

The Flats Phase II

525 North Union Street
Wilmington, DE 19805
302-656-2927 / TTY 711

Dear Prospective Resident,

Thank you for your interest in The Flats Phase II. This general occupancy apartment community is a collaboration between the Todmorden Foundation and HDC MidAtlantic. We provide affordable housing for individuals, families and seniors with low or moderate income. Section 8 Vouchers are accepted.

Apartments are filled and applicants are placed on the waiting list in the order in which completed applications, with application fee, are received back to our office. Please return the application as soon as possible to ensure your placement. If you applied to The Flats Phase I, you are only on the waiting list for that phase. You MUST apply to The Flats Phase II to be considered for an apartment in this phase also.

Enclosed is the rental application. If you have any questions; (income guidelines, length of waiting list, scheduling a tour, etc.), please contact the Community Manager at 302-656-2972 or email flats2@hdcweb.com.

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 adult or \$34 for 2 or more adults.
- **This application must be returned to:**
The Flats Phase II
525 North Union Street
Wilmington, DE 19805

We look forward to welcoming you home to HDC MidAtlantic!

HDC MIDATLANTIC TEAM

info@hdcweb.com

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 II

Rental Office:
525 North Union Street
Wilmington, De 19805
302.656.2972 • TTY 711



This Apartment Community is the second 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
2 & 3 Bedroom Apartments

ADA Handicapped Accessible and Hearing/Vision Impaired Apartments Available

RENT INCLUDES WATER, SEWER AND TRASH REMOVAL *

**Residents will be charged for overage water usage*

Section 8 Vouchers Accepted

Income Limits Apply

There are NO 1 Bedroom Apartments in Phase II

2 Bedroom Apartments (1 Full Bath (4 with 1 Full and ½ Bath) Average 945 square ft.)
(7 available) 40% Income Limit 2 BR Apartments at **\$570 per month***
(5 available) 50% Income Limit 2 BR Apartments at **\$750 per month**
(53 available) 60% Income Limit 2 BR Apartments at **\$915 per month**

3 Bedroom Apartments (1 Full Bath and ½ Bath, Average 1,200 square ft.)
(1 available) 40% Income Limit 3 BR Apartment at **\$640 per month***
(1 available) 50% Income Limit 3 BR Apartments at **\$855 per month**
(4 available) 60% Income Limit 3 BR Apartments at **\$1,025 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
 - Resident Computers
- Playground On-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 Phase II 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:

	1 person	2 people	3 people	4 people	5 people	6 people
40%	\$24,480	\$28,000	\$31,480	\$34,960	\$37,760	\$40,560
50%	\$30,600	\$35,000	\$39,350	\$43,700	\$47,200	\$50,700
60%	\$36,720	\$42,000	\$47,220	\$52,440	\$56,640	\$60,840

MINIMUM INCOME LIMITS:

2 BR 40% = \$16,824	3 BR 40% = \$19,296
2 BR 50% = \$21,144	3 BR 50% = \$24,456
2 BR 60% = \$25,104	3 BR 60% = \$34,008

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.

* **The 40% income level apartments are reserved for special populations that identify with the following groups:**

- ❖ Persons with HIV/AIDS related illness
- ❖ Literally or Imminently Homeless
- ❖ Survivors of Domestic Violence
- ❖ Persons with Disabilities
- ❖ Youth exiting foster care or persons exiting state-run institutions

Please note that we will need to verify that you qualify as a member of the population listed above.

If you have any questions, please feel free to contact the office at 302-656-2972.



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



TO ALL APPLICANTS:

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





RENTAL APPLICATION

Tax Credit
Rental Application
Revised: 4/2018

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 II

Paid by: Cash Check Money Order





RENTAL APPLICATION

Tax Credit
Rental Application
Revised: 4/2018

Please complete this application and return to:

The Flats Phase II
525 North Union Street
Wilmington, DE 19805

FOR OFFICE USE ONLY

Date Received: _____

Time Received: _____

THE FOLLOWING INFORMATION IS CONFIDENTIAL AND WILL NOT BE DISCLOSED WITHOUT YOUR CONSENT.

Number 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 MM/DD/YEAR	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 ()
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 ()



RENTAL APPLICATION

YEARLY 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 Account	\$			
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.</p>				



RENTAL APPLICATION

PLEASE LIST MOTHER'S FULL MAIDEN NAME FOR ALL ADULTS		
	YOUR FULL NAME	YOUR MOTHER'S FULL MAIDEN NAME
Head of Household		
Co-Applicant		
Other		

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, manufacture or distribution?
Yes No

Have you or any member of your household been convicted of any crime in the past seven years (including misdemeanors, summary offenses and/or felonies)? Yes No

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 in any state as a Sexual Offender? Yes No
IF YES, which state(s)? _____

Please list ALL states 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 your household will require? Yes No

IF YES, please list: _____

Do you own pets? Yes No

IF YES, please list what kind(s): _____





RENTAL APPLICATION

Tax Credit
Rental Application
Revised: 4/2018

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

Is the head of household a person with disabilities as defined in section 3 (b)(3)(E) of the United States Housing Act of 1937 and has received assistance under section 8 as of November 30, 2005? Yes No

COMMENTS/ADDITIONAL INFORMATION





RENTAL APPLICATION

Tax Credit
Rental Application
Revised: 4/2018

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(s) 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 check, 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, my/our application shall be immediately rejected for consideration of housing. I/we understand that this application gives Housing Development Corporation MidAtlantic 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 *****

Head of Household

Date

Co-Applicant

Date

Co-Applicant

Date





RENTAL APPLICATION

Tax Credit
Rental Application
Revised: 4/2018

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 II** 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 dispute 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
_____	_____	_____
Co-Applicant	(Print Name)	Date
_____	_____	_____
Other 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 RETURN" MUST BE PREPARED AND SIGNED SEPARATELY



THIS IS NOT A CONTRACT

I, Ed Kaminski (Licensee) hereby state that with respect to this HDC managed property, **The Flats - Phase II**, 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

