

**\$35.00 APPLICATION FEE PER PERSON**

*Will-O-Hill*

**WILL-O-HILL OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_

DECISION DATE \_\_\_\_\_

UNIT # \_\_\_\_\_ UNIT TYPE \_\_\_\_\_

1904 VAN REED ROAD WYOMISSING, PA 19610

(610) 678-1222

Applicant's Last Name First Name M.I Birth Date Social Security #

Cell Phone Number Email

Type & Size of Apartment Wanted \_\_\_\_\_

Desired Date of Occupancy \_\_\_\_\_

All Other Persons Under The Age of 18 Who Will Be Occupying The Apartment:

Occupants Name: Date of Birth: Sex: Relationship:

**RESIDENCE HISTORY** (2 yrs. history required)

Present address: \_\_\_\_\_

Address Street City State Zip Code

Length of Time at address: \_\_\_\_\_ Rent/Mortgage Payments: \_\_\_\_\_

Community Name/Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Lease Expiration Date: \_\_\_\_\_ Reason for moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Address Street City State Zip Code

Length of Time at address: \_\_\_\_\_ Rent/Mortgage Payments: \_\_\_\_\_

Community Name/Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Lease Expiration Date: \_\_\_\_\_ Reason for moving: \_\_\_\_\_

Have you ever been evicted? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, explain: \_\_\_\_\_

**EMPLOYMENT INFORMATION** (2 yrs. history required)

Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_ Position held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Gross Annual Salary: \_\_\_\_\_ Other income (*Tips, Bonus, etc*): \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Position held: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Gross Annual Salary: \_\_\_\_\_ Other income (*Tips, Bonus, etc*): \_\_\_\_\_

**AUTOMOBILES:**

Applicant's Driver's License # \_\_\_\_\_ State: \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate# \_\_\_\_\_

Make/Model: \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Plate# \_\_\_\_\_

**BANK INFORMATION:**

	Bank Name	Type of Account	Branch	City
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

**EMERGENCY CONTACTS** (not living with applicant)

	Name	Relationship	Address	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

**WERE YOU REFERRED TO WILL-O-HILL?** Yes or No (*circle one*) If YES – Referred By:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**DO YOU HAVE ANY PETS?**

1. Type of Pet \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_

2. Type of Pet \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_

**(We do allow pets in our apartment communities. (Please note that Dogs are NOT permitted) Our policy is as follows: 1.) Only 2 pets are permitted in each apartment. 2.) A Pet Agreement and Fee will be required for the first pet and an additional monthly fee will apply for the second pet. 3.) Service animals to accompany a resident with a verifiable disability for the purpose of aiding that person are not considered "pets.")**

**Has Applicant or Co-applicant, or any Occupant Listed Herein Ever:**

A) Been convicted of and/or pled "guilty" or "no contest" to any felony or offense? \_\_\_\_\_

B) Been evicted from a rental dwelling, or received a notice to vacate? \_\_\_\_\_

If any of the above answers are "YES", please explain: \_\_\_\_\_

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***(YOUR APPLICATION FOR RESIDENCY WILL BE REJECTED IF YOU: ARE LISTED AS A SEXUAL PREDATOR OR OFFENDER; HAVE EVER BEEN CONVICTED OF A FELONY; HAVE FELONY CHARGES PENDING; OR HAVE PLED "GUILTY" OR "NO CONTEST" TO ANY FELONY, REGARDLESS OF OUTCOME.)***

**APPLICANT'S CONSENT:**

It is my understanding that this application is preliminary only and involves no obligation of the Owner or its Agent to approve this application or to deliver occupancy of the proposed premises. If the Owner or its Agent accepts this application, the Reserve Fee herewith paid may be applied to the applicant's account and applicant, upon signature hereon, forfeits all claims to Reserve Fee should applicant cancel after acceptance.

The applicant whose signature appears below hereby authorizes the owner or its agent to investigate his/her past history for the purpose of determining approval or disapproval of his/her application for residency, however, owner or agent is not obligated to make verifications or investigations of any applicant, occupant, or resident. This consent shall include any history of applicant's tenancy at any apartment community and whatever credit bureaus or other sources the apartment owner or agent deems necessary in determining approval of the application. Failure to answer the above inquiries, or false information given above, shall entitle Landlord to (1) reject this application, (2) retain the Application Fee and Reserve Fee as liquidated damages for time and expenses of processing the application, and (3) terminate applicant's right of occupancy.

I further understand that Will-O-Hill Apartments will charge a fee of **FIVE HUNDRED** Dollars (\$500.00) in the event of cancellation. This fee is for expenses incurred for holding the apartment for applicant.

I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references that I have listed.

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Applicant's Signature

Date

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Application received by

Date

***\*IT IS THE SOLE RESPONSIBILITY OF THE RESIDENT TO CARRY RENTAL INSURANCE FOR ALL OF THEIR PERSONAL PROPERTY.***

*Will-O-Hill*

1904 Van Reed Road \* Wyomissing, PA 19610

(610) 678-1222 (O)

\* (610) 678-4674 (F)

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**LANDLORD/TENANT  
VERIFICATION REQUEST**

Date: \_\_\_\_\_

To: \_\_\_\_\_

Phone: \_\_\_\_\_

Renter's Name(s): \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

The above person(s) listed has listed you as a previous/current landlord. We are now processing an application for this person(s) to reside in our community. We would appreciate if you would please answer this questionnaire and fax it back promptly to Will-O-Hill Apartments **(610) 678-4674**.

Term of current Lease: From \_\_\_\_\_ To \_\_\_\_\_

Rental Amount: \_\_\_\_\_

Did the tenant give you proper notice before leaving? \_\_\_\_\_

Would you re-rent to this tenant? \_\_\_\_\_

Did you have any complaints of noise, etc.? \_\_\_\_\_

Did the tenant have any returned checks? \_\_\_\_\_

Did the tenant have any pets? \_\_\_\_\_

Number of late payments? \_\_\_\_\_

Have they ever been placed under eviction? \_\_\_\_\_

Any additional comments you feel would be important to a new landlord regarding this tenant? \_\_\_\_\_  
\_\_\_\_\_

Name and title of person giving information: \_\_\_\_\_

**I/We hereby give consent to the release of the above information:**

\_\_\_\_\_  
\_\_\_\_\_