

AMERICAN HERITAGE PROPERTY MANAGEMENT

131 CENTERVILLE ROAD, SUITE C, LANCASTER, PA 17603 Phone: 717-295-7368 Fax: 717-295-7369

CONSUMER NOTICE

THIS IS NOT A CONTRACT

_____, (Licensee for American Heritage Property Management) hereby states that with respect to this property (_____), I am acting in the capacity as an agent of the Owner/Landlord pursuant to a property management or exclusive leasing agreement. I acknowledge that I have received this Notice:

Date _____

_____	_____
Print (Consumer)	Print (Consumer)
_____	_____
Signed (Consumer)	Signed (Consumer)
_____	_____
Address (Optional)	Address (Optional)
_____	_____
Phone Number (Optional)	Phone Number (Optional)

I certify that I have provided this notice: _____ Date _____

Move-in Date Requested: _____

Rent for Unit: _____ Security Deposit Required: _____

Utilities included in rent amount: _____

Appliances provided: _____

APPLICATION FEE: \$15.00 (per adult) X _____ = _____

Applicant #1 Name _____ S.S. # _____ - _____ - _____		
Address _____		Home Phone(____) _____
_____		Zip _____ Work Phone(____) _____
How Long? _____	Landlord/Agent _____	Phone(____) _____
Previous Address _____		Zip _____
How Long? _____		Landlord/Agent _____ Phone(____) _____
Applicant #2 Name _____ S.S. # _____ - _____ - _____		
Address _____		Home Phone(____) _____
_____		Zip _____ Work Phone(____) _____
How Long? _____	Landlord/Agent _____	Phone(____) _____
Previous Address _____		Zip _____
How Long? _____		Landlord/Agent _____ Phone(____) _____
Employment Information:	Applicant #1	Applicant #2
Employer	_____ / _____	_____ / _____
Business Address	_____ / _____	_____ / _____
Type of Business	_____ / _____	_____ / _____
Position Held	_____ / _____	_____ / _____
Supervisor	_____ / _____	_____ / _____
How Long?	_____ / _____	_____ / _____
Monthly Gross Income	_____ / _____	_____ / _____
Have you ever been evicted from a rental property ?	_____ / _____	_____ / _____
Have you ever filed for bankruptcy ? If so, when ?	_____ / _____	_____ / _____
Have you ever willfully refused to pay rent when it was due ?	_____ / _____	_____ / _____
Are you 18 years of age or older ?	_____ / _____	_____ / _____
Type of identification you are providing.	_____ / _____	_____ / _____
Person to contact in case of Emergency _____		
Other Occupants: _____ Ages/Relationship _____		
Do you have any pets? If yes , please describe _____		
I declare that the foregoing information is true and correct, and authorize its verification and the obtaining of a consumer credit report. I agree that the Landlord may terminate any agreement entered into in reliance on any misstatement made above. I further acknowledge that any security deposit monies paid by me will be forfeited should I choose not to complete the lease signing process.		
Applicant 1 _____	Date / Applicant 2 _____	_____ Date

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REQUEST FOR VERIFICATION OF EMPLOYMENT

To whom it may concern:

An application for residency has been made by the person(s) listed below. The reference will be kept confidential and should be returned to us via fax at (717) 295-7369.

Name of Applicant	_____
Social Security Number	_____
Current Address	_____
Employer	_____
Position	_____
Supervisors Name	_____
Telephone Number	_____
Length of Employment	_____
Monthly Income	_____ Net _____ Gross
Recommendations/Comments	_____

REQUEST FOR RENTAL REFERENCE

To Whom it may concern:

An application for residency has been made by the person(s) listed below. The requested reference will be kept confidential and should be returned to us via fax to (717) 295-7369

Name of Applicants(s)	_____
Current Address	_____
Length of Residency	_____
Rent per Month	_____
Is Rent Paid By The Due Date?	_____
Were/Are There Problems or Complaints?	_____
Was There Damage to the Unit?	_____
Was/Is Unit in Good, Clean Condition?	_____ If No, Please Explain _____
Would You Rent to This Applicant Again?	_____ If No, Please Explain _____

Please accept this signature as the authority to provide the information requested

_____	_____
SIGNATURE OF APPLICANT	DATE
_____	_____
SIGNATURE OF CO-APPLICANT	DATE