

Smyrna Gardens Apartments

105 Lawn Dr., Smyrna, DE 19977
(302) 653-5229 TTY 711

Thank you for your inquiry to Housing Development Corporation MidAtlantic, the premier non-profit provider of quality affordable apartments, townhomes, and rental housing. Our organization is dedicated to expanding residential opportunities for low-income families, senior citizens and individuals by providing affordable, safe and secure housing solutions through innovative Property Management Services and Real Estate Development Services in Pennsylvania & Delaware.

Smyrna Gardens Apartments is a general occupancy community. This property features 71 two bedroom apartments for low-income individuals and families. HDC MidAtlantic is pleased to offer these affordable housing accommodations as a solution to your needs. Enclosed is an application and fact sheet that includes property information, unit rents, and basic income limit guidelines.

When completing emailed or downloaded applications, please note the following:

- There is a different application for every property, please make sure you are filling out the correct application.
- You must print out the application in order to complete it.
- You may NOT email or fax applications. All applications must be mailed or hand delivered to the property where you are applying for residency.
- A non-refundable application fee is required with your application: \$17 for 1 applicant or \$34 for 2 or more applicants
- **This application must be returned to:**
Smyrna Gardens Apartments
105 Lawn Drive
Smyrna, DE 19977

We look forward to welcoming you home to HDC MidAtlantic!

The HDC MidAtlantic Team

info@hdcweb.com

www.hdcweb.com

Equal Housing Opportunity





**105 Lawn Drive
Smyrna, DE 19977
(302) 653-5229 TTY 711
info@hdcweb.com**

RENTAL INFORMATION:

71 Affordable Housing, General Occupancy Apartments
2 Bedroom Apartments (1 full and 1 ½ Bath, 1000 square ft.)
 50% Income Limit 2BR Apartments at \$560 per month
 60% Income Limit 2BR Apartments at \$630 per month

RENT INCLUDES WATER, SEWER AND TRASH REMOVAL
 Section 8 Vouchers Accepted

AMENITIES INCLUDE:

- | | |
|--|----------------------------------|
| Central Air-Conditioning | On-Site Building Management |
| Wall-to-Wall Carpeting | On-Site Professional Maintenance |
| Walk-in Closet | 24-Hour Emergency Maintenance |
| Spacious Floor Plans | Laundry Facilities On-Site |
| Fully Equipped Kitchen
with Dishwasher & Pantry | Ample Off-Street Parking |
| Tobacco Free Community | No Pets |

INCOME LIMITS:

Smyrna Gardens Apartments is an affordable rental community and maximum and minimum income limits apply for all rental opportunities. The maximum income levels are based on a percentage of the Delaware State median income by household size. When applying for residency, applicants will be required to complete forms pertaining to their household composition, gross household income (before any deductions) and your income from assets.

MAXIMUM INCOME LIMITS:

	1 person	2 people	3 people	4 people
50%	\$25,300	\$28,900	\$32,500	\$36,100
60%	\$30,360	\$34,680	\$39,000	\$43,320

MINIMUM INCOME LIMITS – 50% Income Limit = \$16,584 • 60% Income Limit = \$18,264

APPLICATION PROCESSING:

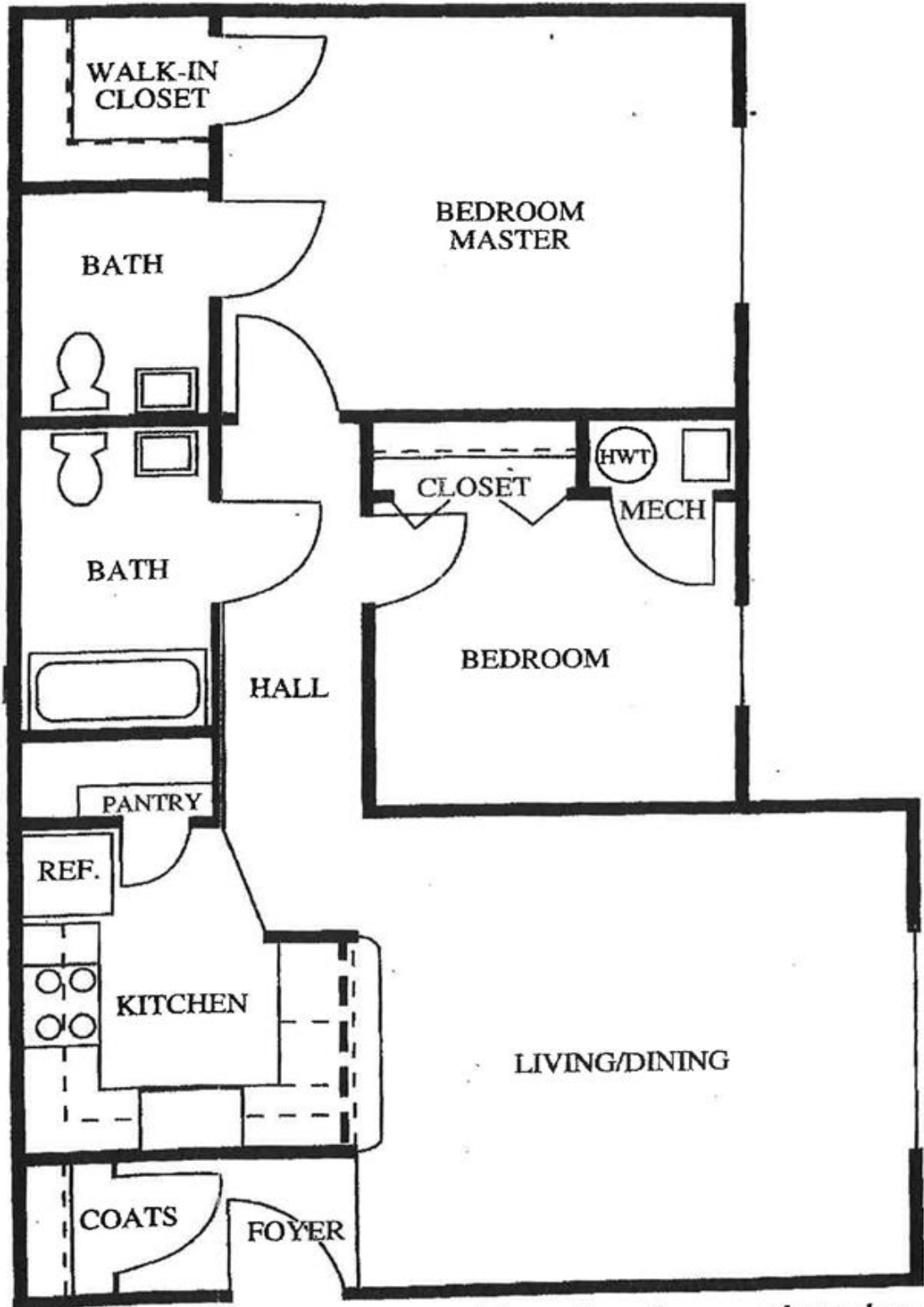
Credit history, criminal background, landlord history, and other resident selection criteria apply. Income limits, and other resident selection criteria will determine the eligibility to lease the apartment/townhome. Households comprised entirely of full time students will not qualify unless certain exceptions are met. All statements made on the rental application must be verified in writing through a third party not related to the applicant household.



Another property professionally managed by Housing Development Corporation MidAtlantic

4-6 West King Street, Suite 4 • Lancaster, PA 17603-3824 • 717-291-1911 • National Relay Service: Dial 711





Details and dimensions shown on these plans are approximate and subject to change



RENTAL APPLICATION

Tax Credit
Rental Application
Revised: 6/2017

Dear Applicant:

In order to process your application and because of rising costs, we find it necessary to charge a processing fee. The fee is: **\$17.00 One Adult / \$34 Two Adults or more**

This is a NON-REFUNDABLE FEE, even if your application is rejected for any reason (over income, unacceptable credit, unacceptable references, or any other reason) or you withdraw your application. The fee is to cover costs of processing such as credit checks, reference checks, income verification and other various clerical procedures involved in placing applicants on the waiting list and processing.

By signing this memo, you are not entering into a contract, only paying a fee. The payment of this fee does not obligate HDC or the Owner to rent to you. You acknowledge that this fee will not be returned to you for any reason.

Our processing includes a credit check, which you must pass – if you have more than three accounts with a rating of 4-9 you will be rejected. If you have an open bankruptcy or judgments on your report, you will be rejected unless the bankruptcy has been discharged for six (6) months. It is recommended that if you are not sure about your credit, you should check on it before you apply.

If you write a check for this fee and it is returned by the bank for insufficient funds, account closed or in any manner not honored for payment, you will be charged \$20.00.

If you have questions about processing or the resident selection plan, you are encouraged to ask questions prior to submitting your application.

By signing this memo, I understand that I will not have the processing fee returned to me whether I am accepted as an applicant or rejected.

Name (printed): _____

Signature: _____

Date: _____

Received by: _____

Employee Signature

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:

Smyrna Gardens

Paid by: Cash Check Money Order



TO ALL APPLICANTS FOR HOUSING:

As a part of your rental housing application we will run a criminal check on all persons in your household age 18 and older. In addition we complete credit checks, landlord references, verification of income, verification of assets and other resident selection criteria as required by our management contract with the owner of this community.

REGISTERED SEX OFFENDERS WILL NOT BE ADMITTED FOR HOUSING.

Thank you.

MANAGEMENT AGENT: Housing Development Corporation MidAtlantic





RENTAL APPLICATION

Tax Credit
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Revised: 6/2017

Smyrna Gardens

FOR OFFICE USE ONLY:

Date Received: _____ Time Received: _____

Please Complete this Application & Return to:

Smyrna Gardens, 105 Lawn Drive, Smyrna, DE 19901

The following information is confidential and will not be disclosed without your consent.

No. of bedrooms: _____ Do you receive Section 8 or any other rental subsidy? Yes /No

HOUSEHOLD COMPOSITION Starting with the Head of Household, list all members who will live at this location. Provide the relationship of the household member to the Head of Household (spouse, daughter, etc.)

MEMBER NO.	FULL NAME	RELATIONSHIP	BIRTHDATE M/D/Y	SOCIAL SECURITY NO.
Head of Household				
2				
3				
4				
5				
6				
7				
8				

Applicant's Name (Head of Household)		Email address:		Home Phone ()
Present Street Address	City	State	Zip Code	No. Yrs. at Present Address
Former Street Address	City	State	Zip Code	No. Yrs. at Former Address
Co-Applicant's Name		Email address:		Home Phone ()
Present Street Address	City	State	Zip Code	No. Yrs. at Present Address
Former Street Address	City	State	Zip Code	No. Yrs. at Former Address



RENTAL APPLICATION

CURRENT / PREVIOUS LANDLORD INFORMATION (Head of Household) Provide the name, address, and phone number for all landlords in the past 3 years.				
Current Landlord Street Address	City	State	Zip Code	Phone ()
Previous Landlord Street Address	City	State	Zip Code	Phone ()
Previous Landlord Street Address	City	State	Zip Code	Phone ()
CURRENT / PREVIOUS LANDLORD INFORMATION (Co-Applicant) Provide the name, address, and phone number for all landlords in the past 3 years.				
Current Landlord Street Address	City	State	Zip Code	Phone ()
Previous Landlord Street Address	City	State	Zip Code	Phone ()
Previous Landlord Street Address	City	State	Zip Code	Phone ()

EMPLOYMENT INFORMATION:

Name and Address of Employer (Head of Household)		Type of Business	Self Employed? Yes <input type="checkbox"/>
Business Phone Number ()	Position/Title	No. Yrs. on Job	No <input type="checkbox"/>
Name and Address of Previous Employer (if employed at present position less than 1 yr.)		No. of Yrs. with Previous Employer	Business Phone ()
Name and Address of Employer (Co-Applicant)		Type of Business	Self Employed? Yes <input type="checkbox"/>
Business Phone Number ()	Position/Title	No. Yrs. on Job	No <input type="checkbox"/>
Name and Address of Previous Employer (if employed at present position less than 1 yr.)		No. of Yrs. with Previous Employer	Business Phone Number ()
Name and Address of Employer (Other Adult Member)		Type of Business	Self Employed? Yes <input type="checkbox"/>
Business Phone Number ()	Position/Title	No. Yrs. on Job	No <input type="checkbox"/>
Name and Address of Previous Employer (if employed at present position less than 1 yr.)		No. of Yrs. with Previous Employer	Business Phone Number ()



RENTAL APPLICATION

ANNUAL INCOME				
SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 YRS OR OLDER	TOTAL
Gross Salary from Wages	\$	\$	\$	\$
Overtime Pay	\$	\$	\$	\$
Commissions/Fees/Tips/Bonuses	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Workers Compensation, etc.	\$	\$	\$	\$
Social Security, Pensions, Retirement Funds, etc.	\$	\$	\$	\$
TANF Payments	\$	\$	\$	\$
Alimony, Child Support	\$	\$	\$	\$
Interest and/or Dividends	\$	\$	\$	\$
Net Income from Business	\$	\$	\$	\$
Net Rental Income	\$	\$	\$	\$
Financial Assistance in excess of Tuition:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
			TOTAL:	\$
ASSETS	CASH VALUE	NAME OF FINANCIAL INSTITUTION		
Checking Account	\$			
Savings	\$			
Certificate of Deposit	\$			
Mutual Funds/Stocks/Bonds	\$			
Real Estate	\$			
Whole Life Insurance Policy	\$			
Other:	\$			
TOTAL:	\$			
<p>I <input type="checkbox"/> HAVE / <input type="checkbox"/> HAVE NOT (← check one) disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset value under the “Other” row in the above listing of assets on page 3</p>				



PLEASE LIST MOTHER'S FULL MAIDEN NAME FOR ALL ADULTS	
YOUR FULL NAME	YOUR MOTHER'S FULL MAIDEN NAME
1.	
2.	

Do you own a home or other property? Yes / No

Do you have problems with insect/rodent infestation? Yes / No

If Yes please answer the following:

Did you assist in the prep prior to extermination? Yes / No

Was the extermination successful? Yes / No

Are you or any member of your household currently using an illegal substance? Yes / No

Are you or any member of your household currently abusing alcohol? Yes / No

Have you or any member of your household been convicted of drug use or manufacture or any other felony? Yes / No

Have you or any member of your household been convicted of any crime in the past seven years? Yes / No

(Note: any crime includes ALL crimes - misdemeanor, summary offense & felony)

If yes, what type of conviction? _____

Have you or any member of your household ever been evicted from any housing?

Yes / No

Are you or any member of your household registered with any State as a Sexual Offender?

Yes / No

If yes, which state(s)? _____

Please list ANY state in which ANY member of the household listed on page one (1) has resided:

Are you presently displaced due to a presidentially declared disaster? Yes / No

Are you currently serving in or are a veteran of the United States Military? Yes / No



Are there any special housing needs or reasonable accommodations that the household will require? Yes / No **If yes, list below:**

STUDENT INFORMATION

Are ALL household members full-time students? Yes / No

If Yes:

Name & address of Institute of Higher Education (college, trade school, etc.) that head of household or co-head/spouse attend full or part-time:

Is the student/students married and filing a joint tax return? Yes / No

Is the household comprised of a single parent and children, none of which are dependents of a third party? Yes / No

Does the household receive aide for depending children or TNAF? Yes / No

Are the full-time students recipients of foster care assistance under Part B or E of Title IV of the social security act? Yes / No

COMMENTS/ADDITIONAL INFORMATION

In accordance with the data collection information required by the Department of Housing and Urban Development (HUD), please provide the following information for the head of household.

GENDER: Male Female

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

RACE: White American Indian/Alaska Native & White
 Black or African American Asian & White
 Asian Black/African American & White
 American Indian or Alaska Native American Indian/Alaska Native & Black/African American
 Native Hawaiian or Other Pacific Islander Other Multi-racial





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MARKETING – HOW DID YOU HEAR ABOUT? Smyrna Gardens (Mark all that apply)

- HDC Facebook
- Other Online Source
- Referral- Former Resident
- Referral- Property
- Transfer
- Newspaper: please indicate which newspaper: _____
- HDC Website
- Referral- Employer
- Referral- Other
- Referral- Resident
- Drive By
- Internet- Search Engine
- Referral- Family Member
- Referral- Outside Agency
- Signage
- Walk In

The information provided in this application is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy. I/we understand that in order to be considered for housing we must pass all the resident selection criteria including a credit check, landlord reference, criminal background check, and income qualification. I / we understand that if information is missing (intentional or not), incomplete, or falsely reported on this rental application I/we shall be immediately rejected for consideration of housing. I/we understand that this application gives Housing Development Corporation permission to verify all the information included within the application and other information requested during the processing of the application. **I/we understand that this application is not an approval for housing.**

*****ALL PERSONS AGE 18 AND OLDER MUST SIGN THIS APPLICATION BELOW*****

Applicant (Head of Household)

Date

Co-Applicant

Date





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CONSENT: I authorize and direct any business; individual; or Federal, state, or local agency, department, or organization to release to Housing Development Corporation MidAtlantic as Management Agent for Smyrna Gardens any information or materials needed to complete and verify my application for tenancy, my eligibility and continued eligibility for tenancy, and my certification and recertification for assistance, if applicable. I give my consent for the release of such information about the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by any Federal, state, or local housing assistance agency and the owner and management agent in administering and enforcing program and owner and management agent rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- | | | | |
|--------------------------------|----------------------------------|------------------------------|------------------------|
| Identity and Marital Status | Employment, Income and Assets | Credit and Criminal Activity | Criminal History |
| Residences and Rental Activity | Medical or Child Care Allowances | Social Security Numbers | Sexual Offender Status |

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | | |
|---|----------------------------------|-------------------------------|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers | Veterans' Administration |
| Banks and other Financial Institutions | Welfare Agencies | Retirement Systems |
| Post Offices | Social Security Administration | State Unemployment Agencies |
| Schools and Colleges | Utility Companies | Support and Alimony Providers |
| Credit Providers and Credit Bureaus | Medical and Child Care Providers | |
| Police Departments and Other Agencies Which Retain Criminal Background Histories and Sexual Offender Registries | | |

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or a Public Housing Authority (PHA) may conduct matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, state, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and state welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

_____	_____	_____
Head of Household	(Print Name)	Date
_____	_____	_____
Spouse	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

I hereby certify that the following are minor children living with me: _____

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM MUST BE PREPARED AND SIGNED SEPARATELY.





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THIS IS NOT A CONTRACT

I, _____, (Licensee) hereby state that with respect to this HDC managed property, Smyrna Gardens, I am acting in the following capacity:

As Agent of the Owner/Landlord Pursuant to a Property Management Agreement.

Signatures:

I acknowledge that I have received this notice:

(Consumer/Applicant)

Date

(Consumer/Applicant)

Date

I certify that I have provided this notice:

(Licensee)

Date

