



Management, LLC

"Professional Property Management with a Hands-On Touch"

Dear Applicant:

Thank you for your interest in applying for housing at Solomon Court Apartments managed by AJpc Management. In order for your application to be accepted and processed for the waiting list, the following information must be attached to your application or brought in at the time you submit your application.

- Original birth certificate for all household members on the application
- Original Social Security card for all household members on the application
- Driver's License or another Government-issued photo id
- Proof of income if applicable

Applications may be submitted by one of the following ways:

1. In-person. Monday through Thursday 11am to 3pm by appointment at 1905 Superfine Lane, Wilmington, DE 19802. Please call 302-655-2101 to schedule an appointment.
2. Mail. Submit application with copies of the above items to Solomon Court Apartments c/o AJpc Management, LLC 406 Suburban Drive #157, Newark, DE 19711.
3. Email. Submit scanned application with scans of the above items to solomoncourtapartments@gmail.com.
4. Fax. Submit application with the above items to 302-655-2104.

Current Income Limits

	1 person	2 ppl	3 ppl	4 ppl	5ppl
EXTR LOW INCOME	19850	22700	25550	28350	31040
VERY LOW INCOME	33100	37800	42550	47250	51050
LOW-INCOME	52950	60500	68050	75600	81650

All applications are processed based on the date and time the complete application is received. You will be contacted by phone and/or mail for an application interview. Any application submitted by mail, fax, or email will require original documents to be brought to interview.

Should you have any questions about the application, please contact us by email or phone.

We look forward to helping you become resident.

Sincerely,

Asía D. Darring

Asía D. Darring, MS, NCP
Vice President



406 Suburban Drive, # 157, Newark, Delaware 19711

Phone: (302) 250-1071 or (302) 655-2101 ♦ Fax: (302) 655-2104 ♦ E-mail: info@ajpcmgmt.com





302-655-2101 Phone
302-655-2104 Fax

RENTAL APPLICATION

COMMUNITY Solomon Court	Office Use Only	Date	Time	Agent				
APPLICANT INFORMATION (HEAD OF HOUSEHOLD)								
Last Name	First	M.I.		Age				
Birth Date	Social Security No.			State ID#				
Marital Status - Choose One	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/> List year if separated or divorced.				
Ethnicity – Choose One Only	Hispanic or Latino <input type="checkbox"/>	Not-Hispanic or Latino <input type="checkbox"/>						
Racial Category – Choose One or More	American Indian or Alaska Native <input type="checkbox"/>	Asian <input type="checkbox"/>	Black or African American <input type="checkbox"/>					
	Native Hawaiian or Other Pacific Islander <input type="checkbox"/>	White <input type="checkbox"/>	Other <input type="checkbox"/>					
Will you be applying for a handicap accessible unit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are there any students in the household?	YES <input type="checkbox"/> NO <input type="checkbox"/>				
CO-APPLICANT INFORMATION (CO-HEAD/SPOUSE)								
Last Name	First	M.I.		Age				
Birth Date	Social Security No.			State ID#				
NAMES OF ALL OTHER OCCUPANTS TO LIVE IN APARTMENT/PROPERTY								
Last Name	First	M.I.	Age	Birth Date	Relation	SSN#		
Last Name	First	M.I.	Age	Birth Date	Relation	SSN#		
Last Name	First	M.I.	Age	Birth Date	Relation	SSN#		
RESIDENCY				INCOME				
Present Address	Phone	Present Employer		Position				
City, State	Zip Code	Employer's Address		Phone No.				
How Long	Owned Home	Rented	Payments(Incl Utilities)	Salary	Per	Supervisor	How Long	
Landlord and Address	Phone	Co-Head/Spouse's Employer		Position				
Former Address	Phone	Salary	Per	Supervisor	How Long			
City, State	Zip Code	Head Past Employer		Position				
How Long	Owned Home	Rented	Payments (Incl. Utilities)	Co-Head/Spouse Past Employer		Position		
Landlord and Address	Phone	Disability \$	/MO	Disability \$	/MO			
Has the applicant, spouse or co-head ever had a lease agreement terminated as a result of any lease violations?	Pension \$	/MO		Pension \$	/MO			
If YES, when and where:	Social Security \$	/MO		Social Security \$	/MO			
ASSETS				SSI \$	/MO		SSI \$	/MO
Checking Acct:	Spouse's Income or Additional Family Income							
Bank	Balance	FAMILY'S TOTAL MONTHLY INCOME \$						



Savings Acct:		FAMILY'S TOTAL ANNUAL INCOME \$		
Bank	Balance	Out of Pocket expenses?	Prescription/Medical <input type="checkbox"/> Child/Dependant Care <input type="checkbox"/>	Amount
Property	Annual Interest Rate: _____	Do you require any special accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Explain.		
	Location	Value	ELDERLY Only: Do you have a pet? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	Description	Value	Do you receive Child support or Alimony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much?	
Preference	Bed Room Size	How did you hear about us?		
DISCLAIMER AND SIGNATURES: I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my application being denied. My signature below gives AJpc Management LLC permission to conduct a background screening to include, but not limited to criminal, credit, sex offender's registry, landlord, or personal references for the purpose qualifying me for tenancy.				
Applicant Signature		Date		
Co-Applicant Signature		Date		

