



10 Village Center Drive
Reading, PA 19607
Phone: 610-775-3351 Fax: 610-775-4410

Credit Application

Name of Business: _____ Phone: _____
Street: _____ Fax: _____
City: _____ State: _____
Zip: _____

Type of Business: _____ Date Established: _____
 Corporation Partnership Proprietorship SS/EIN# _____
Officer: President _____ Phone: _____
Vice President _____ Phone: _____

Credit References (Your Vendors)

Company Name _____ Acct. No. _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Fax: _____

Company Name _____ Acct. No. _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Fax: _____

Company Name _____ Acct. No. _____
Address _____ City _____ State _____ Zip _____
Phone Number _____ Fax: _____

Bank Reference _____ Acct. No. _____
Phone Number: _____ Fax: _____

*I authorize the release of credit information to Flying Hills Company.

Signature _____ Title: _____ Date: _____



Date _____

SECURITY DEPOSIT AND APPLICATION FEE

Applicant(s) acknowledge(s) that he/she has deposited with Flying Hills Apartment Company a non-refundable application fee in the amount of \$100.00.

In the event applicant(s) hereafter executes a lease agreement with Flying Hills Apartment Company, a security deposit shall be retained by Flying Hills Apartment Company until the applicant vacates the leased property. The deposit shall be returned within two (2) weeks after the property has been inspected and it has been determined to be without damage. If damage has been done or rent is left unpaid at conclusion of lease, fees shall be deducted from the original security deposit. The property will be inspected and damages will be assessed by a staff member of Flying Hills.

After the communication of approval, the Applicant(s) must pay in full the security deposit in the amount of \$ _____ within ten business days.

After receipt of the security deposit, should applicant(s) choose not to execute a lease agreement, the security deposit shall be forfeited to Flying Hills Apartment Company.

Please Note: if the application or security deposit check is returned to Flying Hills for insufficient funds, your application will be automatically denied.

Applicant's Signature

Date

Applicant's Signature

Date



Date _____

Certification

The undersigned certify the following:

1. I / We have applied for a commercial space from Flying Hills Apartment Company. In applying for the apartment, I / we have completed an application containing personnel information. I / We certify that all of the information is true and complete. I / We made no misrepresentations in the application or other documents, nor did I / we omit any pertinent information.
2. I / We understand and agree that Flying Hills Apartment Company reserves the right verify the information provided on the application with the employer, landlord and/or financial institution.

Authorization to Release Information

To Whom It May Concern:

1. I / We have applied for commercial space from Flying Hills Apartment Company. As part of the application process, Flying Hills Apartment Company may verify information contained in my / our application and in other documents required in connection with the application, either before the lease is signed or as part of its quality control program.
2. I / We authorize you to provide to Flying Hills Apartment Company any and all information and documentation that they request. Such information includes, but is not limited to, employment history and income; credit history; rental history; bank and similar account balances; and a Personal Consumer Credit Report and Criminal Report.
3. Flying Hills Apartment Company may address this authorization to any party named in the application.
4. A copy of this authorization may be accepted as an original.
5. Your prompt reply to Flying Hills Apartment Company is appreciated.

(Applicant's Signature)

(Social Security Number)

(Applicant's Signature)

(Social Security Number)



EMPLOYMENT VERIFICATION

Applicant: _____ SSN _____
Employer: _____ Address: _____
Contact name: _____ City/State/ZIP: _____
Employer phone number: _____ Fax number: _____

The above named individual has applied for an apartment with Flying Hills Apartment Company. Please supply and/or verify the information provided to us by the prospective tenant regarding his/her employment.

Please note that this letter has been signed by your employee authorizing you to release this information. All information released to Flying Hills Apartment Company will remain confidential.

I, _____, hereby request the release of information regarding my
(Applicant's Signature)
employment for the purpose of apartment rental. Date: _____

TO BE COMPLETED BY APPLICANT'S EMPLOYER
Please fax completed form back to our office at 610-775-4410.

Position: _____

Date of Hire: _____

Full Time _____ Part Time _____

Salary: \$ _____ per week
\$ _____ per month
\$ _____ per year

Authorized Signature

Title



LANDLORD REFERENCE

Applicant: _____ Landlord's Name: _____
Address: _____ Landlord's Address: _____
City: _____ Landlord's Phone: _____
State: _____ Zip: _____ Landlord's Fax: _____

The above named individual has applied for commercial space with Flying Hills Apartment Company and has given your name as his/her landlord. Please furnish the information requested below and any additional remarks, which will serve as a reference. This information is necessary to expedite the prompt processing of the application.

I hereby request the release of information on my residency for the above described purpose.

Applicant's Signature _____ Date _____

TO BE COMPLETED BY APPLICANT'S LANDLORD
Please fax completed form back to our office at 610-775-4410.

Start Date of Lease: _____ Expiration of Lease: _____ Monthly Rent: _____

Is the account current? YES _____ NO _____

Has the account been delinquent? YES _____ NO _____

If YES, number of times delinquent: _____ X over 30 days _____ X over 60 _____ X over 90+

Date(s) of delinquency: _____ No. Months Reviewed: _____

Pet Owners? Yes _____ No _____ Number of Children: _____ Ages: _____

Comments: _____

Authorized Signature Title Date

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www.flyinghills.com