

Smyrna Gardens Apartments

105 Lawn Drive
Smyrna, DE 19977
302-653-5529

Thank you for your inquiry to Housing Development Corporation MidAtlantic. Our non-profit organization is dedicated to providing residential opportunities for low to moderate income families, senior citizens and individuals by providing affordable, safe and secure housing in Pennsylvania, Maryland & Delaware.

Smyrna Gardens Apartments is a general occupancy community. This property features 71 two bedroom apartments for low-income individuals and families. Enclosed is an application and fact sheet that includes property information, amenities, unit rents*, and income guidelines. *Income limits must be met to qualify. Section 8 and most housing vouchers are accepted. **You must complete and return this application, with fee, in order to apply and/or be placed on the waiting list.**

If you have any questions regarding income guidelines, length of waiting list or availability, please contact the Community Manager at 302-653-5229 or email SmyrnaGardensApartments@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.
- In order to process your application, we find it necessary to charge an application fee. **The fee is \$17 for one adult or \$34 for two or more adults.** Please note: if you are applying under the section 811 PRA Demo Program, the application fee is not applicable. For all others,
- This is a NON-REFUNDABLE FEE, even if your application is rejected for any reason (over income, unacceptable credit or landlord references, or any other reason) or you withdraw your application.

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!

HDC MIDATLANTIC TEAM

info@hdcweb.com

www.hdcweb.com



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





**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 \$605 per month
 60% Income Limit 2BR Apartments at \$675 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/Vinyl | On-Site Professional Maintenance |
| Plank Flooring | 24-Hour Emergency Maintenance |
| Walk-in Closet | Laundry Facilities On-Site |
| Spacious Floor Plans | Ample Off-Street Parking |
| Fully Equipped Kitchen with Dishwasher & Pantry | 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% | \$26,150 | \$29,900 | \$33,650 | \$37,350 |
| 60% | \$31,380 | \$35,880 | \$40,380 | \$44,820 |

MINIMUM INCOME LIMITS – 50% Income Limit = \$17,232 • 60% Income Limit = \$18,912

APPLICATION PROCESSING:

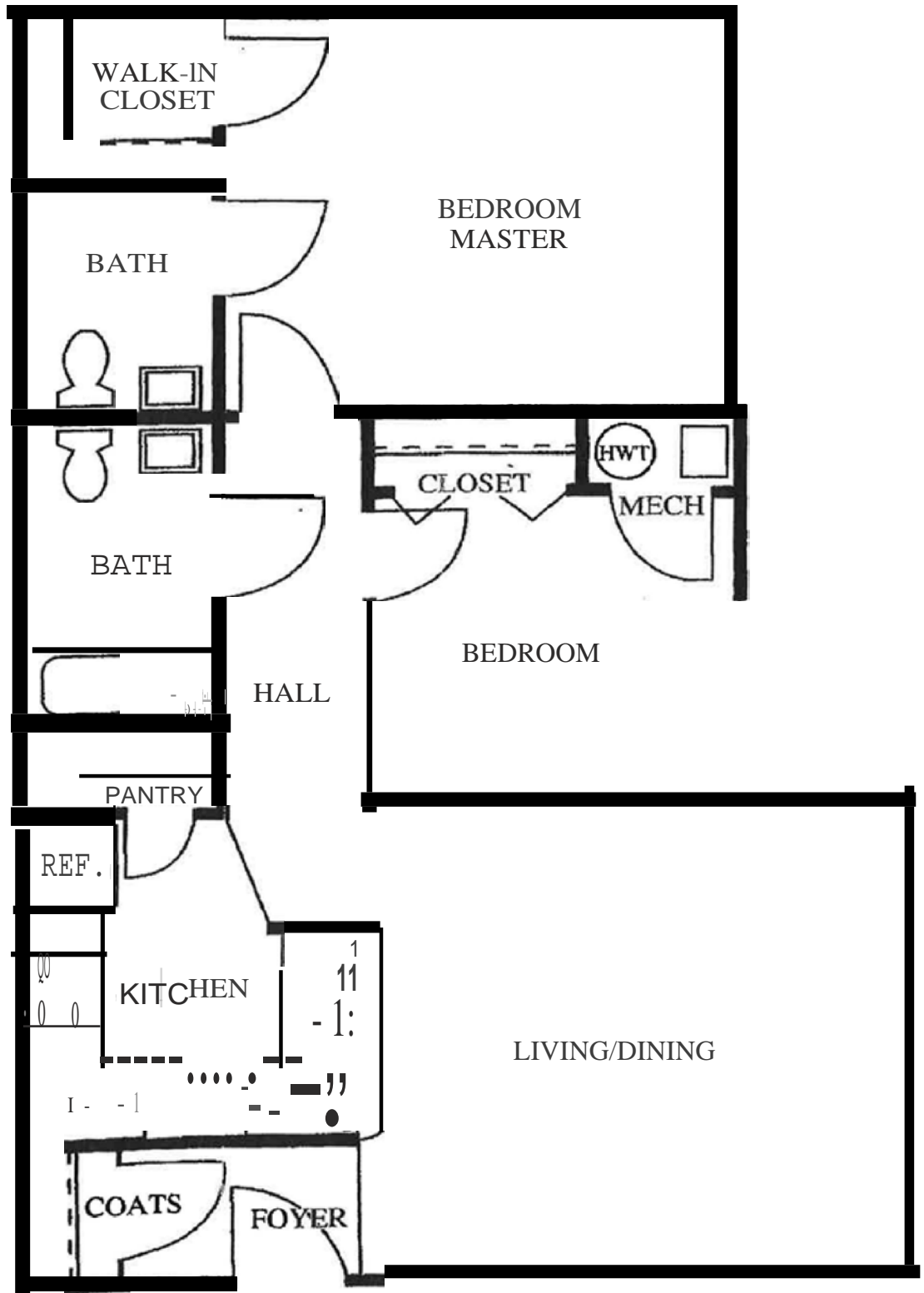
Credit history, criminal background, landlord history, and other resident selection criteria apply. Income limits, and other resident selection criteria will determine the eligibility to lease the apartment/townhome. Households comprised entirely of full time students will not qualify unless certain 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.



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



RENTAL APPLICATION

Tax Credit
Rental Application
Revised: 5/2019

Dear Applicant:

In order to process your application, we find it necessary to charge an application fee. The fee is \$17 for one adult or \$34 for two or more adults. Please note: if you are applying under the section 811 PRA Demo Program, the application fee is not applicable. For all others,

This is a NON-REFUNDABLE FEE, even if your application is rejected for any reason (over income, unacceptable credit or landlord references, or any other reason) or you withdraw your application.

The fee covers costs associated with processing including, but not limited to, credit checks, criminal background checks. Our processing includes a credit check, which you must pass. If you have more than three accounts in collections, your application will be rejected. If you have an open bankruptcy or judgment(s) on your report, your application will be rejected unless the bankruptcy or judgment(s) has been discharged for six months. We recommended that if you are unsure about your credit consider checking it before you apply.

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

If you write a check for the application fee and the bank returns it for insufficient funds, account closed or in any manner not honored for payment, you will be charged \$20.

If you have questions about the application or resident selection criteria, we encourage you to ask questions prior to submitting your application.

By signing this memo, I understand that the application fee is non-refundable regardless of whether my application is accepted or rejected.

Name (printed): _____

Signature: _____

Date: _____

Received by: _____
Employee Signature

**PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:
Smyrna Gardens Apartments**

Paid by: Cash Check Money Order



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TO ALL APPLICANTS:

As a part of your rental housing application we will complete a criminal check, sex offender check, credit check, landlord reference check, 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.

REGISTERED SEX OFFENDERS WILL NOT BE ADMITTED FOR HOUSING.

Thank you.

MANAGEMENT AGENT: HDC MIDATLANTIC



RENTAL APPLICATION

Tax Credit
Rental Application
Revised: 5/2019

FOR OFFICE USE ONLY

Date Received: _____

Time Received: _____

Please complete this application and return to:

Smyrna Gardens Apartments, 105 Lawn Drive,
Smyrna, DE 19901

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 | |



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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> | | | | |

| 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 **ALL** members of the household listed on page one (1) have 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: 5/2019

STUDENT INFORMATION

Are ALL household members students? Yes No

IF YES, please complete the following:

| | | |
|-------------------|--|---|
| | Please list the name and address of your college, trade school, etc. | |
| Head of Household | | Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> |
| Co-Applicant | | Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> |

Is the student(s) 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 aid for depending children or TNAF? Yes No

Are the full-time student(s) 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



How did you hear about Smyrna Gardens Apartments ? Please mark all that apply.

- HDCweb.com SocialServe.Com Drive-by
- Craigslist Referral- HDC Employee Apartment Transfer
- Apartments.com Referral-Family Member Facebook
- Zillow/Trulia/Hotpads Referral-HDC Resident
- GoSection8.com Referral-Local Agency
- Newspaper: Please indicate which newspaper: _____
- Other Website: Please indicate which website: _____

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: 5/2019

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 Apartments** 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.



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Consumer Information Statement (CIS) for Consumers Seeking to
Rent Residential Property
This information is from the Delaware Real Estate Commission and is not a contract.

Delaware law, title 24 ch.29 requires real estate salespersons, associate brokers, and brokers to provide this CIS to you at the earlier of your first scheduled appointment, the first showing of a property, or making an offer unless you are a tenant for 120 days or less. You are encouraged to read this CIS before you list your home for rent or go to view homes to rent. This is first given to you to explain Agency law in Delaware. It must be signed prior to completing a rental application, or the signing of a rental agreement (lease), a listing agreement, or any other brokerage agreement.

Presumed Agency: You are a customer when you first contact a broker or salesperson who immediately owes you a duty of confidentiality as explained below. You automatically become a client and the other Statutory Duties begin upon the earlier of (i) the first scheduled appointment, (ii) the first showing of a property, (iii) making an offering, or (iv) the agent working for you, unless a CIS is signed indicating there is no agency relationship which means there are no duties owed to you other than confidentiality. **Under Delaware Law, it is presumed that you consent to dual agency unless you fill out this form saying you do not want dual agency.** Dual agency is explained below.

Brokers and Salespersons as Statutory Agents: Under Delaware law, a real estate broker, associate broker, or salesperson is a statutory agent of yours and may be a dual agent representing both parties unless you elect, in a written agreement, to enter into a common law agency relationship or to decline dual agency. A statutory agent is an independent contractor. He or she is NOT your fiduciary, but is an agent with duties specified by Delaware statutory law. Unless you say otherwise, the broker, associate broker, or salesperson also may represent both the tenant and landlord with duties owed to both which is called dual agency as explained below.

Important Terms:

Client: The member of the public who is the principal in the statutory agency relationship.

Customer: A member of the public who is working with a licensee, before the presumed agency relationship begins or who declines agency representation which means there are no duties other than confidentiality.

Delaware Real Estate Commission: The regulatory body which issues licenses to brokers and salespersons under Delaware law, and which hears complaints filed by the public with respect to licensees. License law and rules and regulations are available on the Real Estate Commission's website at www.dpr.delaware.gov.

Designated Agent: An independent contractor working with you under statutory agency. He or she may be licensed as a broker, associated broker, or a salesperson.

Dual Agency: Whenever a dual agency relationship exists, the designated salesperson or associate broker, that agent's broker, and the brokerage organization may be dual agents. Examples are listed below:

1. If the same salesperson or associate broker represents both the tenant and landlord in a transaction, then that salesperson or associate broker, his or her broker, and brokerage organization are all dual agents.
2. If the tenant and landlord are represented by two different salespeople or associate brokers working for the same broker, then the broker and the brokerage organization are both dual agents, but the salespersons or associate brokers are not.
3. If the tenant and landlord are represented by two different salespeople or associate brokers working for different brokers under the same brokerage organization, then only the brokerage organization is a dual agent.

Statutory Agent: An agent with duties under Delaware statutory law, not common law fiduciary duties. The agent is a statutory agent for you and may be a dual agent as explained above.

Confidentiality: Brokers and salespersons have a duty of confidentiality to all parties from the moment of their first contact. **A broker or salesperson MAY NOT disclose the following information UNLESS the affected party has provided his or her informed consent:**

1. The tenant is willing to pay more rent than what has been offered.
2. The landlord is willing to accept less than the rent rate asked.

3. The landlord or tenant will agree to terms other than those offered.
4. Any personal motivations for any party to a transaction, **IF** that party has requested that the information be kept confidential.
5. Other confidential information, **UNLESS** disclosure is required by law, or **UNLESS** failure to disclose would be fraud or intentional misrepresentation.
6. Facts or suspicions regarding circumstances which may psychologically impact or stigmatize property under Section 2927 of Title 24 of Delaware law unless by law it must be disclosed.
7. Facts or suspicions that someone is a registered sex offender under Delaware law. Information regarding registered sex offenders is available from the Delaware State Police at www.state.de.us/dsp/sexoff/index.htm.

Important Information:

1. The client and his or her broker and designated agent are not responsible for the wrongful actions of the other unless they had actual knowledge of the wrongful act, error, omission or misrepresentation; however, the person who was wrong is still responsible.
2. Notice given to a designated agent is considered notice to that designated agent's client. **Notice given to anyone else in the licensee's office is not considered notice to that client.**
3. Put it in writing! Statements and negotiations by a party are not binding until they are in writing and signed by the party.

Brokers, Associate Brokers, and Salespersons MUST:

1. Comply with all applicable laws, including performing the duties required of him or her by the statute and rules and regulations of the Delaware Real Estate Commission.
2. Follow all other applicable laws, including laws governing fair housing and civil rights.
3. Perform as required by the terms of any written brokerage agreement, if one exists.
4. Exercise reasonable skill and care as a broker or salesperson.
5. Advise you to obtain expert advice on material matters outside his or her expertise.
6. Account to you in a timely manner for all money and property received.
7. Help to inform the parties regarding the progress of the transaction.
8. Disclose adverse material facts or defects actually known by the broker or salesperson.
9. Put any compensation agreement in writing.

Brokers, Associate Brokers, and Salespersons MAY:

1. List similar properties for rent.
2. Show clients properties not owned by their other clients.
3. Show the same property one client is interested in to one or more other clients.
4. Provide information generally available to licensees, such as recent rental activity.
5. Give advice and opinions throughout the real estate transaction.
6. Help you prepare offers and counteroffers and present them in a timely manner so long as the forms used advise the parties that they may seek legal advice prior to signing.
7. Develop negotiating strategies or options for how to proceed with a transaction.
8. Perform ministerial tasks.
9. Cooperate with other brokers or salespersons.
10. Provide clients with relevant information and advice when requested.
11. Transmit financial information provided to them. Although they do not independently verify the accuracy or completeness of this information, they **MAY NOT** transmit financial information they know is false.

Common Law Agency: Under Delaware law, salespersons, associate brokers, and brokers are statutory agents as explained in this form and are not common law agents. If you are considering hiring a common law agent, you should obtain disclosure of the potential legal liability and financial risks of common law agency and read and understand those risks before you enter into a common law agency relationship.

1. Client(s) or Customer(s): _____

2. Licensee: _____

3. Brokerage Office Name and Registered Phone Number:

4. Relationship: Nothing needs to be completed in this paragraph because the law presumes you want Agency Representation and Dual Agency unless you want to opt out by choosing a different status.

I am the LANDLORD. The licensee identified above is:

My designated landlord's agent and dual agent, if I am renting my property to a tenant whom the agent also represents. This relationship is presumed by law unless you choose a different relationship by initialing one of these lines. **You do not need to initial any of these lines if you are staying with the presumed status of agency and dual agency.**

_____ My designated landlord's agent **only**. Or _____ The tenant's agent and **NOT** my agent.

I am the TENANT. The licensee identified above is:

My designated tenant's agent and dual agent, if I am renting a property from a landlord whom the agent also represents. This relationship is presumed by law unless you choose a different relationship by initialing one of these lines. **You do not need to initial any of these lines if you are staying with the presumed status of agency and dual agency.**

_____ My designated tenant's agent **only**. Or _____ The landlord's agent and **NOT** my agent.

5. Signing this form does not obligate me to pay anything. I am only obligated to pay a fee if I enter into a separate written brokerage agreement (for example, a listing or tenant representation agreement) signed by me. This CIS must be signed prior to completing a rental application or the signing of a rental agreement (lease), a Listing Agreement, or any other brokerage agreement.

By signing this form, I acknowledge that I have been given an opportunity to read this CIS and recognize the agency relationship indicated above in section 4.

_____ Date: _____ _____ Date: _____
Signature of Landlord or Tenant Signature of Landlord or Tenant

_____ Date: _____ _____ Date: _____
Signature of Landlord or Tenant Signature of Landlord or Tenant

_____ Date given to Landlord or Tenant: _____
Signature of Broker or Licensee