

# The Hammocks

## AT GENESEO

4270 Hammocks Drive • Geneseo, NY 14454  
(585) 243-4441 • FAX (585) 245-9414  
HammocksAtGeneseo.com  
manager@thehammocksatgeneseo.com



### RENTAL APPLICATION

#### TO BE TURNED IN FOR EACH APPLICANT:

- Application
- Copy of Photo ID
- Proof of Income

**Notice: Co-Applicant must complete a separate Rental Application Form**

The undersigned hereby makes application to rent apartment number \_\_\_\_\_ located at \_\_\_\_\_

beginning on \_\_\_\_\_ ending on \_\_\_\_\_, at a monthly rental of \$ \_\_\_\_\_

#### PLEASE TELL US ABOUT YOURSELF

FULL NAME \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's Lic. No. & State \_\_\_\_\_

Name of Co-Applicant \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's Lic. No. & State \_\_\_\_\_

List All Occupants \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_

#### PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current)

CURRENT ADDRESS \_\_\_\_\_ Zip Code \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_

PREVIOUS ADDRESS (If within 3 years) \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Moved Out \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_

PREVIOUS ADDRESS (If within 3 years) \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Moved Out \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_

#### PLEASE GIVE YOUR EMPLOYMENT INFORMATION

YOUR STATUS:  Employed Full-Time  Employed Part-Time  Student  Retired  Not Employed

CURRENT EMPLOYER (Or Most Recent) \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Date(s) Employed / From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Your Net Monthly Salary \$ \_\_\_\_\_ Household Net Monthly Income \$ \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_

Address \_\_\_\_\_

Date(s) Employed / From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_ Supervisor \_\_\_\_\_

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

Income Verification Required

#### PLEASE LIST YOUR BANK AND CREDIT REFERENCES

YOUR BANK(S) 1	City-State/Branch		Telephone
2			
YOUR CREDIT REFERENCES 1	City-State		Telephone
2			
3			

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_

**Maximum of 2 vehicles allowed**

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent?  Yes  No

Broken a Rental Agreement or Lease?  Yes  No      Been sued for damage to property?  Yes  No

Declared Bankruptcy?  Yes  No

**PET INFO**

Do you own a pet?  Yes  No

Type of pet? \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Description \_\_\_\_\_

Type of pet? \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Description \_\_\_\_\_

Maximum of two pets allowed

Indicate any additional information that might help management evaluate your application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about our property? \_\_\_\_\_

If management has any questions about your application, please give Phone Numbers where you can be located:

Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_

**IN CASE OF PERSONAL EMERGENCY, NOTIFY:** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the 1st day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of fact the owner or his agent may reject, without stating any reason for so doing, the applicant, thereby waiving any claim for damages by reason of non-acceptance.

Upon acceptance of this application, I will have twenty-four (24) hours to submit a NON-REFUNDABLE "Holding Deposit" in the amount of \$350.00 in the form of a money order or personal check, which will be applied to the first full month's rent. The "Holding Deposit" is required to hold a specific apartment for the applicant. If I fail to execute a lease for the above described premises, the "Holding Deposit" will be forfeited as liquidated damages in payment for taking the apartment off the market.

On December 2, 2020, Chapter 311 of the laws of 2020 was signed into law, requiring housing providers to disclose to all tenants and prospective tenants of their right to request reasonable modifications and accommodations if they have a disability. We have included a link to the Division of Human Rights where you can obtain more information about your rights pursuant to Human Rights Law § 296.2-b and § 296.18-a (<https://dhr.ny.gov/law#HRL296>). You will need to show your housing provider that you have a disability or health problem that interferes with your use of housing, and that your request for accommodation may be necessary to provide you equal access and opportunity to use and enjoy your housing or the amenities and services normally offered by your housing provider.

By signing below, applicant recognizes that the Landlord or his agent may investigate the credit background and criminal background of the applicant, obtain income verification from employer, contact present or previous Landlord(s) for references, and that a full disclosure of facts may be made to the Landlord.

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant \_\_\_\_\_ Date Signed \_\_\_\_\_

**APPLICANT: PLEASE DO NOT WRITE BELOW**

PAYMENT OF \$ \_\_\_\_\_ RECEIVED BY (NAME) \_\_\_\_\_ DATE \_\_\_\_\_

THIS APPLICATION FORM RECEIVED BY (NAME) \_\_\_\_\_ DATE \_\_\_\_\_

Reference Verification Name	Reference Comments

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS APPLICATION**  APPROVED  NOT APPROVED

BY \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If not approved, specify reason(s) \_\_\_\_\_

\_\_\_\_\_

Applicant Notified By (Name) \_\_\_\_\_ Date Notified \_\_\_\_\_

Notified by:  LETTER (Attach Copy)  FORM  TELEPHONE  FAX  IN PERSON

