Royal Park Apartments 1522 Haines Road, Levittown, PA 19055 P: (215)245-1133 F: (215)943-4690

carol@BucksMeadows.com

Dear Future Resident:

Thank you for your interest in renting at Royal Park Apartments! The following is based on a 12-month lease, upon approval. Should you have any questions, feel free to contact the number and email listed above.

Rates and availability are subject to change anytime, without notice.

Style:	Monthly:
Studio	\$ 1250
One Bedroom	\$ 1399
Two Bedroom	\$ 1550

Features & Services:

Heat, hot water, sewer, and trash included On-site laundry facility Cable Ready (Verizon or Comcast) Ample Parking

Move-In Requirements:

Application fee is \$55.00, per each adult applicant.

One month's rent

Security Deposit (Equal to one-month's rent)

Inspection fee \$60.00 - Payable to Bristol Township (Money Order Only)

All move-in monies dues MUST be separate

Additional Requriements:

Must be 25 years of age

Minimum 600 credit score

Good rental history

Income requirement is 3x the rent gross

Pass a background check

Employment/Landlord verification

Valid photo ID

Social Securtiv Card

Two most recent pay stubs

NO OFFICE ON SITE!

OFFICE: 3131 Knights Road, Suite 3-1 Bensalem, PA 19020



Royal Park Apartments

1522 Haines Road Levittown, PA 19055

Phone: (215) 245-1133 Fax: (267) 502-7115

LANDLORD VERIFICATION

Applicant Signature	Date		
Dear Landlord/Property Manager: Royal Park Apartments has an application for residency fro following information and return it to us promptly. The inf company. Thank you for anticipated cooperation with this	ormation given will be strictly for the use of our		
Name of Applicant(s):			
Address:			
STOP HERE (to be completed by landlord)			
Monthly Rental \$ Rent	: Paid on Time?		
How many times was rent late?	How many NSF checks:		
Length of residency: Proper notice given?			
Would you re-rent? Has resident Explanation:	ever violated the lease?		
Has the tenant ever had a bed bug infestation or any	other pest infestation?		
If yes, how long ago?	Have they been treated?		
Is there a current balance on their rental account?	Was court action ever taken?		
Security Deposit refunded?	How much?		
Additional Comments:			
Landlord Signature	Date		



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AUTHORIZATION FOR RELEASE OF INFORMATION

POLICY STATEMENT

All applicants applying for occupancy of a property owned and managed by Royal Park Apartments are asked to give authorization for the release of the information listed below, which may be private/non-public information from previous landlords, management companies and government agencies (including law enforcement agencies).

Any involvement in the activities listed below in. "Involvement" means suspected of the activity or ticketed or arrested for the activity. Felony offenses are not acceptable under any time frame.

- Any charges involving a weapon
- Any sexual misconduct
- Noise or party ordinance violations
- Alcohol-related violations
- Disorderly conduct
- Assaults
- Domestic disputes
- Damage or destruction of property
- Controlled substance crimes
- Theft or burglary-related charges

l,	hereby authorize Royal Park Apartments, to obtain the above
information which may be p landlords whose properties l	rivate/non-public information from former management companies or have resided in during the last five years and from governmental rement agencies) for the purpose of reviewing my rental application.
Date:	
Applicants Print Name:	
Signature:	
Social Security Number:	
Date of Birth:	Driver's License #:



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REQUEST FOR EMPLOYMENT VERIFICATION

Name of Applicant:	·	
Address:		
Social Security Number:		
I herby give my approval for verification of my employment a	and salary status:	
Applicant Signature	Date	
STOP HERE (to be completed by employer)		
Present Position		
Date Hired		
Current Pay Rate		
Hourly \$		
Salaried \$		
Yearly \$		
Number of hours worked in the week Number of overtime hours in the week (only if concurrent) _		
Person completing this form:		
Name:	Title:	
Thank you for your cooperation.		



CREDIT RENTAL APPLICATION

ROYAL PARK APARTMENTS

3131 Knights Rd. 3-1 Bensalem, PA 19020 (215) 245-1143

Approved	Denied
Phone#:	
Bedroom:	
For office use only	

Date:			
		Date of E	Birth:
		License Number:	
		Date of E	
US * AUCTORISMO SANCES SERVICE MANAGEMENT (SECURIC SERVICE SER		License Number:	
Social Security #:		License Number.	- Julion -
Present Address:			
Landlord:		Phone:	
Previous Address:			
Landlord:		Phone:	
Current Employer:		Phone:	
Position:	Salary:	Supervisor Name:	
Previous Employer:		Phone:	
Position:	Salary:	Supervisor Name:	
Spouse/Roomate Employer:		Phone:	
Position:	Salary:	Supervisor Name:	
In Case of Emergency Notify: _		Phone:	
Residence Desired (No. Of Bed	rooms):	Date of Occupancy:	_ Minimum Occupancy Expected
Have you ever broken a lease o	r been evicte	ed from any type of housing?	NO
If yes, please explain: (use bac	k		
Names of other Occupants: (Al	l persons oc	cupying premises must be listed)	
Name		Relationship	Age

CREDIT RENTAL APPLICATION

How many Autos (including co	mpany cars) would y	ou keep at this a	address:	
Make:	Color:	Year:	Lic. Tag No.:	State:
Make:	Color:	Year:	Lic. Tag No.:	State:
¿Do you have any pets?	If so, indicate	kind, weight, bı	reed, age:	
How did you find out about us?				
			5.	
	F	REFERENCES		
Personal Reference:			Phone:	
Personal Reference:			Phone:	
You have my permission to run	a credit check	'ES	NO.	
A credit check will appear on y be accurate and complete.	our credit report as	an inquiry. This	application and the contents th	ereof are represented, by me, to
Signature:		Spouse	's/Roomate's Signature:	"