

Children Living in Apartment:

Name:

Date of birth:

Name:

Date of birth:

Name:

Date of birth:

Have You or Co-applicant Ever:

Been evicted or asked to vacate a rental property? Yes No

Broken a lease agreement? Yes No

Declared bankruptcy? Yes No

Had judgment filed against you for damages to a rental property? Yes No

Had judgment filed against you for non-payment of rent? Yes No

Been convicted of a crime? Yes No

If you or co-applicant answered yes to any of the above, please give a brief explanation below:

How Did You Hear of Flying Hills:

Reading Eagle Website Television Friend

Other Please explain: _____

Referred by Flying Hills Apartment Resident Name and Address: _____

Appliance Package:

Flying Hills Apartment Company offers an appliance rental package for \$50.00 per month. The package includes a refrigerator, washer and dryer. Payment is made to Flying Hills Apartment Company and is due on the first of each month along with your rent/cable payments.

Accept Decline

*Appliance package becomes part of your lease agreement and the appliances remain in the apartment.

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) executes a lease agreement, 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 is without damage. If damage has been done or rent is left unpaid at conclusion of lease, fees shall be deducted from original security deposit. The property will be inspected and damages 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 due to insufficient funds, the application will be denied.

Signature of applicant:

Signature of co-applicant:

Certification and Authorization:

I/We certify that all requested information provided is true and complete. I/We authorize the verification of the information provided on this form including but not limited to, personal credit/criminal report, employment/income, and rental history.

Signature of applicant: Date:

Signature of co-applicant: Date:



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



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.

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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 an apartment 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

