



**HOME TEAM REALTY
RENTAL APPLICATION**

www.4HTR.com

959 Norman Eskridge Highway, Seaford, DE 19973

Ph: 302-629-7711 fax: 302-628-7747

APPLICATION CHECKLIST—we will need the following submitted with your application:

- Copy of photo identification for each resident over 18.
- Copy of last two (2) paystubs for each applicant.
- \$15 application fee for all applicants whose name appears on the lease.
- Combined application income requirement is 3 times the rental amount.
- Pets are discouraged, but may be considered on a case by case basis. No pet shall exceed 25 pounds. A non-refundable pet deposit is required.
- Complete CIS form.

You can mail or hand deliver your application package to our office in Seaford at the following address:

Home Team Realty
Attn: Rental Department
959 Norman Eskridge Highway
Seaford, DE 19973

NOTE: Application process takes 2-4 days. You will be contacted once a decision is made.

After approval:

- You will be required to pay security deposit (equal to rent amount) cash or money order only. This is the only way we are able to hold a specific unit.
- An appointment will then be made for the lease signing. Payment of first month's rent is required at lease signing, and must be cash or money order only.

PERSONAL DATA

1st applicant name _____ Social Sec. _____
Date of birth _____ Drivers Lic. # _____
Current address: _____ City _____ State _____ Zip _____
Current phone (h): _____ (cell): _____ Current email: _____
Current landlord: _____ Landlord phone: _____
Reason for leaving: _____ Current rent: _____ How long did you rent _____
Previous landlord : _____ Address: _____ City _____
State _____ Zip _____ Landlord phone: _____
Current Employer _____ Position _____
Hire date: _____ Name of Supervisor _____
Employer phone # _____ Avg. monthly take home pay _____

Obligations/Loans/Credit References

Creditor: _____ Amount Owed _____ Monthly pymnt _____
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Bank References

Name of Bank _____ Checking _____ Savings _____ How long? _____
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Vehicle

Number of vehicles owned _____ (only cars on application are authorized to be on premises)
Make/Model _____ Year _____ Color _____ Tag # _____
Make/Model _____ Year _____ Color _____ Tag # _____

Personal References

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

General Questions

Have you ever refused to pay rent for any reason? _____ Explain if yes _____
Have you ever been evicted or asked to leave a rental unit? _____ Explain if yes _____
Have you ever had a rental security deposit not returned? _____ Explain if yes _____
Have you ever broken a lease? _____ Explain if yes _____
Have you ever filed a petition for bankruptcy? _____ Explain if yes _____
Have you ever been convicted of a crime or felony _____ Explain if yes _____
Is there anything to prevent you from placing utilities,/phone service in your name? _____ Explain if
yes _____

Endorsement: **I/WE DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT, BY AFFIXING MY/OUR SIGNATURE BELOW, I/WE AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF A CONSUMER CREDIT AND/OR CRIMINAL REPORT NOW OR AT ANYTIME IN THE FUTURE. I/WE UNDERSTAND THAT THE APPLICATION FEE IS NON-REFUNDABLE AND, IF APPROVED, ALL DEPOSITS ARE NON-REFUNDABLE**

My signature also gives Home Team Realty permission to contact any and all personal or work references (to include salary verification) listed above for rental consideration, or for collection purposes should they be deemed necessary.

1st Applicant _____ **Date** _____

HOME TEAM REALTY
959 Norman Eskridge Highway, Seaford, DE 19973
PHONE: 302-629-7711 Fax: 302-628-7747

Personal Data

2nd applicant name _____ Social Sec. _____
Date of birth _____ Drivers Lic. # _____
Current address: _____ City _____ State _____ Zip _____
Current phone (h): _____ (cell): _____ Current email: _____
Current landlord: _____ Landlord phone: _____
Reason for leaving: _____ Current rent: _____ How long did you rent _____
Previous landlord : _____ Address: _____ City _____
State _____ Zip _____ Landlord phone: _____
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Hire date: _____ Name of Supervisor _____
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2nd Applicant _____ Date _____

Date application received _____ Application Fee Paid yes or no _____ Amount paid \$ _____

Is application approved? Yes or no _____

If application was not approved state reason(s) why _____

OFFICE USE ONLY BELOW THIS LINE

Application approved or rejected by _____ Date _____