

VILLAGE OF ST. JOHN
c/o Ministry of Caring
115 East 14th Street
Wilmington, DE 19801

(302) 656-5304
email: villageofsaintjohn@ecpmgt.com

Enclosed is the application that you requested. Please fill it out **completely** and return it with the following items:

- copies of drivers license or photo ID for each all household members
- copies of social security cards for all household members
- copies of birth certificates or other proof of age.
- the \$35.00 non-refundable application fee in the form of a check or money order made out to "Village of St. John."

Upon receipt of the completed application, your name will be added to our waiting list. You will be notified of your status.

If you have any questions, please call our office at (302) 656-5304. Thank you for considering our property.

Sincerely,

Property Manager

NOTICE TO APPLICANTS

PLEASE BE ADVISED THAT FEDERAL LAW AND THE IRS REQUIRE YOU TO GIVE TRUTHFUL, COMPLETE ANSWERS REGARDING YOUR INCOME AND STUDENT STATUS SO WE CAN DETERMINE WHETHER YOU QUALIFY FOR A LOW-INCOME UNIT.

IF WE LEASE A LOW-INCOME UNIT TO YOU BUT LATER DISCOVER THAT YOU PROVIDED FALSE OR INCOMPLETE INFORMATION ABOUT YOUR QUALIFICATIONS, YOU WILL BE SUBJECT TO EVICTION UNDER THE LEASE.

Village of St. John

1 bedroom apartments

\$375 + electric

if
your annual income is at least:
\$13,000
but not more than:

household size	1	2
	\$18,360	\$21,000

\$475 + electric

if
your annual income is more than the limit listed above for your household size
but not more than

household size	1	2
	\$24,480	\$28,000

\$650 + electric

\$685 +electric

if
your annual income is more than the limit listed above for your household size
but not more than

household size	1	2
	\$30,600	\$35,000

\$745 + electric

\$790 + electric

if
your annual income is more than the limit listed above for your household size
but not more than

household size	1	2
	\$36,720	\$42,000

All household members must be age 62 or older at time of application

Village of St. John is a smoke-free community.
Smoking is not permitted inside the buildings or outside on the property.

VILLAGE OF ST. JOHN
c/o East Coast Property Mgt.
977 East Masten Circle
Milford, DE 19963

phone: (302) 827-6038
email: villageofsaintjohn@ecpmgt.com

EHO

2018 income limits
2019 rents

Village of St. John

2 bedroom apartments

\$795 + electric

if

your annual income is at least:
\$27,000

but not more than:

household size	1	2	3	4
	\$30,600	\$35,000	\$39,350	\$43,700

\$975 + electric

if

your annual income is more than the limit listed above for your household size
but not more than:

household size	1	2	3	4
	\$36,720	\$42,000	\$47,220	\$52,440

All household members must be age 62 or older at time of application

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EHO

2018 income limits
2019 rents

VILLAGE OF ST. JOHN

unit size

- 1 Bedroom
 2 Bedroom

<i>Office use only</i>	
date	_____
time	_____

APPLICATION FOR HOUSING

The information below is requested for the purpose of qualifying for an apartment. All information provided by the applicant will be kept confidential.

APPLICANT

Last Name	First	Middle
Current Address: Street: _____ Apt. # _____		
City: _____ State: _____ Zip: _____		
Daytime Phone: _____ Evening Phone: _____ Email: _____		

CO-APPLICANT

Last Name	First	Middle
Current Address: Street: _____ Apt. # _____		
City: _____ State: _____ Zip: _____		
Daytime Phone: _____ Evening Phone: _____ Email: _____		

List all persons to occupy the unit including head of household and co-applicant.

NAME	SEX	BIRTH DATE	AGE	RELATIONSHIP	SOCIAL SECURITY #
				Head of Household	

Do you anticipate any change in household composition during the next 12 months? _____
If YES, please describe the change: _____

The following information is requested by the apartment owner in order to assure the Federal Government, acting through HUD that Federal laws prohibiting discrimination against tenant applicants on the basis of race, national origin and sex are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

ETHNICITY (CIRCLE ONE) HISPANIC OR LATINO * NOT HISPANIC or LATINO

RACE (CIRCLE ONE) WHITE * BLACK/AFRICAN AMERICAN * ASIAN * AMERICAN INDIAN/ALASKAN NATIVE* NATIVE HAWAIIIN/OTHER PACIFIC ISLANDER * AMERICAN INDIAN/ALASKAN NATIVE & WHITE * AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN * OTHER MULTI-RACIAL * ASIAN/PACIFIC ISLANDER

One of these pages must be completed by each household member.

HOUSEHOLD MEMBER NAME: _____

CURRENT LANDLORD INFORMATION:

Name: _____ Phone: _____

Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Monthly Rental Amount: \$ _____ Length of Occupancy: _____ Date Lease Expires: _____

Reason for Moving: _____

IF YOU HAVE RESIDED AT YOUR CURRENT ADDRESS FEWER THAN 5 YEARS, COMPLETE THE FOLLOWING:

PREVIOUS LANDLORD INFORMATION:

Name: _____ Phone: _____

Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Reason for Moving: _____

EMPLOYER INFORMATION:

Name: _____ Phone: _____

Mailing Address: Street: _____

City: _____ State: _____ Zip: _____

Annual Income: \$ _____ Date Employment Began: _____

<u>OTHER INCOME</u>	<u>MONTHLY AMOUNT</u>	<u>ASSETS</u>	<u>BANK OR INSTITUTION</u>
PUBLIC ASSISTANCE OR TANF	\$ _____	CHECKING account # _____ at _____	
ALIMONY	\$ _____	SAVINGS account # _____ at _____	
CHILD SUPPORT	\$ _____	CERTIFICATE OF DEPOSIT _____	
Support is (circle) Court Ordered Agency Private Agreement		MONEY MARKET _____	
OTHER CASH RECEIVED	\$ _____	STOCKS _____	
MILITARY ALLOTMENT	\$ _____	BONDS _____	
PENSION	\$ _____	IRA _____	
SOCIAL SECURITY	\$ _____	401K _____	
SSI	\$ _____	OTHER RETIREMENT _____	
UNEMPLOYMENT	\$ _____	WHOLE LIFE INSURANCE _____	
VA BENEFITS	\$ _____	REAL ESTATE _____	
OTHER (EXPLAIN)	\$ _____	OTHER ASSETS _____	

Do you hold a HOUSING VOUCHER? _____ If YES, when does it expire? _____ (please attach copy of voucher if applicable)

Do you own REAL ESTATE? _____ If YES, please give details. _____

Did you file an INCOME TAX RETURN last year? _____

Will you be enrolled as a STUDENT during the next 12 months? _____ If YES, where? _____

Do you receive STUDENT FINANCIAL ASSISTANCE? _____ If YES, from whom? _____

If you have additional income or assets from any source not included on this page (such as a second job, additional bank accounts or property), please give details below:

Applicant's signature _____ Date _____

CRIMINAL BACKGROUND REPORTS

Village of St. John will require a criminal background check on all adult persons prior to being accepted for residency at this property.

An applicant will be rejected if the report shows any one of the following:

- a. One or more convictions for a violent crime in the past ten (10) years.
- b. One or more convictions for the illegal manufacture, distribution, use or possession of a controlled substance in the past ten (10) years.
- c. One or more felony convictions for theft, burglary or robbery in the past ten(10) years.
- d. A conviction for a sex offense

To obtain a report the management will run a computerized criminal background check on the applicant.

Please list the names of every household member age 18 and over.

Head of Household: _____

Co-Applicant: _____

Other adult members: _____

I understand that the Owner/Manager has a right to deny occupancy of a unit in this complex if an applicant, or any adult member of an applicant's household, has a history of criminal activity involving crimes of physical violence to persons or property and other criminal acts which would adversely affect the health, safety or welfare of other tenants.

I hereby acknowledge that I have read and understand the above statements.

_____ signature Date

_____ signature Date

_____ signature Date

_____ signature Date

_____ signature Date

If a household member has special needs as defined by the Americans with Disabilities Act, or has special requests, please explain what accommodations are required:

I hereby authorize management or its agent to investigate my past history for the purpose of determining approval of this application for residency. This consent includes any history of residency, employment, credit and any other references the management deems necessary. **Please note:** This is an application and gives no lease or rental rights. Additional information will be required at a later date to complete processing. Falsified statements on this form shall be considered sufficient cause for denying lease rights. By signing this form you are certifying that all the information is true and complete. This application is good for six (6) months only. You will automatically be removed from the waiting list if we do not hear from you at the end of each six (6) months until your name is reached on the list.

Applicant Date

Management Date

Co-Applicant Date

Other Adult Date

FOR OFFICE USE ONLY **DO NOT WRITE BELOW**

REMARKS

- CREDIT REPORT _____
- CRIMINAL BACKGROUND REPORT _____
- CURRENT RESIDENCE _____
- PREVIOUS RESIDENCE _____
- EMPLOYMENT _____
- OTHER INCOME _____
- ASSETS _____

SIX MONTH UPDATE

- 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____