



Fulmor Heights Home Ownership Association
201 Fitch Road
Hatboro, Pennsylvania 19040
Telephone (215) 675-1626 Fax (215) 675-3548
www.fulmorheights.com

Application Authorization Form for Credit, Criminal, Eviction and Employment Check:

Full Name: _____

Address: _____

Social Security Number: _____

Date of Birth: _____

Driver's License Number: _____ State Issued: _____
(Copy of DL needed)

By signing below, I authorize that the above information is correct and complete and Authorize FHHA to obtain information it deems desirable in the processing of my application, including: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. I have been advised that the collected information is strictly confidential and for FHHA use only. I understand the information on this form may be maintained in a tenant database for up to five (5) years after I vacate the premises. I also understand that the application fee is non-refundable, even if my application is rejected.

Signature: _____ Date: _____

Requested by: _____ Date: _____