



Section A:

Date: _____

Applicant's Name: _____ Social Security No.: _____

Current Address: _____ Previous Address: _____

Telephone: _____ Driver License #: _____ State: _____

Date of Birth: _____ Vehicles: Make/Year/License No.

Employer: _____ (1) _____/_____/_____

Employer Address: _____ (2) _____/_____/_____

Employer Telephone: _____ Nearest Relative Not Living in Apartment:

Length of Employment: _____ Name: _____

Job Title: _____ Address: _____

Phone: _____ Relationship: _____

Section B:

Spouse/Roommate: _____ Social Security No.: _____

Current Address: _____ Previous Address: _____

Telephone: _____ Driver License #: _____ State: _____

Date of Birth: _____ Vehicles: Make/Year/License No. (not listed above)

Employer: _____ (1) _____/_____/_____

Employer Address: _____ (2) _____/_____/_____

Employer Telephone: _____ Nearest Relative Not Living in Apartment:

Length of Employment: _____ Name: _____

Job Title: _____ Address: _____

Phone: _____ Relationship: _____

OFFICE USE ONLY

THIS APPLICATION APPROVED NOT APPROVED

By _____ Title _____ Date _____

If not approved, please specify why: _____

Tenant Number _____ Apartment No. _____

Apartment Address: _____

Move-In Date: _____ Rental Rate: \$ _____

Lease Date: _____ Decorator Fee: \$ _____

Pro-Rated Rent: _____ Days x \$ _____ per day = \$ _____

Description of Apartment:

_____ One Bedroom with _____ Fireplace _____ Loft

_____ Two Bedroom with _____ Fireplace _____ Loft _____ 1 Bath _____ 2 Bath _____ Corner _____ End

Former Tenant _____

Section C:

If there are other sources of income you would like us to consider, please list income amount, source, and person (Banker, Employer, etc.) who we could contact for verification. Note: You do NOT have to reveal any income regardless of source unless you would like us to consider it as part of your application.

Amount \$ _____ Per _____ Source _____

Telephone _____

Amount \$ _____ Per _____ Source _____

Telephone _____

Section D:

Children Living in Apartment:

Name: _____

Date of Birth:

Name: _____

Date of Birth:

Name: _____

Date of Birth:

Section E:

How did you hear of Flying Hills? ___ newspaper

___ TV ___ Friend ___ Realtor

Other _____ (Please explain)

Section F:

HAVE YOU OR CO-APPLICANT EVER:

Been sued for non-payment of rent? Yes No

Been evicted or asked to move out? Yes No

Broken a Rental Agreement of Lease? Yes No

Been sued for damage to rental property? Yes No

Declared Bankruptcy? Yes No



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 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.

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

Lessee

Date

Date

Lessee



Date _____

Certification

The undersigned certify the following:

1. I / We have applied for an apartment from Flying Hills Apartment Company. In applying for the apartment, I / we have completed an application containing various 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 an apartment 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.

(Borrower's Signature)

(Social Security Number)

(Borrower's Signature)

(Social Security Number)



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 _____

THE FLYING HILLS OFFICE WILL FAX THIS FORM TO YOUR LANDLORD

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

Please fax the completed form back.

10 Village Center Drive, Reading, Pennsylvania 19607
Telephone 610/775-3351 Fax 610/775-4410
www.flyinghills.com



EMPLOYMENT VERIFICATION

Applicant _____ SSN _____
Employer _____ Address _____
Contact name _____ City & State _____
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.

Thank You!
Flying Hills Apartment Company

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

TO BE FAXED BY FLYING HILLS OFFICE TO THE APPLICANT'S EMPLOYER

Position _____
Date of Hire _____
Full Time _____ Part Time _____
Salary: \$ _____ per week
\$ _____ per month
\$ _____ per year

Authorized Signature

Title

Please fax this form back to 610-775-4410.

