

# 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:	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: _____ Application fee: Check # _____ or Visa/MasterCard/Discover
Notes:	

**Other Occupants – Names of all persons under 18 who will occupy the unit:**

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, 2012, the charge for extended basic cable service is \$35.00 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 6<sup>th</sup> 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 \$75.00 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**. The application fee is then applied to the non-refundable decorating fee, which is equal to **one (1) month's rent**, and is also due and payable at time of application. 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.  
 (*\*The decorator fee, minus the \$100 application fee, is refundable ONLY if your application is DENIED by Flying Hills\**).

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: _____
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Signature of co-applicant: _____	Date: _____
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\*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: \_\_\_\_\_

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

Authorized Signature Title Date

