



Thank you for your interest in one of the Mid-DEL Property Management Properties

Please remember that we will need to have the following provided with each application for anyone over the age of 18 who will reside in the property:

1) Application Fee:

- \$45 made out to Mid-DEL Property Management for one (1) Applicant
- \$55 made out to Mid-DEL Property Management for two (2) Applicants
- Non-Refundable

Can be paid over the phone with a Visa or M/C

Payment is also accepted at the Office with Cash, Money Order, and Personal Check

2) Most Recent income statements (pay stubs) – for every applicant

- a. If you are self employed, we need the most recent tax return
- b. If you receive child support or spousal support, please provide court ordered documents if available
- c. Social Security/ disability are acceptable to be proven on government documents/ reward letters/ bank statements
- d. Please Note, income needs to be greater than or equal to 2.5 times the amount of rent to financially qualify.

3) Driver's License, Military ID, or passport for each applicant

4) Applicants should have one (1) complete year of gainful employment history

5) Credit report may not have any open prior Landlord Judgments

6) Criminal History May be a cause for denial of application.

We are here to help you! Please feel free to reach out to us

WWW.WeRentDE.com

Michael Blaisdell, Owner

Richelle Blaisdell, Owner

Meghan McLane, Associate Property Manager

Adrienne Miller, Associate Property Manager

Office 302-376-9090

Fax 302-378-3942

Mid-Del Property Management
4 Crawford St.
Middletown, DE 19709
WeRentDE@gmail.com
Office: 302-376-9090
Fax: 302-378-3942

www.WeRentDE.com

Desired Move in Date: _____

Desired Properties: _____

RESIDENTIAL RENTAL APPLICATION

There is a \$45.00 application fee- for one (1) applicant; and \$55.00 application fee – for two (2) applicants. This fee can be paid by phone via Visa or M/C

ALL APPLICATION FEES ARE NON- REFUNDABLE

Please call during the hours of Monday – Friday 10:00am – 4:00pm

Please Print Clearly

1. Applicant Name _____ Phone _____
Present Address _____ Cell _____
_____ Work _____
Social Security Number _____ Date of Birth _____
E-Mail Address _____

CO-APPLICANT

Co-Applicant Name _____ Phone _____
Present Address _____ Cell _____
_____ Work _____
Social Security Number _____ Date of Birth _____
E-Mail Address _____

2. Present Landlord _____ Phone _____
Landlord Address _____
Monthly Rent _____ How long did you live there? _____
Reason for leaving? _____

3. Previous Address _____ Phone _____
Previous Landlord _____
Monthly Rent _____ How long did you live there? _____
Reason for leaving? _____

4. Full Names and ages of all individuals who will be occupying premises:

NAME

AGE

-
5. Pets (Check One): Yes [] No []
If yes, check all that apply: Dog [] Cat [] Spayed/Neutered [] De-clawed []
How many (#): _____
Other: Please Specify _____
6. Smoking: Yes [] No [] Comments _____
7. Present Employer (Applicant) _____
Supervisor _____ Employer Phone _____ Employer Fax _____
Employer Address _____
Occupation _____ Title _____
Gross Monthly Salary _____ Length of Employment _____
8. Present Employer (Co-Applicant) _____
Supervisor _____ Employer Phone _____ Employer Fax _____
Employer Address _____
Occupation _____ Title _____
Gross Monthly Salary _____ Length of Employment _____
9. Other Income, if any (specify source): _____

10. Checking Account Bank Name _____ Approximate Balance _____
11. Savings Account Bank Name _____ Approximate Balance _____
12. Loans (Automobile):
Lender Name _____ Monthly Payment _____ Account Balance _____
13. Personal Reference _____ Phone _____
Reference Address _____

14. Automobiles

Applicant Driver License Number _____ Issuing State _____

Make/Model _____ Year _____ Plate _____ State _____

Co-Applicant Driver License Number _____ Issuing State _____

Make/Model _____ Year _____ Plate _____ State _____

15. In case of emergency notify _____ Relationship _____

Address _____

Phone _____

16. Have you ever been evicted, sued for nonpayment of rent, or breached a lease (if so, explain)?

17. Have you or anyone in your household been arrested or convicted of using or selling illegal drugs?

If so, when? _____

What was the outcome? _____

I certify that the above information is true and complete. I authorize the verification of this information by contacting any or all individuals and financial institutions listed above. You further authorize Mid-DEL PROPERTY MANAGEMENT to obtain from any law enforcement agency, present or past employer, landlord, credit bureau, collection agency, personal reference, credit history, including those that may be deemed privileged or confidential in nature. You agree and irrevocably and unconditionally release all persons, including any named or unnamed informant from any liability resulting from the furnishing of this information. I understand that this is not a lease or an offer to rent. No binding obligation of any kind exists between the owner and myself unless and until a lease is signed. This Application is subject to prior Applications. This Application shall remain the property of the owner and/or Mid-DEL Property Management.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

NO PERSON SHALL BE DENIED THE RIGHT TO RENT OUR PROPERTY BECAUSE OF THEIR RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, OR ANCESTRY

***** WE WILL NEED A COPY OF PAYCHECK STUBS FROM ALL APPLICANTS ****

Mid-Del Property Management, L.L.C.
4 Crawford St.
Middletown, DE 19709
Phone (302) 376-9090
Fax (302) 378-3942

LANDLORD HISTORY VERIFICATION

Applicant's Name: _____

Applicant's Signature: _____

Address of Rental Unit: _____

Sent to (Landlord's Name): Mr. /Mrs. _____

Current Landlord _____ Former Landlord _____

TENANCY:

Length of Tenancy From: _____ To: _____

Most Recent Monthly Rental Amount \$ _____ per month

Number of Household Members _____

RENT PAYMENT:

- A. Is (was) applicant current on rent? Yes ___ No ___
- B. Has he/she ever been late paying rent? Yes ___ No ___
If yes, how late? _____ How Often? _____
- C. Have eviction proceedings ever started for non-payment? _____

CARING FOR THE UNIT:

- A. Does (did) the applicant keep the unit clean? Yes ___ No ___
- B. Has (had) the applicant ever damaged the unit? Yes ___ No ___
- C. Has this applicant paid for any damages? Yes ___ No ___
- D. Did you or do you plan to keep any of the security deposit? Yes ___ No ___

GENERAL INFORMATION (space is available below for more detail):

- A. Does (did) the applicant permit other persons to live in the unit who are (were) not on the lease?
No ___ Yes (please explain) _____
- B. Has the applicant, other household members or guests damaged or vandalized common areas?
No ___ Yes (please explain) _____
- C. Does (did) the applicant, other household members or guests create any physical hazards to the property and/or other residents?
No ___ Yes (please explain) _____
- D. Does (did) the applicant, other household members or guests interfere with the rights and quiet enjoyment of other residents?
No ___ Yes (please explain) _____
- E. Does (did) the applicant violate the lease or lease attachments?
No ___ Yes (please explain) _____
- F. If a former resident, was proper notice given of his/her intent to vacate?
Yes ___ No (please explain) _____
- G. Would you re-admit this applicant to your property?
Yes ___ No (please explain) _____

Landlord Signature: _____

Date: _____

Title: _____

Phone: _____

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Middletown, DE 19709
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EMPLOYMENT VERIFICATION

**** DO NOT FILL THIS OUT IF YOU ARE PROVIDING YOUR PAYCHECK STUB ****

*** WE WILL NEED A COPY OF PAYCHECK STUBS FROM ALL APPLICANTS ***

- OR PLEASE HAVE YOUR EMPLOYER FILL OUT THE FOLLOWING -

To: _____

Fax Number: _____

From: _____

Date: _____

Re: _____

*******THIS FORM IS TO BE COMPLETED BY THE APPLICANTS EMPLOYER ONLY*******

The following person has applied for an apartment at our company. Would you please fill out the following information?

Your cooperation in this matter will be most appreciated.

I hereby give my consent for the information sought by this letter to be released as requested.

_____ (Date)	_____ (Applicants Signature)	_____ (Social Security Number)
1. Employed since _____	Occupation _____	
2. Salary: Base Pay Rate: Per Hour _____	Per Week _____	Per Month _____
Any other compensation not included above (specify for commissions, bonuses, tips, etc.)		
For _____	Per _____	\$ _____
3. Total Base Pay earnings for last 12 months \$ _____		
Total Overtime earnings for last 12 months \$ _____		
Signature: _____	Date: _____	
Title: _____	Phone: _____	

*******THIS FORM IS TO BE COMPLETED BY THE APPLICANTS EMPLOYER ONLY*******