

Flying Hills Apartment Company

Rental Application

Applicant Information:

Name:		Email Address:	
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		Dates:
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:		Dates:

Employment Information:

Current employer:		Date of Hire:	
Employer address:			City:
State:	ZIP Code:	Phone:	
Position:	Hourly Salary (Please circle)	Annual income:	

Emergency Contact:

Name:		Email Address:	
Address:			
City:	State:	ZIP Code:	Phone:
Relationship:			

Co-applicant Information:

Name:			
Date of birth:	SSN:	Phone:	
Current address:			
City:	State:	ZIP Code:	
Own Rent (Please circle)	Monthly payment or rent:		Dates:
Previous address:			
City:	State:	ZIP Code:	
Owned Rented (Please circle)	Monthly payment or rent:		Dates:

Co-applicant Employment Information:

Current employer:		Date of Hire:	
Employer address:			City:
State:	ZIP Code:	Phone:	
Position:	Hourly Salary (Please circle)	Annual income:	

Other Income:

If there are other sources of income you receive, please list below. Proof of this income must be submitted to Flying Hills Apartment Company in order to be considered as part of your application.

Source:
Amount:
Source:
Amount:

OFFICE USE ONLY:

Apartment address:	
Rental rate:	
Decorator fee:	
<input type="checkbox"/> 1BR with <input type="checkbox"/> Fireplace <input type="checkbox"/> Loft <input type="checkbox"/> _____ <input type="checkbox"/> Top <input type="checkbox"/> Walk-In <input type="checkbox"/> Ground	
<input type="checkbox"/> 2 BR with <input type="checkbox"/> Fireplace <input type="checkbox"/> Loft <input type="checkbox"/> 1 Bath <input type="checkbox"/> 2 Bath <input type="checkbox"/> _____ <input type="checkbox"/> Top <input type="checkbox"/> Walk-In <input type="checkbox"/> Ground	
Application taken by:	Date: _____ Application fee: Check # _____ or Visa/MasterCard/Discover
Notes:	

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: _____

TV Cable Service:

As a lessee of the apartments, you may elect to receive extended basic cable service by accepting below. As of January 1, 2011, the charge for extended basic cable service is \$34.00 per month and is billed to you by Flying Hills Apartment Company along with your rent.

Accept Decline

*A fee of \$10.00 is charged on unpaid cable balances after the 6th of the month.
*If service is terminated for any reason, there is a \$35.00 reconnect fee.

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.

Decorating 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. After the communication of approval, the Applicant(s) must then pay in full the non-refundable decorating fee in the amount of \$_____ within ten business days. The decorating fee is retained by Flying Hills Apartment Company to reimburse it for refurbishing and redecorating the apartment at the expiration of the lease term. After deposit of the decorating fee, if the Applicant(s) does not enter into a lease agreement the decorating fee shall be forfeited to Flying Hills Apartment Company.

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.

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 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

