

Brightway Commons
200 Tull Way
Milford, DE 19942
(302) 422-6398

May 2025

We are currently accepting applications for our for Brightway Commons I on a first-come first-serve basis.

You are responsible for making sure the information on your application is accurate and stays current. If any of the information changes, please contact the office. ALL INFORMATION ON THE APPLICATION MUST BE COMPLETED. Please indicate n/a if not applicable.

All Household members must provide the following at time of application:

- Social Security Cards
- Photo ID's (over the age of 18)
- Birth Certificate (under the age of 18)

Brightway Commons I has efficiencies, 1, 2, 3, and 4 bedrooms that is a project based HUD community.

Once your name comes to the top of the list, we will reach out to you for an interview. You must respond within 7 (seven) business days. Failure to do with result in removal from the wait list.

There is an extensive application and background process for our community. This detailed information is required for qualification.

Please prepare to have the following information ready when you are contacted for your interview that an apartment will be ready. Any delay may cause your application to move further down the list or removed.

Once you have completed and submitted the application, we encourage you to have the first page of this document dated and initialed by a member of our management team and a copy provided to you. This will be your receipt for submission.

TO BE COMPLETED BY MANAGEMENT

Applicant

Date & Time Received

Management Initials

All adult household members must provide the following for the application interview: All documents must be dated within 60 days.

Proof of income:

TANF benefit letter
Social Security Benefit Letter
Child Support Documentation
4 Consecutive Recent paystubs
Gift Contribution/Cash Contribution

Assets:

Checking Account Statements: 2 most recent consecutive statements
Savings: Most Recent Statement
This include Chime, Cash App
401K-most recent statement-dated within 60 days

Tax Returns

Custody Documentation

Full Time Students-must present student ID's and status will be verified.

Brightway Commons I
 200 Tull Way
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 Telephone: 302-422-6398 Fax: 302-422-6394
 Email: Brightway2@severncompanies.com

<i>For Office Use Only:</i>
Date received:
Time received:

APPLICATION FOR HOUSING

Please Print Clearly

This is an application for housing at:	Project: Brightway Commons I Address: 200 Tull Way Milford DE 19963

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____

Street
Apt. #
City
State
ZIP

Phone: _____ E-mail: _____

Do you RENT or OWN (circle one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (circle one)

Bedroom size requested: Studio 1 BR 2 BR 3 BR



We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.



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B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Birth Date	Age (optional)	SS#	Student Y/N
Head						
Co-Tenant						
3.						
4.						
5.						
6.						
7.						
8.						

Have there been any changes in household composition in the last twelve months?	Yes	No
<i>If yes, explain:</i>		
Do you anticipate any changes in household composition in the next twelve months?	Yes	No
<i>If yes, explain:</i>		
Is there someone not listed above who would normally be living with the household?	Yes	No
<i>If yes, explain:</i>		

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	Yes	No
--	-----	----

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) a TANF or a title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent?	Yes	No
Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	Yes	No

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C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
		\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Contributions to the Household (monetary or not)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Financial Aid (grants & scholarships exceeding of the amount of tuition may have to be included in total income)	\$
	Long Term Medical Care Insurance Payments in	

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	Scheduled Payments from Investments	\$

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>legally entitled</i> to receive alimony?	D Yes D No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	D Yes D No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>legally entitled</i> to receive child support?	D Yes D No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	D Yes D No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		Yes No
Is any member of the household legally entitled to receive income assistance?		Yes No

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Is any member of the household likely to receive income or assistance (<i>monetary or not</i>) from someone who is not a member of the household as listed on Page 2 etc.)?	Yes	No
If yes to any of the above, explain:		
Is the income received?	Yes	No

D. ASSETS				
If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.				
Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

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Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	Yes	No
<i>If yes, Type of property</i>		
Location of property		
Appraised Market Value	\$	
Mortgage or outstanding loans balance due	\$	
Amount of annual insurance premium	\$	
Amount of most recent tax bill	\$	

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?	Yes	No
<i>If yes, describe:</i>		
Do they have access to the asset(s)?	Yes	No

Have you sold/dispensed of any property in the last 2 years?	Yes	No
<i>If yes, Type of property:</i>		
Market value when sold/dispensed	\$	
Amount sold/dispensed for	\$	
Date of transaction:		

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	Yes	No
<i>If yes, describe the asset:</i>		
Date of disposition:		
Amount disposed	\$	

Do you have any other assets not listed above (excluding personal property)?	Yes	No
<i>If yes, please list:</i>		

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E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	Yes	No
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Have you or any member of your family ever been convicted of a felony?	Yes	No
--	-----	----

If yes, describe:

--

Have you or any member of your family ever been evicted from any housing?	Yes	No
---	-----	----

If yes, describe

--

Have you ever filed for bankruptcy?	Yes	No
-------------------------------------	-----	----

If yes, describe

Will you take an apartment when one is available?	Yes	No
---	-----	----

Briefly describe your reasons for applying:

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

Credit Reference #1:

Address:

Account #:	Phone #:
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Credit Reference #2:

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SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

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INCOME/ASSET/EXPENSE QUESTIONNAIRE

Recertification Date _____
 (For Office Use Only)

Household Information

Name	Relationship Head of Household	Date of Birth	Sex	Social Security #	Phone #
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Please list your email address: _____

A SEPARATE QUESTIONNAIRE SHOULD BE FILLED OUT FOR EACH ADULT HOUSEHOLD MEMBER

Please answer the following questions for all members listed above:

- | | | | | |
|--|--------------------------|----|--------------------------|----------|
| Are any members of your household | Yes | or | No | Initials |
| 1. Over the age of 18 and attending school?
Institution _____ | <input type="checkbox"/> | | <input type="checkbox"/> | _____ |
| 2. Paying for childcare in order to attend school
Or be employed? | Yes | or | No | Initials |
| | <input type="checkbox"/> | | <input type="checkbox"/> | _____ |
| 3. If the head or co-head of household qualifies
as either disabled or elderly, are they paying for medical
expenses? | Yes | or | No | Initials |
| | <input type="checkbox"/> | | <input type="checkbox"/> | _____ |
| 4. Did you file Federal Income Taxes for the
current or prior year? (You may be asked to
provide you most recent tax return) | Yes | or | No | Initials |
| | <input type="checkbox"/> | | <input type="checkbox"/> | _____ |

List employment sources: _____

I/We, hereby, certify that the information provided above is true and accurate. I/We understand that there are substantial penalties for providing inaccurate or income information related to income, assets, or family composition.

 Signature

 Date

 Management Witness

 Date



In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, familial status, religion or disability. To file a complaint of discrimination you may file in person with, or write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD)

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call Toll-free (866) 632-9992, Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish) to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



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INCOME/ASSETS

Federal Regulations require us to periodically re-determine eligibility of the individuals residing in federally assisted housing. In order to determine the proper amount of subsidy/rental assistance to be paid on your behalf and/or your continued eligibility, you are required to disclose all information requested below.

Do members listed on this form receive income from the following sources?

<u>INCOME SOURCES</u>	Yes	No	Initial
1. Employment	_____	_____	_____
2. Public Assistance (TANF, General Assistance)	_____	_____	_____
3. Social Security Benefits/SSI	_____	_____	_____
4. Pensions	_____	_____	_____
5. Veteran Benefits	_____	_____	_____
6. Alimony	_____	_____	_____
7. Child Support	_____	_____	_____
8. Unemployment	_____	_____	_____
9. Workmen's Compensation	_____	_____	_____
10. Military Pay	_____	_____	_____
11. Lottery Winnings	_____	_____	_____
12. Money received from Non-household members	_____	_____	_____
13. Income from a business or real estate	_____	_____	_____

Examples of Reportable Income: Uber/Doordash/Onlyfans/Care.com)

Do members listed on this form have any of the following types of assets?

<u>TYPES OF ASSETS</u>	Yes	No	Initial
1. Savings Account(s)	_____	_____	_____
2. Checking Account(s)	_____	_____	_____
3. Cash at home or anywhere else	_____	_____	_____
4. Certificate(s) of Deposit	_____	_____	_____
5. Money Market/Trust Fund/401K(s)	_____	_____	_____
6. Stocks, Bonds, or Treasury Bills	_____	_____	_____
7. IRA's	_____	_____	_____
8. Lump Sum Receipts	_____	_____	_____
9. Real Estate	_____	_____	_____
10. Whole Life Insurance	_____	_____	_____
11. Other Investments	_____	_____	_____

Do any members under 18 have income? YES or NO
 Are there any full-time students, 18 years of age or older, residing in the household? YES or NO

I hereby certify that the information listed above is true and accurate.

 Signature

 Date

 Management Witness

 Date



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Medical Expense Questionnaire
 (This form is only applicable if the Head or Co-Head is Elderly/Disabled)

Do you or any member of your household have out-of-pocket medical/disability expenses that are not reimbursed by insurance??? If yes, you may be entitle to a reduction in your rent based on those expenses.

Please indicate if you or any member of your household has any of the following medical/disability expenses?

<u>TYPES OF EXPENSES</u>	<u>YES</u>	<u>or</u>	<u>NO</u>
Services provided by physician(s) & health care professionals? (Doctors, nurses, dentists, orthopedics, chiropractors)	_____		_____
Services of a health care facility? (Hospital services, laser eye surgery, blood tests, X-rays)	_____		_____
Medical Insurance Premiums? (Medicare Supplemental Insurance, Long-term care insurance)	_____		_____
Prescriptions/Nonprescription medicines? (Nonprescription medicines must be prescribed by a health care professional)	_____		_____
Transportation (Bus fare to appointments, mileage log for medical-related travel)	_____		_____
Dental Expenses (Fillings, Dentures, X-rays)	_____		_____
Eye Glasses/Contact Lenses	_____		_____
Hearing Aids or other Aids (Purchase and upkeep of wheelchairs, walker, oxygen equipment & supplies, batteries)	_____		_____
Live-in or periodic medical assistance (This does NOT include housekeeping assistance)	_____		_____
Monthly payments on accumulated medical bills (Scheduled monthly payments and evidence of payment required)	_____		_____

I hereby certify that the information listed above is true and accurate.

Signature

Date

Management Witness

Date



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ASSET QUESTIONNAIRE

Federal regulations require all applicants/residents disclose assets currently held and assets that have been disposed in the past two years. Please provide the information requested below.

Checking Account

Financial Institution _____ Account Number(s) _____
Approximate Value \$ _____

Savings Account

Financial Institution _____ Account Number(s) _____
Approximate Value \$ _____

Money Market/401K/Retirement Account(s)

Financial Institution _____ Account Number(s) _____
Approximate Value \$ _____

Certificate(s) of Deposit

Financial Institution _____ Number of CDs _____
Account Number _____
Approximate Value \$ _____

Stocks, Bonds, Treasury Bills

Company _____ Cash Value \$ _____
Company _____ Cash Value \$ _____
Bond/Bill # _____ Cash Value \$ _____

Whole Life Insurance

Company _____ Cash Value _____
Company _____ Cash Value _____

Real Estate

_____ Approximate Value \$ _____

Have you disposed of any assets (including real estate) in the past two years? ___ Yes ___ No
Do any members under 18 have assets? ___ Yes ___ No

hereby certify that I have disclosed all current and disposed assets truly and accurately.

Signature

Date

Management Witness

Date

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ADDENDUM TO APPLICATION
CONSENT FORM

As part of the application for occupancy procedures, I authorize the management of **Brightway Commons I Apartments** to make annual investigations of my personal history, criminal background, financial and credit record through any investigative or law enforcement or credit bureau or agency. I also consent for the management to contact my former landlord(s) and release such individuals, organizations and management from all liability for any such claim or damage there from.

Name (type or print):

Present address:

Previous address:

Social Security Number:

Social Security Number:

Driver's License Number:

Driver's License Number:

Signature _____ Date: _____

Co-Applicant _____ Date: _____

Application Fee: \$36.00 per person 18 years and older. Due when application is processed. This fee does not apply to HUD properties.

PLEASE INCLUDE A COPY OF BIRTH CERTIFICATES, SOCIAL SECURITY CARDS, DRIVERS LICENSE AND PROOF OF INCOME FOR ALL HOUSEHOLD MEMBERS WITH RETURN OF APPLICATION.