



TDD: 1-800-654-5894

Fox Hunter Apartments / Countryside Estates

3844 Fox Chase Drive

Dover, PA 17315

717-292-5204 (FAX 717-292-9490)

(9:00am-4:00pm M-F) NO WEEKEND CALLS

APPLICATION FOR: OCCUPANCY

(PROJECT NAME)

PART 1: APPLICANT INFORMATION

Applicant's Name: _____

Address: _____

Birthdate: _____

Age: _____

Sex: _____

Marital Status: _____

Social Security Number: _____

Phone: _____

Prior Landlord:

Address: _____

Phone: _____

Applicant's Employer: _____

Employer's Address: _____

Employer's Contact Person: _____

Employer's Phone: _____

Applicant's Occupation: _____

Current Salary: \$_____ Per _____ Average hours per week: _____

Overtime expected: _____ Rate of Overtime Pay: \$_____

Additional Income (itemize interest, Social Security, Dividends, Child Support, etc.)

Source: _____ \$ _____ Per _____

Source: _____ \$ _____ Per _____

Source: _____ \$ _____ Per _____

PART 2: CO-Applicant's Information

Co-Applicant's Name: _____

Address: _____

Birthdate: _____

Age: _____

Sex: _____

Marital Status: _____

Social Security Number: _____

Phone: _____

Co-Applicant's Employer: _____

Employer's Address: _____

Employer's Contact Person: _____

Employer's Phone: _____

Co-Applicant's Occupation: _____

Current Salary: \$ _____ Per _____ Average hours per week: _____

Overtime expected: _____ Rate of Overtime Pay: \$ _____

Additional Income (itemize interest, Social Security, Dividends, Child Support, etc.)

Source: _____ \$ _____ Per _____

Source: _____ \$ _____ Per _____

Source: _____ \$ _____ Per _____

PART 3:

Please list all occupants who will reside in the unit:

Name: _____ Age: _____ Birthdate: _____ Sex: _____

Relationship: _____ Social Security Number: _____

Name: _____ Age: _____ Birthdate: _____ Sex: _____

Relationship: _____ Social Security Number: _____

Name: _____ Age: _____ Birthdate: _____ Sex: _____

Relationship: _____ Social Security Number: _____

Automobile(s):

Year: _____ Make: _____ License #: _____

Year: _____ Make: _____ License #: _____

Applicant's signature: _____ Date: _____

Co-applicant's signature: _____ Date: _____

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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 Apartments/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 Apartments/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: _____