



App#: \_\_\_\_\_



**Colony South & Colony West  
250 Williamsburg Drive  
Milford, DE 19963  
Phone (302) 424-4263 Fax (302) 424-7809**

**Pre-Application for Housing**

1. List each household member who would be living in the unit, including you. (Only persons listed below will be permitted to reside in the unit)

Name	Date of Birth	Sex M/F	Relationship To You	Social Security Number	Full Time Student Yes/No	Annual Income
			Self			

2. Current Address: Street: \_\_\_\_\_, Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

I have lived at this address for \_\_\_\_\_ year \_\_\_\_\_ months

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Applicant Employer Information: Name of Employer \_\_\_\_\_

Phone #: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Co-Applicant Employer Information: Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Other Income Sources (SSI, Child Support, Business, Pension etc.)

Received From: \_\_\_\_\_

4. Are you currently in Lease? \_\_\_\_\_ Number of Days for Lease Termination Notice? \_\_\_\_\_

5. How many bedrooms are you applying for \_\_\_\_\_ Prefer 1<sup>st</sup> or 2<sup>nd</sup> Floor: \_\_\_\_\_

6. Do you have a Section-8 Voucher or Certificate: \_\_\_\_\_

7. Ethnicity /Race: \_\_\_\_\_ (for statistical purposes only)

8. Special Needs Unit (if any): \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

**MANAGEMENT USE ONLY**

Put on Wait List: \_\_\_\_\_ Received by: \_\_\_\_\_

Appointment Scheduled: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ By: \_\_\_\_\_

Comments, Special Needs, etc. \_\_\_\_\_