

# THE FLATS - Phase I

525 North Union Street, Wilmington, DE 19805  
302-656-0801 TTY 711 – Fax: 302-656-0800

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Thank you for your interest in The Flats - Phase I. This general occupancy apartment community is a collaboration between the Todmorden Foundation and HDC MidAtlantic to provide affordable housing for individuals, families and seniors of any age. The property features 72 one, two or three bedroom apartments for individuals and families with low or moderate income. HDC MidAtlantic is pleased to offer these affordable housing accommodations as a solution to your needs.

**Enclosed is an application with a 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. In some cases, an application fee must accompany the application.
- **This application must be returned to:**  
**The Flats-Phase I**  
**525 North Union Street**  
**Wilmington, DE 19805**

If you have any questions, please contact Melissa Elliot at 302-656-0801 or email [melliot@hdcweb.com](mailto:melliot@hdcweb.com).

We look forward to welcoming you home to HDC MidAtlantic!

## The HDC MidAtlantic Team

[info@hdcweb.com](mailto:info@hdcweb.com)

[www.hdcweb.com](http://www.hdcweb.com)

Equal Housing Opportunity



Another property professionally managed by Housing Development Corporation MidAtlantic

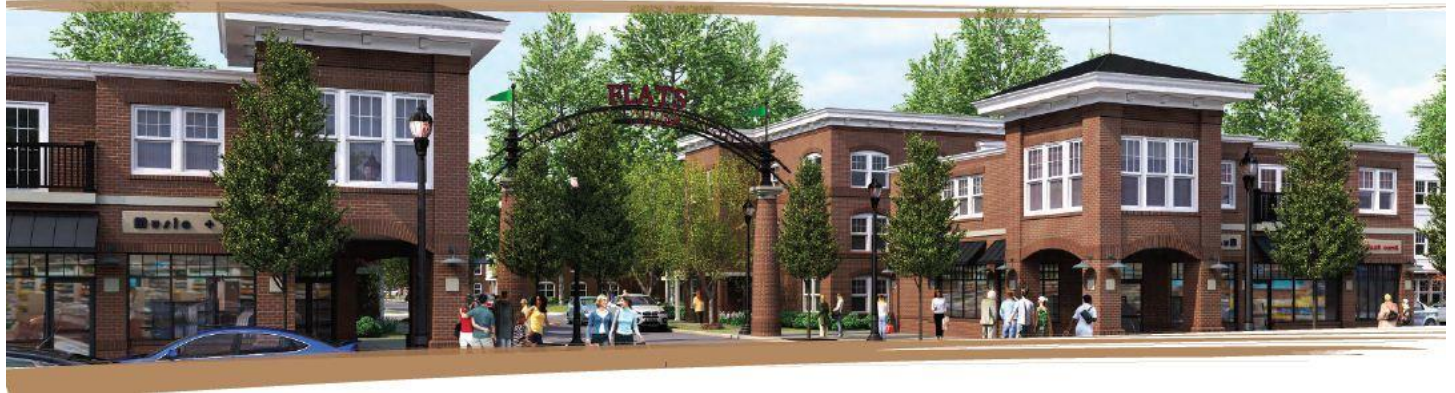
4-6 West King Street, Suite 4 • Lancaster, PA 17603-3824 • 717-291-1911 • National Relay Service: Dial 711



# THE FLATS

## PHASE 1

525 NORTH UNION STREET  
WILMINGTON, DE 19805  
302.656.0801 • TTY 711  
FAX: 302.656.0800



The apartments are the first phase of an overall planned redevelopment of 430 existing multifamily rental apartments in an existing, well-established neighborhood. This neighborhood is being revitalized by the Todmorden Foundation, a Wilmington, DE based mission-driven nonprofit organization.

### RENTAL INFORMATION:

72 Affordable Housing, General Occupancy Apartments  
1, 2 & 3 Bedroom Apartments

15 ADA Handicapped Accessible and Hearing/Vision Impaired Apartments

### RENT INCLUDES WATER, SEWER AND TRASH REMOVAL\*

*\*Residents will be charged for overage water usage*

Section 8 Vouchers Accepted

Income Limits Apply

**1 Bedroom Apartments** (1 Full Bath, Average 717 square ft.)  
(7 available) 30% Income Limit 1 BR Apartments at **\$320 per month**  
(2 available) 40% Income Limit 1 BR Apartments at **\$468 per month**  
(3 available) 50% Income Limit 1 BR Apartments at **\$615 per month**  
(9 available) 60% Income Limit 1 BR Apartments at **\$749 per month**

**2 Bedroom Apartments** (1 Full Bath (4 with 1 Full and ½ Bath) Average 945 square ft.)  
(13 available) 30% Income Limit 2 BR Apartment at **\$377 per month**  
(5 available) 40% Income Limit 2 BR Apartments at **\$554 per month**  
(7 available) 50% Income Limit 2 BR Apartments at **\$732 per month**  
(20 available) 60% Income Limit 2 BR Apartments at **\$891 per month**

**3 Bedroom Apartments** (1 Full Bath and ½ Bath, Average 1,200 square ft.)  
(2 available) 30% Income Limit 3 BR Apartment at **\$426 per month**  
(1 available) 50% Income Limit 3 BR Apartments at **\$836 per month**  
(3 available) 60% Income Limit 3 BR Apartments at **\$1,006 per month**

### AMENITIES INCLUDE:

- Energy Star Micro-Hoods & Ceiling Fans
- Fully Equipped Kitchen with Dishwasher, Refrigerator and Range
- Free Wi-Fi
- Washer and Dryer Hook-Ups in Apartments
- Community Center with:
  - Community Room with Kitchenette
  - Rental/Management Office
- Playground On-Site
- Public Transportation Stop At-Site
- Security/Surveillance System
- Off Street Parking
- Professional Maintenance and Management
- 24 Hour Emergency Maintenance On-Call
- Adjacent to Bancroft Pkwy. Close to Woodlawn Library, Woodlawn Park and Little Italy
- No Pets.
- Tobacco-Free Community

### INCOME LIMITS:

The Flats 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 New Castle County's 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. Select units are Section 811. Applications for these apartments must apply with DSHA - Delaware State Housing Authority.

### MAXIMUM INCOME LIMITS:

	<b>1 person</b>	<b>2 people</b>	<b>3 people</b>	<b>4 people</b>	<b>5 people</b>	<b>6 people</b>
<b>30%</b>	\$17,490	\$19,980	\$22,470	\$24,960	\$26,970	\$28,980
<b>40%</b>	\$23,320	\$26,640	\$29,960	\$33,280	\$35,960	\$38,640
<b>50%</b>	\$29,150	\$33,300	\$37,450	\$41,600	\$44,950	\$48,300
<b>60%</b>	\$34,980	\$39,960	\$44,940	\$49,920	\$53,940	\$57,960

### MINIMUM INCOME LIMITS:

- |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|
| 1 BR 30% = \$10,056/year | 2 BR 30% = \$12,192/year | 3 BR 30% = \$14,160/year |
| 1 BR 40% = \$13,608/year | 2 BR 40% = \$16,440/year | 3 BR 50% = \$24,000/year |
| 1 BR 50% = \$17,136/year | 2 BR 50% = \$20,712/year | 3 BR 60% = \$28,080/year |
| 1 BR 60% = \$20,352/year | 2 BR 60% = \$24,528/year |                          |

### 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.

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:

### The Flats - Phase I

Paid by:  Check  Money Order



## **TO ALL APPLICANTS FOR HOUSING:**

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

In addition, please be advised that under Federal Law, persons with disabilities have the right to request reasonable accommodations to rules and modifications to apartments at no cost to themselves.

Thank you.

MANAGEMENT AGENT: Housing Development Corporation MidAtlantic



The Flats - Phase I

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

**Please Complete this Application & Return to:**

The Flats Phase I - 525 North Union Street, Wilmington, DE 19805

**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

<b>HOUSEHOLD COMPOSITION</b> 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				

<b>Applicant's Name (Head of Household)</b>		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
<b>Co-Applicant's Name</b>		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



<b>CURRENT / PREVIOUS LANDLORD INFORMATION (Head of Household)</b> 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 ( )
<b>CURRENT / PREVIOUS LANDLORD INFORMATION (Co-Applicant)</b> 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:**

<b>Name and Address of Employer (Head of Household)</b>		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 ( )
<b>Name and Address of Employer (Co-Applicant)</b>		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 ( )
<b>Name and Address of Employer (Other Adult Member)</b>		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 ( )



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:	\$			

**I  HAVE /  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**





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

<p>Do you have problems with insect/rodent infestation? Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p><b><u>If Yes please answer the following:</u></b></p> <p>Did you assist in the prep prior to extermination? Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>Was the extermination successful? Yes <input type="checkbox"/> / No <input type="checkbox"/></p>
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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:

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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**

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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

**MARKETING – HOW DID YOU HEAR ABOUT? The Flats - Phase I (Mark all that apply)**

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



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

\_\_\_\_\_



**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 The Flats - Phase I 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 SEPERATELY.

# CONSUMER NOTICE

## THIS IS NOT A CONTRACT

I, Ed Kaminski (licensee), hereby state that with respect to this HDC Managed property, The Flats Phase I, 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: \_\_\_\_\_