\_

LENGTH OF RESIDENCY: \_\_\_\_\_ PROPER NOTICE GIVEN? \_\_\_\_\_

WOULD YOU RE-RENT? \_\_\_\_\_

HAS RESIDENT EVER VIOLATED THE LEASE? \_\_\_\_\_ EXPLANATION:

\_\_\_\_\_

\_\_\_\_\_

Has the tenant ever had a bed bug infestation or any other pest infestation? \_\_\_\_\_

If Yes, how long ago? \_\_\_\_\_ Have they been treated? \_\_\_\_\_

IS THERE A CURRENT BALANCE ON THEIR RENTAL ACCOUNT? \_\_\_\_\_

WAS COURT ACTION EVER TAKEN? \_\_\_\_\_

SECURITY DEPOSIT REFUNDED? Y or N \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

ADDITIONAL COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
RENTAL AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LANDLORD SIGNATURE

\_\_\_\_\_  
DATE