

VILLAGE OF ST. JOHN  
2020 N. Tatnall Street  
Wilmington, De. 19802  
(302) 467-1022  
Villageofstjohn@gmail.com

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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 non-refundable application fee in the form of a check or money order made out to "Village of St. John" will be requested at a later time.

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) 467-1022.

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.

**\$375 + electric**

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

household size:	1	2
	\$18,930	\$21,630

**\$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
	25,240	\$28,840

**\$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
\$31,550	\$36,050

**\$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
\$37,860	\$43,260

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.

**\$795 + electric**

If your annual income is at least:

\$27,000

but not more than:

household size	1	2	3	4
	\$31,550	\$36,050	\$40,550	\$45,050

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**\$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
	\$37,860	\$43,260	\$48,660	\$54,060

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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 AJPC Management, LLC  
2020 N. Tatnall Street  
Wilmington, De 19802  
(302) 467-1022

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# VILLAGE OF ST. JOHN

**Unit size:**

1 Bedroom \_\_\_\_\_

2 Bedroom \_\_\_\_\_

Office use only
Date _____
Time _____
Initial _____

## 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

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

### CO-APPLICANT

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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 HAWAII/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: \_\_\_\_\_

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: \_\_\_\_\_

OTHER INCOME	MONTHLY AMOUNT	ASSETS	BANK OR INSTITUTION
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.**

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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:

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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
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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. \_\_\_\_\_