



EFFECTIVE 10/14/2025 **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: \$1,375.00 INCLUDES WATER, SEWER & TRASH

3 Bedroom \$1,625.00-\$1,675.00 INCLUDES WATER, SEWER & TRASH

The application fee is \$50.00 per adult applying \$100.00 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 (\$49,500. per year)

3 Bedroom (\$58,500 – 60,3000. per year)

ADDITIONAL 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:

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:

2. EMPLOYMENT:

APPLICANT "A":

Present Employer: _____ Phone #: _____

Address: _____

Position: _____ Supervisor _____ Phone#: _____

Date Started: _____ Income: _____ WK/MO/YR

Additional Income (List sources & Amounts): _____

Previous Employer: _____ Phone#: _____

Address: _____

Position: _____ Supervisor: _____ Phone#: _____

Dates of Employment: _____ Income: _____ WK/MO/YR

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

APPLICANT "B":

Present Employer: _____ Phone #: _____

Address: _____

Position: _____ Supervisor: _____ Phone#: _____

Date Started: _____ Income: _____ WK/MO/YR

Additional Income (List sources & Amounts): _____

Previous Employer: _____ Phone#: _____

Address: _____

Position: _____ Supervisor: _____ Phone#: _____

Dates of Employment: _____ Income: _____ WK/MO/YR

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

4. CREDIT INFORMATION:

APPLICANT "A"

APPLICANT "B"

Checking Account: _____

Bank: _____

Savings Account: _____

Bank: _____

Credit Union: _____

Major Credit Cards: _____

Consumer Loans: _____

Cars: Make/Year: _____

Tag Number: _____

Driver's License: _____

Monthly Payment: _____

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:

Age(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: _____

**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 your 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