



29C Hudson View Drive, Beacon, NY 12508
(p) 845-831-2600 (f) 845-831-2794
www.hudsonhp.com

Other Occupants: _____

Name	SS#	Age	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PET(s) YES NO Type _____ Breed _____
Weight _____ Name _____

Dog (35 lbs. fully grown & breed restrictions): One time non-refundable fee of \$500 + \$50 Monthly Rent
Cat: One-time non-fundable fee of \$250 + \$25 Monthly Rent
(All pet owners must complete a pet profile)

APPLICANT:

Home Phone # _____ Cell Phone # _____

Email Address _____

Present Address _____

Street Apt# City State Zip

Dates From _____ To _____

Present Landlord/Resident Mgr. _____

Apt. Name/If Home-Mortgage Co. \$ Loan # _____

Monthly Payment _____ Reason for Moving _____

Previous Address _____

Street Apt# City State Zip

Previous Apt. Name or Landlord _____

Address Phone How long?

Monthly Payment _____ Reason for Moving _____





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APPLICANT EMPLOYER:

Name _____ Phone _____ Position _____

Business Address _____
Street City State Zip

Supervisor _____ Employed Since _____ Gross Weekly Salary _____

Previous Employer _____ Phone _____ Position _____

Business Address _____

Supervisor _____ Employed Since _____ Gross Weekly Salary _____

Additional Monthly Income (if any) _____ Source _____

VEHICLE INFORMATION:

Year Make Model Color License Plate # State Registered To

Year Make Model Color License Plate # State Registered To

BANKING INFORMATION:

Bank Name and Branch _____ Checking

Bank Name and Branch _____ Savings

Have you declared bankruptcy in the past 7 years? _____ If yes, explain:





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EMERGENCY CONTACT INFORMATION:

Nearest relative (not living with you)

Name	Address	Telephone #	Relationship
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Secondary party to contact in case of emergency (not living with you)

Name	Address	Telephone #	Relationship
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I or we authorize Hudson Highlands Properties, LLC to verify all information on the rental application by all available means, including consumer reporting agencies, public records, current and previous rental property owners, employers and personal references. Re-verification of preliminary findings is not required.

APPLICANT SIGNATURE _____ **Date** _____

OFFICIAL USE: LEASE INFORMATION

Beginning Date _____ Ending Date _____ Move-In Date _____

Size of Apt. _____ Monthly Rental _____ Yearly Rental _____

Pro Rate _____ Reservation Fee \$ _____

Balance Due Upon Execution of Lease by Certified Check or Money Order \$ _____

Security Deposit \$ _____

APPLICATION TAKEN BY _____ Date _____

APPLICATION DATE _____ UNIT TYPE _____ MONTHLY RENTS _____

MOVE IN DATE _____ AFTER 2PM _____

