



Rental Application

Please Mail Completed Application and Check to:
14 Hudson Apartments
14 Hudson Avenue
Glens Falls, NY 12801

This application and the contents thereof are considered as part of my lease, and are represented to be

You must be 18 years or older to submit a rental application.

Initial _____

Type and Size of Apartment Wanted: _____ Preferred Property: _____

Desired Date of Occupancy: _____ Apt.#: _____ Rental Rate: _____

Pet Policy—Small pets will be permitted on a case by case exception and depending on breed and pet interview.

Do you own any pets? _____ If yes, how many and what kind _____.

PERSONAL INFORMATION

APPLICANT'S FULL NAME: _____ Phone Number: _____

Date of Birth: _____ Marital Status: _____

Social Security Number: _____ E-mail: _____

CO-APPLICANT'S FULL NAME: _____ Phone Number: _____

Date of Birth: _____ Marital Status: _____

Social Security Number: _____ E-mail: _____

OTHER RESIDENTS	Relationship	Date of Birth

RESIDENCE HISTORY

PRESENT ADDRESS: _____

Present Telephone: _____ Length of Time at Present Address: _____

Present Landlord or Mortgage Holder: _____ Phone #: _____

Amount of Rent \$: _____ Reason for Moving: _____

PREVIOUS ADDRESS: _____

Length of Time at Previous Address: _____

Previous Landlord or Mortgage Holder: _____ Phone #: _____

Amount of Rent \$: _____ Reason for Moving: _____

EMPLOYMENT INFORMATION

EMPLOYED BY: _____ How Long?: _____

Employer's Address: _____ Telephone: _____

Position Held: _____ Salary: _____

Social Security No.: _____ Supervisor: _____ Phone #: _____

CO-RESIDENT'S EMPLOYER: _____ How Long?: _____

Employer's Address: _____ Telephone: _____

Position Held: _____ Salary: _____

Social Security No.: _____ Supervisor: _____ Phone #: _____

***Large Commercial Vehicles & Trailers are prohibited!**

BANKING AND CREDIT REFERENCES

BANK: _____ Branch: _____
 Checking Account Number: _____ Savings Account Number: _____
 CREDIT REFERENCE: _____ Account Number: _____
 Address: _____
 CREDIT REFERENCE: _____ Account Number: _____
 Address: _____
 CREDIT REFERENCE: _____ Account Number: _____
 Address: _____
 OTHER REFERENCE: _____ Account Number: _____
 Address: _____

OTHER INFORMATION

Number of Automobiles (Including Company Cars): _____ Driver's License No.: _____
 Make: _____ Year: _____ Color: _____ Tag No.: _____ State: _____
 Make: _____ Year: _____ Color: _____ Tag No.: _____ State: _____
*** Note there is only ONE parking spot per apartment.**
 In Case of Personal Emergency, Notify: _____ Relationship: _____
 Address: _____ Telephone: _____

Have you ever filed bankruptcy? Yes No
 Have you ever been evicted or asked to move? Yes No
 Have you been convicted of, pleaded guilty (no contest), received a deferred sentence, deferred prosecution, or continued petition for a felony in the past 10 years? Yes No
 Have you been convicted of, pleaded guilty (no contest), received a deferred sentence, deferred prosecution, or continued petition for a misdemeanor in the past 7 years? Yes No
 Any subsequent convictions of a felony or misdemeanor after approval of the application or move-in will be grounds for an eviction.

ACKNOWLEDGEMENT AND AGREEMENT

I understand that the Reservation Deposit will be refunded to me if this Application is not approved. If this Application is approved, the Reservation Deposit shall become part of the Security Deposit and may be forfeited in accordance with applicable law if move-in does not occur. It is understood that the application processing fee is not refundable, except as provided by applicable law.

I hereby authorize 14 Hudson Apartments and its employees or agents, to verify all of the information in this application, including specifically to obtain public and on-public references and credit reports or records and criminal (including sex offender) background records, if applicable. I also expressly authorize 14 Hudson Apartments and its employees or agents (including a third party collection agency), to obtain such references and reports at any time during the term of my tenancy and after termination of my lease, if such reports are needed in attempting to review my continuing eligibility to be a resident, collect any defaulted payments or charges, or for any other permissible purpose. I understand I acquire no rights to an apartment until I sign a lease, and that the security deposit and application fee will be retained for lease preparation if the apartment is not taken.

Applicant represents that all the statements herein are true, and if they change during the term of the tenancy, I will immediately notify the management staff.

Applicant Signature:	Date:	Applicant Signature:	Date:
Management Representative Signature:		Date:	
<i>FOR OFFICE USE ONLY</i>			
References Checked	<input type="checkbox"/> Y <input type="checkbox"/> N	Applicant Approved	<input type="checkbox"/> Y <input type="checkbox"/> N
Employment Checked	<input type="checkbox"/> Y <input type="checkbox"/> N	Background Checked	<input type="checkbox"/> Y <input type="checkbox"/> N
Apartment Rented		Deposit Taken	
_____		\$ _____	