

Apt. # \_\_\_\_\_  
Type \_\_\_\_\_  
Rent \_\_\_\_\_

PARKLYNN APTS.  
5 Ruth RD., G-2  
Wilmington, De.  
19805  
(302)994-7700

Security \_\_\_\_\_  
Other Monthly  
Charges \_\_\_\_\_  
Move in Date \_\_\_\_\_

### RENTAL APPLICATION

#### A. Names and Addresses

Applicant: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Driver License # \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Co-Applicant/Spouse \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Driver License # \_\_\_\_\_ State \_\_\_\_\_ Date of Birth \_\_\_\_\_

	Name	Relationship	Male or Female	Birth Date
Others to	_____	_____	_____	_____
Occupy	_____	_____	_____	_____
Apartment	_____	_____	_____	_____

Do you expect additional occupants during the term of this lease? Yes \_\_\_\_\_ No \_\_\_\_\_

*Only persons listed can live in the apartment*

Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Length of Time \_\_\_\_\_ Own/Rent \_\_\_\_\_ Phone \_\_\_\_\_  
Landlord or Mortgage Holder \_\_\_\_\_ Phone \_\_\_\_\_  
Monthly rent or Mortgage \$ \_\_\_\_\_  
Reason for Moving \_\_\_\_\_  
Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Length of Time \_\_\_\_\_ Own/Rent \_\_\_\_\_ Phone \_\_\_\_\_  
Landlord or Mortgage Holder \_\_\_\_\_ Phone \_\_\_\_\_  
Monthly rent or Mortgage \$ \_\_\_\_\_  
Reason for Moving \_\_\_\_\_

#### B. Employment

EMPLOYER \_\_\_\_\_ How Long Employed \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
Weekly Gross Pay \$ \_\_\_\_\_ Yearly Gross Pay \$ \_\_\_\_\_  
Additional Income Per Week \$ \_\_\_\_\_ Source \_\_\_\_\_  
Former employer \_\_\_\_\_ How Long Employed \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
CO-APPLICANT EMPLOYER \_\_\_\_\_ How Long Employed \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_  
Weekly Gross Pay \$ \_\_\_\_\_ Yearly Gross Pay \$ \_\_\_\_\_  
Additional Income Per Week \$ \_\_\_\_\_ Source \_\_\_\_\_  
Former employer \_\_\_\_\_ How Long Employed \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_