

**FOX HUNTER APARTMENTS/COUNTRYSIDE ESTATES**

3844 Fox Chase Drive, Dover, PA 17315

Phone: 717-292-5204 Fax: 717-292-9490 Email: [fhcse@outlook.com](mailto:fhcse@outlook.com)



**APPLICATION FOR RENTAL UNIT**

**APPLICANT INFORMATION**

DATE: \_\_\_\_\_

APPLICANT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SEX: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ \*\*\*Email: \_\_\_\_\_

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