

DELPHI PROPERTIES LLC.

NEW RESIDENT CHECKLIST

AGENT NAME: _____

EMAIL/CONTACT#: _____

PLEASE PROVIDE THE INFORMATION INDICATED BELOW FOR THE PROCESSING OF NEW RESIDENT LEASES

ADDRESS: _____

APPLICANT #1: _____

APPLICANT #2: _____

APPLICANT #3: _____

MOVE IN DATE: _____

PLEASE NOTE: WE MUST HAVE ALL PAPERWORK, DOCUMENTS, FIRST MONTH'S RENT, AND APPLICANT'S MUST BE APPROVED BEFORE WE CAN PLACE APARTMENT ON HOLD

PLEASE INITIAL BOX IF COMPLETE OR MARK AS N/A

Applicant #1 Applicant #2 Applicant #3

<input type="checkbox"/>	RENTAL APPLICATION				
<input type="checkbox"/>	PASSPORT OR DRIVER'S LICENSE				
<input type="checkbox"/>	CREDIT REPORT/ I20				
<input type="checkbox"/>	3 PAY STUBS OR INCOME TAX FORMS				
<input type="checkbox"/>	LANDLORD REFERENCE				
<input type="checkbox"/>	GUARANTOR APPLICATION(SAME AS LEASE HOLDER)				
<input type="checkbox"/>	GUARANTOR ID				
<input type="checkbox"/>	GUARANTOR 3 PAY STUBS OR INCOME TAX FORMS				
<input type="checkbox"/>	GUARANTOR CREDIT				
<input type="checkbox"/>	NOTARIZED GUARANTY FORM				

<input type="checkbox"/>	LEASE		
<input type="checkbox"/>	LEAD PAINT CERTIFICATION		
<input type="checkbox"/>	MOLD AND MILDEW ADDENDUM		
<input type="checkbox"/>	APARTMENT CONDITION STATEMENT		
<input type="checkbox"/>	EMERGENCY CONTACTS		
<input type="checkbox"/>	UTILITY ACCOUNT FORM		

FIRST MONTH		
LAST MONTH		
SEC. DEP.		

Note: Keys will not be turned over until we have the account #'s for both gas and electric

With Pet: Yes / No (If no pets, please write N/A in corresponding boxes below)

<input type="checkbox"/>	PET POLICY AND PROCEDURE		
<input type="checkbox"/>	PHOTO		
<input type="checkbox"/>	VACCINATION RECORDS		

DELPHI PROPERTIES, LLC WILL NOT SIGN A LEASE FOR ANY POTENTIAL RESIDENT WITHOUT FULL COMPLIANCE OF THE DOCUMENTS REQUIRED