

# 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:
Vehicle Make:	Vehicle Model & Color:	License Plate:	

### Employment Information:

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

### Emergency Contact:

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

### Co-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:
Vehicle Make:	Vehicle Model & Color:	License Plate:	

### 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:	Projected Move in date:
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:
Notes:	Application Fee: Check # _____ or Visa/MasterCard/Discover
	Decorator Fee: Check# _____ or Visa/MasterCard/Discover

<b>Other Occupants – Names of all persons under 18 who will occupy the unit:</b>	
Name:	
Date of birth:	
Name:	
Date of birth:	
Name:	
Date of birth:	
<b>Have You or Co-applicant Ever:</b>	
Been evicted or asked to vacate a rental property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Broken a lease agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Declared bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Had judgment filed against you for damages to a rental property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Had judgment filed against you for non-payment of rent?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Been convicted of a crime?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you or co-applicant answered yes to any of the above, please give a brief explanation below:	
<b>How Did You Hear of Flying Hills:</b>	
Reading Eagle <input type="checkbox"/> Website <input type="checkbox"/> Television <input type="checkbox"/> Friend <input type="checkbox"/>	
Other <input type="checkbox"/> Please explain: _____	
Referred by Flying Hills Apartment Resident <input type="checkbox"/> Name and Address: _____	
<b>Appliance Package:</b>	
Flying Hills Apartment Company offers an appliance rental package for \$75.00 per month. The package includes washer and dryer. Payment is made to Flying Hills Apartment Company and is due on the first of each month along with your rent payment.	
Accept <input type="checkbox"/> Decline <input type="checkbox"/>	
*Appliance package becomes part of your lease agreement and the appliances remain in the apartment.	
<b>Decorating and Application Fee:</b>	
Applicant(s) acknowledge(s) that he/she has deposited with Flying Hills Apartment Company a non-refundable application fee in the amount of <b>\$50.00 per prospective resident</b> . The decorator fee, which is equal to <b>one (1) month's rent</b> , is also due and payable at time of application. The decorator fee is retained by Flying Hills Apartment Company upon application approval.	
<i>(*The decorator fee is refundable <u>ONLY</u> if your application is <b>DENIED</b> by Flying Hills*).</i>	
Signature of applicant:	Date:
Signature of co-applicant:	Date:
<b>Certification and Authorization:</b>	
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:

\*Flying Hills Apartment Company reserves the right to make changes, including change in price, content, description, terms, etc. at any time without notice.



**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: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

\_\_\_\_\_  
Authorized Signature                      Printed 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: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

\_\_\_\_\_  
Authorized Signature Printed 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: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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 Occupants residing in the unit: \_\_\_\_\_  
Would you re-rent to the tenant in the future? Yes \_\_\_\_\_ No \_\_\_\_\_  
Comments: \_\_\_\_\_

Authorized Signature/Print Title Date



## **Application Requirements**

- **Complete and Sign Application**
- **Application Fee:** *A non-refundable application fee of \$50.00 per prospective resident (18 or older).\**
- **Decorator Fee:** *The decorator fee is equal to one month's rent. This fee along with your application fee will hold the apartment. **The decorator fee is non-refundable unless your application is declined.**\**

*\*The above fees must be made with two (2) separate checks or credit/debit card payments.*

## **Approval Criteria**

- *Positive credit history (minimum 600+ credit score required for all applicants)*
- *Positive rental history/property ownership history.*
- *Debt to income percentage must be 40% or less.*
- *Verifiable employment and/or monthly income.*
- *The lease must be signed and move in occur within 30 days of your approved application.*
- *The lease start date will be the 1<sup>st</sup> day of the month following your move in date.*

## **Required Forms of Employment Verification/Proof of Income**

- *Two most recent pay stubs and your prior year's W-2 (s).*
- *Social Security/Pension: A copy of your social security benefits letter, tax return and/or prior year 1099.*

## **After Approval**

- *All utilities must be transferred into your name prior to your scheduled move in date or keys will not be issued.*  
**UGI – 1-800-276-2722**                      **MET-ED – 610-929-3601**
- *Tenant is required to obtain liability insurance with a minimum of \$300,000 general liability coverage.*
- *Flying Hills Apartment Company should be listed as an "additional insured". A copy of the policy/declaration page must be submitted on/or before lease signing.*