

FOX HUNTER APARTMENTS/COUNTRYSIDE ESTATES

3844 Fox Chase Drive, Dover, PA 17315

Phone: 717-292-5204 Fax: 717-292-9490 Email: fhcse@outlook.com



APPLICATION FOR RENTAL UNIT

APPLICANT INFORMATION

DATE: _____

APPLICANT'S NAME _____

ADDRESS _____ BIRTHDATE _____

_____ SEX: _____

_____ SOCIAL SECURITY NUMBER _____

TELEPHONE NUMBER _____

LANDLORD _____

ADDRESS _____

TELEPHONE # (____) _____

APPLICANT'S EMPLOYER _____

EMPLOYER'S ADDRESS _____

EMPLOYER'S CONTACT PERSON _____

EMPLOYER'S PHONE # _____

CURRENT SALARY HOURLY RATE \$ _____ HOURS WORK PER
WEEK _____

ADDITIONAL INCOME

SOCIAL SECURITY \$ _____ PER MONTH

CHILD SUPPORT \$ _____ PER WEEK

OTHER ADDITIONAL
INCOME _____

AUTOMOBILE YEAR _____ MAKE _____ PLATE # _____

CO-APPLICANT'S INFORMATION

NAME _____

ADDRESS _____ BIRTHDATE _____

_____ SEX: _____

_____ SOCIAL SECURITY NUMBER _____

TELEPHONE NUMBER _____

**CO-APPLICANT'S
EMPLOYER**

**EMPLOYER'S
ADDRESS**

**EMPLOYER'S CONTACT
PERSON**

EMPLOYER'S PHONE

CURRENT SALARY HOURLY RATE \$ _____ HOURS WORK PER WEEK _____

ADDITIONAL INCOME

SOCIAL SECURITY \$ _____ PER MONTH

CHILD SUPPORT \$ _____ PER WEEK

**OTHER ADDITIONAL
INCOME**

AUTOMOBILE YEAR _____ MAKE _____ PLATE

ANY ADDITIONAL VEHICLES _____

LIST ALL OCCUPANTS WHO WILL RESIDE IN THE UNIT:

NAME _____ DATE OF BIRTH _____ SEX _____
RELATIONSHIP _____ SOCIAL SECURITY NUMBER _____
NAME _____ DATE OF BIRTH _____ SEX _____
RELATIONSHIP _____ SOCIAL SECURITY NUMBER _____
NAME _____ DATE OF BIRTH _____ SEX _____
RELATIONSHIP _____ SOCIAL SECURITY NUMBER _____

HAVE ANY OF THE APPLICANTS LISTED ON THE APPLICATION EVER BEEN:

Convicted of a felony? _____
Been evicted? _____
Broken a lease? _____

APPLICANT SIGNATURE _____ DATE _____

CO-APPLICANT'S SIGNATURE _____ DATE _____

Have you been referred to Fox Hunter Apartments or Countryside Estates by any tenant who resides here? Yes _____ No _____ If yes, who? _____

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APPLICANT/RESIDENT INFORMATIONAL RELEASE STATEMENT

I understand that Fox Hunter Apartments/Countryside Estates is required by law to verify income and information relative to the family members applying for admission.

I hereby authorize the release, without liability to Fox Hunter Countryside/Countryside Estates, of information relative to the application for housing such as income from the Department of Public Welfare, Employment, Social Security, Veteran's Death Benefits, Court Orders for Support, Unemployment compensations, Disability Income, Insurance Compensation, or any other sources of income and assets including real property. I also authorize release of information concerning financial obligations such as rent, credit accounts, credit records, utilities, or medical expenses and any and all information they may request concerning my application to determine whether I am eligible to occupy the apartment.

I hereby authorize Fox Hunter Countryside/Countryside Estates to obtain any record of any criminal history or proceeding where I have pending charges or prior convictions of a crime in any court or jurisdiction.

This authorization will continue in force and effect until terminated in writing by the undersigned.

Date: _____

Signed: _____

Date; _____

Signed: _____