

STATEMENT OF RENTAL POLICY

1. **We are an equal opportunity housing provider:** We fully comply with the federal Fair Housing Act. We do not discriminate against any person because of race, color, religion, national origin, sex, familial status, marital status, ancestry, sexual orientation, lawful sources of income, disability or handicap, or any other basis protected by applicable state of local fair housing laws.
2. **Apartment availability policy:** Apartments are subject to availability and only become available for occupancy according to your approval letter.
3. **Occupancy Guidelines:** The number of people who may reside in an apartment is restricted and determined by the local government. At present two persons per one bedroom and four people per two bedrooms is permitted.
4. **Application process:** We evaluate every apartment application in the following manner. All applicants must complete and submit a rental application and answer all questions on the form. There is a **NON-REFUNDABLE APPLICATION FEE** for each name that will appear on the lease as a Tenant. Wallingford Estates will determine whether or not you qualify for the apartment you are applying for. The credit and personal information will be sent to our screening company and a credit report will be requested. In addition, criminal history, employment and rental references will be checked to confirm that they meet all of our rental criteria. If you meet our criteria, we will approve your application and you will be notified in writing/email. Upon receipt of the notice of approval all monies due must be paid in accordance with the approval letter.
5. **RENTAL CRITERIA – To qualify for an apartment at Wallingford Estates, you must meet the following criteria:**
 - A. **Income –** You must meet our income requirements. An applicant must be able to verify at least one-year of steady employment immediately preceding the date of the application by providing a W-2 from their current employer. Full-Time students will be required to have a guarantor sign the lease agreement. Income qualifications will be met by providing proof of an available source of income that meets the minimum income standards.
 - B. **Rental History –** Satisfactory rental references from the last two prior landlords are requested. Any applicant who has been evicted or sued for any lease violations will be rejected
 - C. **Credit History –** We retrieve a report through the National Tenant Network.
 - D. **Criminal History –** Applicants convicted of a crime may be rejected.
 - E. **Guarantors –** Other than the law violations and a previous eviction history, if an applicant meets one or more of the above criteria, he or she may be able to qualify for an apartment by obtaining a third party to guarantee the lease. The guarantor must pass the same application process and screening process, with no confirmed eviction filings and must individually satisfy the income requirement of five (5) times the rent – income cannot be combined with the applicant(s).
6. **Cancellation or Denied Application:** Administrative fees are **NON-REFUNDABLE**. If the applicant(s) is not approved. In the event the applicant withdraws their application or cancels their lease signing, any deposit or fees will be forfeited. If cancellation occurs after approval, any and all holding fees will be forfeited.

Signature_____

Date_____

APPLICATION FOR RESIDENCY

SHADED AREAS ARE FOR OFFICE USE ONLY	Date & Time Application Received:	
	Date & Time Deposit Received:	
Community : Wallingford Estates	Move In Date:	Market Rent:
Address: 2701 Madison St Office E213	Apt. #:	Special:
Chester Pa 19013	Apt. Type:	Pet Fee:
Phone: 610.874.3220	Floor Preference:	Charged Rent:
Mgmt. Agent: Chester Realty	Term:	Sec. Deposit:

PLEASE COMPLETE ALL SECTIONS OF THE APPLICATION

Last Name _____ First Name _____ Middle _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Email Address _____ Date of Birth _____

Social Security # _____ Are You a U.S. Citizen? YES NO If "No" VISA# _____

Present Address _____ Apt # _____

City _____ State _____ Zip Code _____

County _____ Length of Occupancy _____

Residence is: Apartment Community Private Rental Home Owner Live with Family Other

Landlord or Mortgage Holder _____ Phone # _____

Previous Address _____ Apt # _____ County _____

City _____ State _____ Zip Code _____

Have you ever been filed on for eviction? YES NO If "Yes" When? _____ Where? _____

Have you ever filed for Bankruptcy? YES NO / Chapter 7 Discharge Date _____ Chapter 13 Confirmation hearing Date _____

EMPLOYMENT

Employer _____ Job Title _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Start Date/ Length of Employment _____ Hourly Rate/Salary \$ _____ Monthly Gross Income \$ _____

Previous Employer _____ Length of Employment _____

Additional Sources of Income _____ Frequency _____ Amount \$ _____

RESIDENTS

FULL NAME	SOCIAL SECURITY#	BIRTHDATE	SEX	RELATIONSHIP TO APPLICANT

Do you own a car? YES NO Year _____ Make _____ Model _____ Color _____

Driver's License Number _____ State _____

License Plate # _____ State _____

Who should we contact in case of an emergency (Someone who does not reside in the apartment)?

Name _____ Phone # _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Do you have any animal(s) you wish to have in your home? YES NO If "Yes" What Kind of Pet? _____

How Many? _____ Breed? (Dogs Only) _____ *Management reserves the right to disallow ANY pet from the property*

I, the undersigned applicant have submitted this application for residency on the date listed on above and declare that all the information and representation contained in and with this application is to the best of my knowledge and belief, true, and correct. I also understand that in the event of acceptance of this application, if I fail to take possession of the apartment within sixty (60) days after the application is approved; all holding fees made in connection with this application will be forfeited to the Owner as compensation for processing of the application and the loss of the rental for the unit. I consent to any and all inquiries made by the Owner or its Agent(s) if necessary to obtain references and to verify the information in the Application for Residency and agree upon request to provide documentary evidence of income of all proposed occupants including federal income tax information. I authorize the Owner or its Agent(s) to order and review one or more consumer reports relating to me (including, but not limited to, credit history, rental history (including with other properties owned by property owners affiliated with the Landlord), and criminal history. I further authorize the Owner and its Agent(s) to order, review or investigate consumer reports relating to me and to continue to obtain, review or investigate consumer reports relating to me both during the duration of any lease or agreement I may enter into as a result of this application and at any time thereafter, including for the purposes of collection of amounts I may owe under any lease or any other agreement. I further authorize and direct all employees, financial institutions, banks, creditors, residential managers/landlords to release any and all information relating to me to the Owner or its Agent(s). In addition, I understand and authorize the Owner or its Agent(s) to obtain and use consumer report information relating to me (including, but not limited to, a credit score) for the purpose of conducting research into statistical credit models and evaluating the performance of various scoring models and sources of consumer reporting information, including but not limited to, criminal conviction and skip tracing eviction databases. I understand that if this application is approved, all information provided herein will become part of the lease.

Applicant Signature Required

Applicant Signature _____

Date _____

Received By _____

Date _____

SHADED AREAS ARE FOR OFFICE USE ONLY

Approved by: _____ Date _____

\$ _____ Total required deposit(s)

\$ _____ Total required non-refundable fee(s)

Approved with Conditions by: _____ Date _____

\$ _____ Total required deposit(s)

Declined by: _____ Date _____

Reason: _____

LANDLORD VERIFICATION FORM

TO: Landlord or Managing Agent

FROM: Wallingford Estates

DATE: _____

Landlord: _____ **Phone:** _____ **Apt #:** _____

I give authorization to release information: _____

Applicant Signature Here

Date

Applicant Print Name

The referenced future resident has applied for an apartment at our complex. As part of the verification process we require some information from the current landlord. Please take a few moments to complete the questionnaire and fax your reply back to us at the fax number below. Thank you in advance for your attention to this matter.

Verify Address: _____

Rent Amount: \$ _____ **How Long?** _____

Is Rent paid on time? YES NO If "Yes", Please indicate the number of late payments in the past 24 months: _____

NSF? YES NO

Was property left damaged? YES NO

Would you rent to them again? YES NO

Did the tenant give sufficient notice according to the lease? YES NO

If no, please explain: _____

Were there any complaints from the neighbors about the tenant? YES NO

If yes, please explain: _____

Did the tenant give a reason for moving? YES NO If yes, please explain: _____

Person replying and title: _____

Date

Person replying signature: _____