

Atlantic Realty Management, LLC.  
Application for Rental Unit  
Residency  
Instruction Sheet  
*(Please Read Carefully)*

\*\*\*\*\*ABSOLUTELY NO PETS OR SMOKING IN OR AROUND ANY RENTAL UNIT\*\*\*\*\*

- There is a \$50.00 non-refundable application fee per applicant that must accompany this application in the form of money order. No cash or checks will be accepted. There is an application fee of \$50 for each additional occupant over 18 years of age. No fee for minors under 18 years of age.
- Please read the application carefully and complete every blank that applies to you, the co-applicant or occupants of the home. If certain items do not apply to you, your co-applicant or occupants, please mark the blanks "N/A." INCOMPLETE APPLICATIONS WITHOUT THE REQUIRED SUPPORTING DOCUMENTS WILL NOT BE PROCESSED.
- All applicants and potential occupants over the age of eighteen (18) must sign the forms "Permission to Disclose and Openly Discuss Credit and Criminal History, Background Screening Information Form and Consent to perform criminal history."
- All applicants must submit verification of all income being used to demonstrate income eligibility. If you are self-employed, you will need to provide proof of income such as copies of income tax returns for 2 years. If not self-employed, you must provide 4 consecutive pay stubs or a letter from your employer verifying your income. Income can be of any type, such as social security, unemployment, Social Security disability etc. (Any source of income)
- If your source of income has changed within the past year, you must be able to provide previous income history.
- All Applicants/Occupants must provide two forms of identification. All documentation must be clear, legible and easily read. Please let the community office know if you need us to make any copies of documentation for you.
- Providing the application is completed accurately and required information for the application are returned to this office, your application will be processed as quickly as possible. Timely response from the agency will depend on each individual background check. Generally, it will take 7 - 10 business days (sometimes longer) for the results to come back. You will be contacted by the Atlantic Realty Management, LLC with said results.
- Please return the entire application to:

Atlantic Realty Management office at:  
31052 Shady Acres Lane, Laurel, DE 19956  
302-875-9571 office 302-875-9574 fax

Please do not hesitate to call us with any questions you may have.

**All units are on a first come- first serve basis.**

Please check with the community office on rental availability prior to turning in your application.

ATLANTIC REALTY MANAGEMENT, LLC.  
Application for Rental Unit Residency

CHECKLIST FOR APPLICANTS

Please use this form as you complete the Application for Residency. As each item needed for the application is gathered, check it off on the list below. This will ensure that when you return the Application for Residency to the Atlantic Realty Management, LLC, you will have all the supporting documents needed.

\_\_\_\_\_ \$50.00 Non-refundable application fee per applicant. \$50.00 application fee for each additional potential occupant over 18 years of age.

\_\_\_\_\_ Provide proof of income for one year if source of income hasn't changed within the last 12 months.

\_\_\_\_\_ If your source of income has changed within the past year, you must be able to provide two (2) years of income.

\_\_\_\_\_ Provide verification of any additional income used to determine eligibility.  
Note: All income stated on the application must have supporting documentation.

\_\_\_\_\_ Provide 2 copies of ID for all applicants and occupants even if under the age of 18.

Atlantic Realty Management, LLC.  
Application for Rental Unit Residency

**IMPORTANT:** Please take care in completing this application. Make sure all information you provide is complete and accurate. Mark N/A if not applicable. Atlantic Realty Management will not accept any application that has been falsified in any way.

PERSONAL INFORMATION (PLEASE PRINT)

APPLICANT 1

Name \_\_\_\_\_  
Last First Middle Initial

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License # \_\_\_\_\_ Issuing State \_\_\_\_\_

APPLICANT 2

Name \_\_\_\_\_  
Last First Middle Initial

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Drivers License # \_\_\_\_\_ Issuing State \_\_\_\_\_

OCCUPANTS RESIDING IN THE HOME – use back of form if necessary:

Name \_\_\_\_\_  
Date of birth \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Date of birth \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_  
Date of birth \_\_\_\_\_ SS# \_\_\_\_\_ Relationship \_\_\_\_\_

Total number of persons that will reside in the home including you \_\_\_\_\_

MANUFACTURED HOME INFORMATION  
Application for Rental Unit Residency

This information shall be for the home you are applying for to rent  
Contact the community office for any information needed

I/we are interested in RENTING the following manufactured home

- New Model Rental
- Pre-owned Rental
- any available unit

Current location (Community and address) of home you are interested in renting:

\_\_\_\_\_

Size of home: \_\_\_\_\_ (Excluding hitch)      Manufacturer: \_\_\_\_\_      Model: \_\_\_\_\_

Serial number: \_\_\_\_\_      Year of home: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_      Number of bathrooms: \_\_\_\_\_

Electrical service:  100 amp     200 amp    Type of Heat:  LP gas     electric

Does the home have?  washer  dryer     dishwasher     central air  
*(Please check all that apply)*

- Most items can be obtained through the Community office

**APPLICANT 1 INFORMATION**

Present address: \_\_\_\_\_  
Street number, name or PO Box                      City              State              Zip

Present phone # \_\_\_\_\_ (Including area code)                      Cell phone # \_\_\_\_\_ (Including area code)

How Long at Present Address \_\_\_ Years \_\_\_ Months                      Current monthly payment \$ \_\_\_\_\_

Do You? \_\_\_ Own              \_\_\_ Rent \_\_\_ Live with relative              \_\_\_ Other (explain) \_\_\_\_\_

Landlord's Name: \_\_\_\_\_                      Landlord's Phone # \_\_\_\_\_ (Including area code)

Previous Address: \_\_\_\_\_  
Street number, name or PO Box                      City              State              Zip

Previous Landlord's Name: \_\_\_\_\_                      Landlord's Phone # \_\_\_\_\_ (Including area code)

Name, address and phone# of nearest relative not living with you: \_\_\_\_\_  
\_\_\_\_\_

Name and phone # of person to contact in the event of emergency: \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT OR SOURCE OF INCOME:**

Present occupation: \_\_\_\_\_

Present employer: \_\_\_\_\_  
Company                      Supervisor                      Phone# (including area code)

Employer's complete address: \_\_\_\_\_  
Street number, name              City              State              Zip

Position held: \_\_\_\_\_                      Length of employment: \_\_\_ Years \_\_\_ Months

Weekly gross income (before deductions) \$ \_\_\_\_\_ Weekly net income (after deductions) \$ \_\_\_\_\_

Previous Employer: \_\_\_\_\_  
Company                      Supervisor                      Phone # (including area code)

Employer's Complete Address: \_\_\_\_\_  
Street Number, Name                      City              State              Zip

Position Held: \_\_\_\_\_                      Length of Employment: \_\_\_ Years \_\_\_ Months

Weekly Gross Income (Before Deductions) \$ \_\_\_\_\_ Weekly Net Income (After Deductions) \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_









ALL APPLICANTS/ OCCUPANTS OF THE HOME THAT ARE  
18 YEARS OF AGE OR OLDER MUST SIGN BELOW THIS  
PERMISSION TO DISCLOSE AND OPENLY DISCUSS CREDIT,  
CRIMINAL AND EMPLOYMENT HISTORY

I hereby authorize Atlantic Realty Management, LLC to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and or any other necessary information. I hereby expressly release Atlantic Realty Management, LLC and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and or federal government agencies including without limitation, various law enforcement agencies. Additionally, I understand that refusal to sign this form may result in untimely delays in processing my application or can be grounds for denial of residency. Any negative history may be reason for denial of this application.

*BY PROVIDING YOUR EMAIL ADDRESS, YOU WILL BE SENT AN ELECTRONIC  
COPY OF YOUR CREDIT / CRIMINAL REPORT- BY REQUEST ONLY*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date of Birth

Email Address: \_\_\_\_\_  
\*\*\*\*\*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date of Birth

Email Address: \_\_\_\_\_  
\*\*\*\*\*

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date of Birth

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

Use the back of this form if needed for additional Applicants/Occupants

**VERIFICATION OF EMPLOYMENT FOR APPLICANT 1**  
**To be filled out by Employer-- Use one form for each applicant**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

The following individual, Social Security # \_\_\_\_\_  
Has applied for residency at a managed community with Atlantic Realty Management, LLC. The information submitted states that he or she, was or is currently, employed by your company.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and we will in no way hold you responsible for your responses.

1. Length of employment: From \_\_\_\_\_ to \_\_\_\_\_
2. Is applicant paid weekly, bi-weekly or monthly? \_\_\_\_\_
3. Applicant's rate of pay? \_\_\_\_\_  
\_\_\_\_ Per hour \_\_\_\_ Per week \_\_\_\_ Per Year
4. Is Applicant? \_\_\_\_ Full time \_\_\_\_ Part time
5. Is Applicant? \_\_\_\_ Year round \_\_\_\_ Seasonal
6. Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person supplying information Date \_\_\_\_\_

\_\_\_\_\_  
Name of company

**Applicant – Please complete ONLY this portion below!**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
Print your name Print name of company

To release information regarding my employment history, services, character and conduct while in your employ to ATLANTIC REALTY MANAGEMENT, LLC. Atlantic Realty Management, LLC releases you from any and all liability, which may result in furnishing such information.

\_\_\_\_\_  
Signature of Applicant 1 Date \_\_\_\_\_

\_\_\_\_\_  
Witness Date \_\_\_\_\_

**Use one form for each applicant**

**VERIFICATION OF RESIDENCY FOR APPLICANT 1**  
**To be filled out by Landlord --Use one form for each applicant**

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

The following individual, \_\_\_\_\_, Social Security # \_\_\_\_\_  
Has applied for residency for a managed community with Atlantic Realty Management, LLC. The information submitted states that he or she, was or is, a resident of your community.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and we will in no way hold you responsible for your responses.

1. Length of residency; From \_\_\_\_\_ to \_\_\_\_\_
2. Resident(s) monthly rental amount \$ \_\_\_\_\_
3. Does resident always pay on time? \_\_\_ YES \_\_\_ NO  
If NO, how many times has resident been late? \_\_\_\_\_
4. Is the resident being asked to leave? \_\_\_ YES \_\_\_ NO
5. Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person supplying information Date

\_\_\_\_\_  
Name of Company

**Applicant – Please complete ONLY this portion below!**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
Print your name Print name landlord or community

To release information regarding my payment history, services, character and conduct while in your residence to ATLANTIC REALTY MANAGEMENT, LLC. Atlantic Realty Management, LLC releases you from any and all liability, which may result in furnishing such information.

\_\_\_\_\_  
Signature of Applicant 1 Date

\_\_\_\_\_  
Witness Date

**VERIFICATION OF EMPLOYMENT FOR APPLICANT 2**

Use one form for each applicant

DATE: \_\_\_\_\_

TO: \_\_\_\_\_

The following individual, \_\_\_\_\_, Social Security # \_\_\_\_\_  
Has applied for residency for a managed community with Atlantic Realty Management, LLC. The information submitted states that he or she, was or is currently, employed by your company.

Will you kindly reply to the inquiry below regarding this applicant? Your reply will be held in strict confidence and we will in no way hold you responsible for your responses.

1. Length of employment: From \_\_\_\_\_ to \_\_\_\_\_

3. Is applicant paid weekly, bi-weekly or monthly? \_\_\_\_\_

3. Applicant's rate of pay? \_\_\_\_\_ Per hour \_\_\_ Per week \_\_\_ Per Year

4. Is Applicant? \_\_\_ Full time \_\_\_ Part time

5. Is Applicant? \_\_\_ Year round \_\_\_ Seasonal

7. Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of person supplying information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of company

**Applicant – Please complete ONLY this portion below!**

I, \_\_\_\_\_, authorize \_\_\_\_\_  
Print your name Print name of company

To release information regarding my employment history, services, character and conduct while in your employ to ATLANTIC REALTY MANAGEMENT, LLC. Atlantic Realty Management, LLC releases you from any and all liability, which may result in furnishing such information.

\_\_\_\_\_  
Signature of Applicant 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



**ATLANTIC REALTY MANAGEMENT, LLC.**  
**FUTURE MONTHLY LIVING EXPENSES WORKSHEET FOR APPLICANT(S)**

This form should have estimated expenses only for the rental unit you are applying for as you will not know exact figures of some utilities.

- |     |           |  |
|-----|-----------|--|
| 1.  | \$ _____  | Monthly Rent Amount-check with Community office for current monthly rent                     |
| 2.  | \$ _____  | Car payment(s)   |
| 3.  | \$ _____  | Other installment loan or credit card payments   |
| 4.  | \$ _____  | Food expense    Must allow at least 200.00 (Please take in consideration the amount of total |
|     |           | people to reside in the rental unit.   |
| 5.  | \$ _____  | Electric            Must allow at least \$ 100.00 (\$150.00 if heated by electric)           |
| 6.  | \$ _____  | LP gas             Must allow at least \$ 150.00 if home is heated by gas                    |
| 7.  | \$ _____  | Telephone         Must allow at least \$ 40.00   |
| 8.  | \$ _____  | Cable/satellite TV Must allow at least \$ 50.00  |
| 9.  | \$ _____  | Auto expense (gas, etc) allow \$0.47 x ____ # miles driven per month                         |
| 10. | \$ _____  | Clothing expense Must allow at least \$ 40.00  |
| 11. | \$ _____  | Insurance –health, auto, home, life (please list separately) _____, _____, _____             |
| 12. | \$ _____  | Medical expenses – physician visits/prescription medication                                  |
| 13. | \$ _____  | Child care/babysitting expense   |
| 14. | \$ _____  | Recreation expenses  |
| 15. | \$ _____  | Discretionary funds  |
| 16. | \$ _____  | Other Expenses – Please specify  |
|     | \$ _____  | TOTAL MONTHLY LIVING EXPENSES  |
|     | \$ _____  | Total net monthly income Applicant 1   |
|     | \$ _____  | Total net monthly income Applicant 2   |
|     | \$ _____  | Total net monthly combined income  |
|     | -\$ _____ | Less monthly expenses from above   |
|     | \$ _____  | Available income (must be positive)  |

\_\_\_\_\_  
Signature Applicant 1

\_\_\_\_\_  
Signature Applicant 2

Expenses verified by: \_\_\_\_\_

Date: \_\_\_\_\_

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN  
COMPLIANCE WITH THE FCRA  
(FAIR CREDIT REPORTING ACT)**

This authorization and consent for release of personal information acknowledges that Atlantic Realty Management (Hereafter referred to as "Company") and/or its agent, C4 Operations LLC may now, or at any time renting from conduct investigations whether the records are of a public, private or confidential nature. These investigations might include, but are not limited to, searches of educational institutions attended; state driving records; financial or credit institutions, including records of loans; records of commercial or retail credit agencies; other financial statements; records of previous employment, including work rental history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or of other counsel, whether representing me or any other person (In either a civil or criminal case in which I have been involved); records from the U.S. Veterans' Administration; criminal history information of file in local, state or federal agencies; and motor vehicle records. I understand that these searches will be used to determine renting eligibility under the company's renting policies. Therefore, I authorize and consent for full release of records (either orally or in writing) to the authorized representatives of the company. In addition, I release and discharge the company and its agent and associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs expenses or any other charge or complaint filed with any agency arising from retrieving and reporting this information. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether occupancy was denied based upon the information obtained and to receive, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report from **C4 Operations LLC, 1201 Edgewood Rd SW, Cedar Rapids, IA 52404** at telephone number (319) 491-6300. After reading this document, I fully understand its contents and authorize the background verification.

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Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Applicant (Print Name)**

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**Applicant Signature**

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## Background Screening Information Form

**Basic Information**

Legal First Name	Legal Middle Name	
Legal Last Name	Maiden and/or Other Last Name Used	
Email Address		
Date of Birth	Social Security Number	
Current Physical Address (no P.O. Boxes)		
City	State	Zip

The following are my responses to questions about my criminal record history (if any) with descriptions to any question with a YES answer:

1. Have you ever been convicted or plead guilty before a court of any federal, state, or municipal criminal offense? (Excluding minor traffic violations) YES NO If YES, please provide an explanation below:

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2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

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3. Have you ever received probation or community supervision for any federal, state or municipal criminal offense? YES NO If YES, Please provide an explanation below:

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4. Have you ever been arrested for molesting or abusing a minor? YES NO If YES, please provide an explanation below:

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5. Have you ever been convicted of any criminal offense in a country outside the jurisdiction of the United States? YES NO If YES, Please provide an explanation below:

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6. As of the date of this authorization, do you have any pending criminal charges against you? YES NO If YES, Please provide an explanation below:

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7. As of the date of this authorization, have you ever been evicted? YES NO If YES, Please provide an explanation below:

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**Address History** Please provide a complete address history since the age of 18.

Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates

**Employment Information**

Current Employer	Position
Rate of Pay	Dates of Employment

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete, that is grounds for the canceling of any or all offers of occupancy that may exist and may be used at the discretion of \_\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Applicant (Print Name):
Applicant Signature:

**CONSENT TO PERFORM CRIMINAL HISTORY BACKGROUND CHECK IN  
COMPLIANCE WITH THE FCRA  
(FAIR CREDIT REPORTING ACT)**

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Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

**Applicant (Print Name)**

**Applicant Signature**

## Background Screening Information Form

### **Basic Information**

Legal First Name		Legal Middle Name	
Legal Last Name		Maiden and/or Other Last Name Used	
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Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates
Address	City / State / Zip
County	Dates

**Employment Information**

Current Employer	Position
Rate of Pay	Dates of Employment

I hereby certify that all information provided in this authorization is true, correct and complete. I understand that if any information proves to be incorrect or incomplete, that is grounds for the canceling of any or all offers of occupancy that may exist and may be used at the discretion of \_\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Applicant (Print Name):
Applicant Signature: