



Come Discover the Hidden Treasures

REHOBOTH SHORES

Application Checklist

Lease Signer(s) must reside in home and may not apply for residency for another person. Complete all forms as indicated. Return entire package to Rehoboth Shores office for processing.

- _____ Completed Credit Application signed by all intended leaseholders.
- _____ Verification of Mortgage or Rent for all intended leaseholders.
- _____ Verification of Employment for all intended leaseholders. If self employed, please provide the last two Federal tax returns. If retired or disabled, please provide the proof of benefits (copy of the most recent Bank Statement showing the direct deposit or letter from Social Security, etc). If your employer does not provide employment/income verification and outsources this function to The Work Number, please see the next page for details.
- _____ Completed Background Check Form for all adult (over 18 years old) occupants.
- _____ \$50 non-refundable money order or credit/debit card payment for the processing fee per applicant and \$35 non-refundable money order or credit/debit card payment for the processing fee per occupant (\$35 for Background Check).
- _____ Copies of the two most recent pay stubs for all intended leaseholders.
- _____ Photocopy of Driver's License for all intended leaseholders.

Upon approval of the application and signing of the Lease Agreement, the new tenant will be required to reimburse Rehoboth Shores for tenant's portion of the current sewer assessment for the lot to be occupied.

In regard to the Lease Agreements, Rehoboth Shores does not discriminate against any person on the basis of race, religion, color, creed, marital status, or sex.

** Please note that your application will not be processed unless all of the above documents and processing fees are provided and all required forms are signed.

** This application will expire in 60-days from the day of the processing date, and you will need to reapply.

** Be sure to look through the Rehoboth Shores Community Guidelines for Living and ask all questions before turning in the application and processing fee.

Please note, that falsified or perjured information on this application is grounds for immediate eviction/denial.

LOT NUMBER OR PROPERTY ADDRESS: _____

APPLICANT #1

NAME: _____
First Middle Last SS# Date of Birth

CURRENT ADDRESS: _____
Street City State Zip

CONTACT INFORMATION: _____
Phone Number Work Phone Number E-Mail Address

LANDLORD/MORTGAGE HOLDER: _____
Name Phone # How long there? Monthly Payment

EMPLOYER: _____
Name of Employer How long on the job? After Tax Take-Home Pay Per Month

Address of Employer: _____
Street City State Zip

Job Description Supervisor's Name Phone #

OTHER INCOME: _____
Amount Per Month Description

PREVIOUS ADDRESS: _____
Landlord's Name Street City State Zip
Phone# _____ How long there? _____ Monthly Payment _____

PREVIOUS EMPLOYER: _____
Name of Employer Phone # Supervisor
How long there? _____ After Tax Pay Per Month _____ Job Description _____

APPLICANT #2

NAME: _____
First Middle Last SS# Date of Birth

CURRENT ADDRESS: _____
Street City State Zip

CONTACT INFORMATION: _____
Phone Number Work Phone Number E-Mail Address

LANDLORD/MORTGAGE HOLDER: _____
Name Phone # How long there? Monthly Payment

EMPLOYER: _____
Name of Employer How long on the job? After Tax Take-Home Pay Per Month

Address of Employer: _____
Street City State Zip

Job Description Supervisor's Name Phone #

OTHER INCOME: _____
Amount Per Month Description

PREVIOUS ADDRESS: _____
Landlord's Name Street City State Zip
Phone# _____ How long there? _____ Monthly Payment _____

PREVIOUS EMPLOYER: _____
Name of Employer Phone # Supervisor
How long there? _____ After Tax Pay Per Month _____ Job Description _____

TOTAL NUMBER OF OCCUPANTS THAT WILL LIVE HERE: _____. If accepted, the following people, and no others, will be living with me (us). DO NOT INCLUDE LEASEHOLDER(S):

	NAME	DATE OF BIRTH	RELATIONSHIP	SS#
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

PETS (The only pets that are permitted are dogs/cats and domestic birds that are in cages. The number of dogs and/or cats allowed in the community will not exceed more than (2) two for the homeowners and no more than (1) one for the tenants. **Tenants must pay a security deposit in the amount of (1) one month's rent.** Refer to the Community Guidelines for Living for more information)

1.	Name	Breed	Weight	2.	Name	Breed	Weight
_____	_____	_____	_____	_____	_____	_____	_____

DESIRED DATE OF OCCUPANCY: _____ For Permanent or Seasonal Use: _____

Realtor Agency _____ Salesman _____

1. Have you ever been evicted from any tenancy-mobile home, apartment, or house? () NO () YES If yes, when? _____

2. Have you ever been late paying your rent? () NO () YES If yes, how many times in the past year? _____

3. Have you ever been taken to JP Court for non-payment of rent or any other bills? () NO () YES If yes, when? _____

Why? _____

4. Are you aware of any circumstances which could affect your employment or income in the foreseeable future? () NO () YES

If yes, explain: _____

5. Have you ever declared bankruptcy? () NO () YES If yes, when? _____

6. Have you ever initiated a law suit against any person or company? () NO () YES If yes, when? _____

Explain: _____

7. Have you ever been convicted of a felony? () NO () YES If yes, explain: _____

MOTOR VEHICLE INFORMATION:

Car #1 _____
Make Model Year License Plate # State

Car #2 _____
Make Model Year License Plate # State

I hereby certify that the answers I have given in this application are true and correct to the best of my knowledge. I understand that any false answers or statements made by me will be sufficient grounds for lease termination and loss of any security deposit.

APPLICANT(S) STATEMENT: For the purpose of procuring rental of the referenced premises and for credit clearance as a tenant of the premises rented, undersigned furnishes the above as a true, full and correct statement as of the date given, and hereby authorizes the Owner, or its Agent, (1) to verify any statement made herein and to obtain a credit report from any credit source, and (2) to interview third parties such as employers, business associates, financial sources, current or former landlords, neighbors, and (3) to contact any police department or government agency, requesting information as to any criminal charges or convictions against applicants, and (4) to report to any credit reporting agency applicants failure to pay as agreed within the Lease Agreement entered between Applicant and Owner in reliance of this application. Applicant (s) further agrees to inform Owner, via its Agent, of ANY changes in their status as shown on this application.

Applicant's Signature Date

Applicant's Signature Date

Please list a friend and relative whom we may contact if we can not reach you:

Friend: _____
Name Phone#
_____ Address

Relative: _____
Name Phone#
_____ Address

Comments: _____

Return completed application and \$50.00 non- refundable processing fee for each lease holder to:

Business & Sales Office: (302) 945-1500 · www.rehobothshores.com
26335 Goosepond Road · Millsboro, Delaware 19966

REQUEST FOR PAYMENT HISTORY OF RENT OR MORTGAGE ACCOUNT

INSTRUCTIONS: Applicant: Complete Items 1, 7, 8, 9 and return directly to Rehoboth Shores. **Rehoboth Shores:** Complete Items 3, 4, 5. Forward to Landlord/Creditor named in Item 1. **Landlord/Creditor:** Please complete Part II and Part III and return directly Rehoboth Shores, not through the applicant or any other party.

PART I - REQUEST

1. To (Name And Address of Applicant's current Landlord/Creditor)

Fax number: _____

2. From

REHOBOTH SHORES MOBILE HOME COMMUNITY
 26335 GOOSEPOND ROAD
 MILLSBORO, DE 19966
 Phone Number: (302) - 945 - 1500
 Fax Number: (302) - 945 - 9491

I certify that this request has been sent directly to the landlord/creditor and has not passed through the hands of the applicant or any other party.

3. Signature of Rehoboth Shores Agent _____

4. Title

Property Manager

5. Date _____

6. Lenders Number (opt.) _____

7. Information to be verified:

Property address _____

Account in the Name of _____

Account Number _____

Mortgage or
 Land Contract _____

Rental _____

I have applied for a leased mobile home lot. My signature below authorizes release of payment history of mortgage or rent account.

8. Name and Address of Applicant(s) _____

9. Signature of Applicant(s) _____

PART II - TO BE COMPLETED BY LANDLORD/CREDITOR

We have received an application for a leased lot from the above, to who we understand you rent or have extended a loan. In addition to the information requested below please furnish us with any information you might have that will assist us in our processing of the application.

Rental Account

Mortgage Account or Land Contract

10. Tenant rented from _____

11. Date account opened _____

12. Interest rate _____

To _____

Original Contract Amount \$ _____

FIXED _____ ARM _____

Amount of rent \$ _____ Per _____

Current Account Balance \$ _____

FHA _____ VA _____

Number of late payments _____

Monthly payment P&I only \$ _____

CONV _____ OTHER _____

Is Account Satisfactory _____

Payment with taxes & ins. \$ _____

Next pay date _____

Is account current _____

No. of late payments _____

Was loan assumed _____

No. of late charges _____

Satisfactory account _____

*Payment History for the previous 12 months must be provided in order to comply with secondary market requirements.

13. Additional information which may be of assistance in determination of credit worthiness

PART III - AUTHORIZED SIGNATURE - Federal Statutes provide severe penalties for any fraud, intentional misrepresentation or criminal connivance or conspiracy purposed to influence the issuance of any guaranty or insurance by the VA secretary, the USDA FMHA/FHA Commissioner, or the HUD/CPO assistant Secretary.

14. Signature of Landlord/Creditor Representative _____

15. Title (Please Print or Type) _____

16. Date _____

17. Print or Type Name Signed in Item 14 _____

18. Phone Number _____

REQUEST FOR PAYMENT HISTORY OF RENT OR MORTGAGE ACCOUNT

INSTRUCTIONS: Applicant: Complete Items 1, 7, 8, 9 and return directly to Rehoboth Shores. Rehoboth Shores: Complete Items 3, 4, 5. Forward to Landlord/Creditor named in Item 1. Landlord/Creditor: Please complete Part II and Part III and return directly Rehoboth Shores, not through the applicant or any other party.

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 Fax Number: (302) - 945 - 9491

I certify that this request has been sent directly to the landlord/creditor and has not passed through the hands of the applicant or any other party.

3. Signature of Rehoboth Shores Agent _____

4. Title _____

Property Manager

5. Date _____

6. Lenders Number (opt.) _____

7. Information to be verified:

Property address _____

Account in the Name of _____

Account Number _____

Mortgage or _____

Land Contract _____

Rental _____

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To _____

Original Contract Amount \$ _____

FIXED _____ ARM _____

Amount of rent \$ _____ Per _____

Current Account Balance \$ _____

FHA _____ VA _____

Number of late payments _____

Monthly payment P&I only \$ _____

CONV _____ OTHER _____

Is Account Satisfactory _____

Payment with taxes & ins. \$ _____

Next pay date _____

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No. of late payments _____

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14. Signature of Landlord/Creditor Representative _____

15. Title (Please Print or Type) _____

16. Date _____

17. Print or Type Name Signed in Item 14 _____

18. Phone Number _____

REQUEST FOR VERIFICATION OF EMPLOYMENT

INSTRUCTIONS: Applicant: Complete Items 1, 7, 8 and return directly to Rehoboth Shores. **Rehoboth Shores:** Complete Items 3, 4, 5. Forward to Employer named in Item 1. **Employer:** Please complete either Part II or Part III as applicable. Complete Part IV and return directly to Rehoboth Shores, not through the applicant or any other party.

PART I – REQUEST

1. To (Name And Address of Applicant's Employer)

2. From

REHOBOTH SHORES MOBILE HOME COMMUNITY
 26335 GOOSEPOND ROAD
 MILLSBORO, DE 19966
 Phone Number: (302) – 945 – 1500
 Fax Number: (302) – 945 – 9491

Fax Number: _____

I certify that the verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party.

3. Signature of Rehoboth Shores Agent _____

4. Title

Property Manager

5. Date _____

6. Lenders Number (opt.) _____

I have applied for a leased mobile home lot and stated that I am now or was formerly employed by you. My signature authorizes verification of information

7. Name and Address of Applicant (Include Employee or Badge Number)

8. Signature of Applicant _____

PART II – VERIFICATION OF PRESENT EMPLOYER

9. Applicant's Date of Employment _____

10. Present Position _____

11. Probability of Continued Employment _____

12A. Current Gross Base Pay (Enter Amount And Check Period)

\$ _____ Annual \$ _____ Hourly

\$ _____ Monthly \$ _____ Other (Specify)

\$ _____ Weekly

12B. Gross Earnings

Type	Year to Date	Past Year	Past Year
------	--------------	-----------	-----------

Base Pay	\$ _____	\$ _____	\$ _____
----------	----------	----------	----------

Overtime	\$ _____	\$ _____	\$ _____
----------	----------	----------	----------

Commissions	\$ _____	\$ _____	\$ _____
-------------	----------	----------	----------

Bonus	\$ _____	\$ _____	\$ _____
-------	----------	----------	----------

Total	\$ _____	\$ _____	\$ _____
-------	----------	----------	----------

13. For Military Personnel Only

Pay Grade _____

Type Monthly Amount

Base Pay \$ _____

Rations \$ _____

Flight or Hazard \$ _____

Clothing \$ _____

Quarters \$ _____

Pro Pay \$ _____

Overseas Or combat \$ _____

Housing Allowance \$ _____

14. If overtime or bonus is applicable is its continuance likely?

Overtime _____

Bonus _____

15. If paid hourly – average hours per week _____

16. Date of applicant's next pay increase _____

17. Projected amount of next pay increase _____

18. Date of applicant's last pay increase _____

19. Amount of last pay increase _____

20. Remarks (if employee was off work for any length of time, please indicate time period and reason)

PART III – VERIFICATION OF PREVIOUS EMPLOYMENT

21. Date Hired _____

23. Salary/Wages at Termination Per (Year)(Month)(Week):

22. Date Terminated _____

Base _____ Overtime _____ Commissions _____ Bonus _____

24. Reason For Leaving _____

25. Position Held _____

PART IV – AUTHORIZED SIGNATURE – Federal statutes provide severe penalties for any fraud, intentional misrepresentation or criminal connivance or conspiracy purposed to influence the issuance of any guaranty.

26. Signature of Employer _____

27. Title (Please Print or Type) _____

28. Date _____

29. Print or Type Name Signed in Item 26 _____

30. Phone No. _____

REQUEST FOR VERIFICATION OF EMPLOYMENT

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3. Signature of Rehoboth Shores Agent _____

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Property Manager

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\$ _____ Annual \$ _____ Hourly
 \$ _____ Monthly \$ _____ Other (Specify)
 \$ _____ Weekly

12B. Gross Earnings

Type	Year to Date	Past Year	Past Year
Base Pay	\$ _____	\$ _____	\$ _____
Overtime	\$ _____	\$ _____	\$ _____
Commissions	\$ _____	\$ _____	\$ _____
Bonus	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

13. For Military Personnel Only

Pay Grade _____
 Type Monthly Amount
 Base Pay \$ _____
 Rations \$ _____
 Flight or Hazard \$ _____
 Clothing \$ _____
 Quarters \$ _____
 Pro Pay \$ _____
 Overseas Or combat \$ _____
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26. Signature of Employer _____

27. Title (Please Print or Type) _____

28. Date _____

29. Print or Type Name Signed in Item 26 _____

30. Phone No. _____

Safe Rent

Copy of Driver's License or ID is Necessary

OFFICE USE ONLY	
Paid:	_____
Lot #:	_____
Clerk:	_____
Occupant Only:	YES / NO

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND / OR INVESTIGATIVE REPORT

I, the undersigned consumer, do hereby authorize **MID-ATLANTIC/REHOBOTH SHORES** by and through its independent contractor, **Safe Rent**, to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, employment and education verification; personal references; personal interviews; my personal credit history based on reports from any credit bureau; driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public records; and, any other information bearing on my credit standing, credit capacity, credit worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode living.

I understand that the investigative consumer report I have authorized above may include information obtained by interviews with my neighbors, friends and/or associates and/or others with whom I am acquainted or who may have knowledge concerning said information. I understand that I will also receive a written disclosure of my rights under **FCRA 15 U.S.C. 1681** with the nature and scope of any investigative consumer report prepared on me upon my written request to **Safe Rent** that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **MID-ATLANTIC/REHOBOTH SHORES,** by and through **Safe Rent**, including, but not limited to any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release **MID-ATLANTIC/REHOBOTH SHORES, Safe Rent** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

Signature

Date

Safe Rent

=====
For Mid-Atlantic Use Only:

Sent by: _____

For: Residence: _____ Employment: _____

=====
Applicant, please complete the following section.

Social Security Number

Driver's License Number

Date of Birth

Type or Print Name

Other Names Used (Past 7 Years)

Years Used

MALE: () FEMALE: ()

Current Address (City, State, Zip)

Country of Residence

ADDRESSES FOR THE PAST SEVEN YEARS

DATES LIVED HERE

City State County Zip Code

City State County Zip Code

City State County Zip Code

City State County Zip Code

City State County Zip Code

City State County Zip Code

=====
Safe Rent Use Only:

Date Ordered: _____

Result Date: _____

Is Application Approved? () YES () NO

Please attach printed copy of report to this form.

OFFICE USE ONLY

Paid: _____

Lot #: _____

Clerk: _____

Occupant Only: YES / NO

Safe Rent

Copy of Driver's License or ID is Necessary

AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND / OR INVESTIGATIVE REPORT

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These above-mentioned reports may include, but are not limited to, employment and education verification; personal references; personal interviews; my personal credit history based on reports from any credit bureau; driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public records; and, any other information bearing on my credit standing, credit capacity, credit worthiness, character, general reputation, personal characteristics, trustworthiness and/or mode living.

I understand that the investigative consumer report I have authorized above may include information obtained by interviews with my neighbors, friends and/or associates and/or others with whom I am acquainted or who may have knowledge concerning said information. I understand that I will also receive a written disclosure of my rights under **FCRA 15 U.S.C. 1681** with the nature and scope of any investigative consumer report prepared on me upon my written request to **Safe Rent** that is made within a reasonable time after the date hereof.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **MID-ATLANTIC/REHOBOTH SHORES**, by and through **Safe Rent**, including, but not limited to any courthouse, any public agency, any and all law enforcement agencies and any and all credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release **MID-ATLANTIC/REHOBOTH SHORES, Safe Rent** and any and all persons, business entities and governmental agencies, whether public or private, from any and all liability, claims and/or demands, of whatever kind, to me, my heirs or others making such claim or demand on my behalf, for procuring, selling, providing, brokering and/or assisting with the compilation or preparation of the consumer report and/or investigative consumer report hereby authorized.

Signature

Date

Safe Rent

=====

For Mid-Atlantic Use Only:

Sent by: _____

For: Residence: _____ Employment: _____

=====

Applicant, please complete the following section.

Social Security Number

Driver's License Number

Date of Birth

Type or Print Name

Other Names Used (Past 7 Years)

Years Used

MALE: () FEMALE: ()

Current Address (City, State, Zip)

Country of Residence

ADDRESSES FOR THE PAST SEVEN YEARS

DATES LIVED HERE

City State County Zip Code

City State County Zip Code

City State County Zip Code

City State County Zip Code

City State County Zip Code

City State County Zip Code

=====

Safe Rent Use Only:

Date Ordered: _____

Result Date: _____

Is Application Approved? () YES () NO

Please attach printed copy of report to this form.

=====

After your application is approved:

1. We will call you to make an appointment to sign the lease, provide you with the information needed so you can put the utilities in your name and let you know the amount of the initial payment needed at the lease signing. The initial payment will include the first month's rent, the security deposit in the amount of one month's rent, pet security deposit for (1) one dog or cat in the amount of one month's rent if applicable, and the tenant's portion of the current sewer assessment for the lot.
2. **Your initial payment should be made by money order, cashier's check or debit/credit card.** Once the Lease Agreement is signed, personal checks will be accepted. No cash is accepted in the office under any circumstances. Be aware that some banks have transaction or/and spending limits, and large payment made with the credit/debit card might be declined.
3. Please, read the Rehoboth Shores Community Guidelines for Living to get familiar with the rules and regulations and ask all questions that may arise before making an appointment for lease signing.
4. Appointments for lease signing can be scheduled on **weekdays only, at 10 a.m., 11 a.m., 1 p.m. or 2 p.m.** We do not do lease signings on weekends.
5. **Plan on being at the lease signing on time,** or your appointment will be canceled and you will have to re-schedule. Lease signing takes around an hour, so please plan your time accordingly.
6. **Only lease holder(s) and translator, if necessary, can be a part of the lease signing.** If you have small children, make sure you have someone available to watch them. Children are not allowed at the lease signing.
7. **No personal belongings can be moved into the community before the lease signing under any circumstances.**

Rehoboth Shores Gate Card order form

Lot # _____ Last Name _____

First Name _____

Lot Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Telephone number to be used by gate to call you: _____

Vehicle Information:

	Make, Model, Color	Licence Plate Number and State	For Office Use Only
			Gate Card Number
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____

For added privacy, you may choose to have your name hidden in the gate directory
Check here to have your name hidden in the gate directory.

Please call me for my payment information PHONE: _____

FOR OFFICE USE ONLY

Resident signature on pickup _____ Date _____

\$ _____ Payment Amount

Payment Type: Check
 Money Order
 Visa
 Master Card