

Atlantic Realty Management, LLC.
Application for Rental Unit Residency
Instruction Sheet

(Please Read Carefully)

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

1. There is a \$50.00 non-refundable application fee per applicant that must accompany this application in the form of money order or debit/credit card (Visa, Master Card). No checks will be accepted. There is an application fee of \$30 for each additional occupant over 18 years of age.
2. 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.**
3. All applicants and potential occupants over the age of eighteen (18) must sign the form "Permission to Disclose and Openly Discuss Credit and Criminal History."
4. All applicants must submit a year-to-date pay stub and/or verification of all income being used to demonstrate income eligibility. If you are self-employed, you will need to provide signed copies of federal income tax returns for the previous two years.
5. If you have not been employed with the same employer for one (1) year, you must be able to provide a five (5) year employment history.
6. Applicants must provide two forms of identification, i.e. State issued ID card, or State issued Drivers License and a Social Security Card.
7. Foreign Nationality applicants must provide, in addition to current State driver's License, a Birth Certificate, Visa Card, Green Card, Work and /or Student Permit, and citizenship papers, when applicable.
8. 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 5 - 7 business days for the results to come back. You will be contacted by the Atlantic Realty Management, LLC with said results.
9. Please return the entire application to:

Atlantic Realty Management
31052 Shady Acres Lane
Laurel, DE 19956
302-875-9571

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

ATLANTIC REALTY MANAGEMENT, LLC.
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.

1. _____ \$50.00 Non-refundable application fee per applicant.
\$30.00 application fee for each additional potential occupant over 18 years of age.

2. _____ Provide proof of employment for one (1) year with the same employer along with proof of income.

3. _____ Provide employment history for the previous five (5) years if not employed with the same employer for one (1) year.

4. _____ Provide signed copies of federal income tax returns for the previous two years, if self- employed.

5. _____ Provide verification of any additional income used to determine eligibility. (i.e. disability, pension or other form of retirement income, social security, child support).
Note: All income stated on the application must have supporting documentation.

6. _____ Provide a copy of driver's license and social security card for each applicant and potential occupant over 18 years of age.

Please Note: Foreign Nationality applicants must provide, in addition to current State driver's License, a Birth Certificate, Visa Card, Green Card, Work and /or Student Permit, citizenship papers and ITIN letter when applicable.

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. State laws provide that a community owner may evict a resident for intentionally making false or misleading statements on any application for residency.

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

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 _____

NOTICE: During the term of tenancy, you are required to notify the community owner of any changes in the number, identity, or status of the occupants of the home listed herein.

MANUFACTURED HOME INFORMATION

I/we are RENTING the following manufactured home

- New Model Rental
- Pre-owned Rental

Current location of home: _____

Size of home: _____ (Excluding hitch) Manufacturer: _____ Model: _____

Serial number: _____ Year of home: _____

Number of bedrooms: _____ Number of bathrooms: _____

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

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

Note: Garbage disposals are not permitted!

APPLICANT 1 INFORMATION

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

Present phone # _____ Cell phone # _____
(Including area code) (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:

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: _____

APPLICANT 2 INFORMATION

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VEHICLE INFORMATION:

1. _____
Year Make Tag # State

2. _____
Year Make Tag# State

Do you own any of the following: ___ Travel or utility trailer ___ Motor Home ___ Boat ___ Motorcycle?

If YES to any above, please provide details: _____

CREDIT REFERENCES:

Name and address of creditor Account # Monthly Payment

Name and address of creditor Account # Monthly Payment

Name and address of creditor Account # Monthly Payment

CRIMINAL BACKGROUND:

Have you ever been convicted of a Criminal Offense? ___ Yes ___ No If YES, please EXPLAIN:

Have you ever been convicted of a Drug Related Offense? ___ Yes ___ No If YES, please EXPLAIN: .

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.

Applicant 2 Signature

Date

**ALL APPLICANTS/ OCCUPANTS OF THE HOME THAT ARE
18 YEARS OFAGE OR OLDER MUST SIGN BELOW**

**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- PER REQUEST***

Print Name

Occupant's Signature

Date

Social Security #

Date of Birth

Email Address: _____

Print Name

Occupant's Signature

Date

Social Security #

Date of Birth

Email Address: _____

Print Name

Occupant's signature

Date

Social Security #

Date of Birth

Email Address: _____

VERIFICATION OF EMPLOYMENT FOR APPLICANT 1

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

VERIFICATION OF EMPLOYMENT FOR APPLICANT 2

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.
MONTHLY LIVING EXPENSES WORKSHEET FOR APPLICANT(S)

1. \$ _____ Monthly Rent Amount
2. \$ _____ Car payment(s)
3. \$ _____ Other installment loan or credit card payments
4. \$ _____ Food expense Must allow at least \$200.00 (add \$100.00 each for additional occupants)
5. \$ _____ Electric Must allow at least \$ 70.00 (\$120.00 if heated by electric)
6. \$ _____ LP gas Must allow at least \$ 100.00 if home is heated by gas
7. \$ _____ Telephone Must allow at least \$ 40.00
8. \$ _____ Cable/satellite TV Must allow at least \$ 35.00
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 if needed)
12. \$ _____ Medical expenses - physician visits/prescription medication
13. \$ _____ Child care/babysitting expense
14. \$ _____ Recreation expenses Must allow at least \$ 60.00
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 _____ (Hereafter referred to as "**Company**") and/or its agent, **C4 Operations LLC**, may now, or at any time I am enrolled in, assigned to, volunteer with or am employed by this **Company**, 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; employment, including work history, efficiency ratings, complaints and grievances filed by or against me; records and recollections of attorney-at-law or 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. Veteran' Administration; criminal history information on file in local, state or federal agencies; and motor vehicle records, and following an employment offer, workers' compensation reports from either the Department of Labor, National Personnel Records or the Industrial Commission or similar agencies under the provisions of the Fair Credit Reporting Act 15, USC section 1681 et seq. I also authorize the National Personnel Records Center, or other custodian of my military service record, to release to C4 Operations LLC, the following information and/or copies of documents from my military service record: DD214, service record, and any disciplinary records.

I understand that these searches can be used to determine eligibility under the **Company** policies. Therefore, I authorize the consent for full release of records (either orally or in writing) to the authorized representatives of the **Company**. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based upon the information obtained and received, 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, by sending a written request to 1201 Edgewood Rd SW, Cedar Rapids IA 52404-2344, calling (888) 519-6283 or submitting an email request though our website www.C4Operations.com.** After reading this document, I fully understand its contents and authorize the background verification.

Are you applying for employment in California, Minnesota or Oklahoma? YES _____ NO _____
If so, do you want a copy of any Consumer Report prepared concerning you? YES _____ NO _____

I understand that California law requires **Company** to give me a copy of any report requested within three (3) days of the date the information was obtained and that failure to do so will expose **Company** to liability (Section 1786.16).

Signed this _____ day of _____, 20_____.

Applicant (Print Name)	Applicant Signature
Parent/Legal Guardian Name if Applicant is a Minor	Parent/Guardian Signature if Applicant is a Minor