## Rental Application Provided by Hudson Valley Realty Center

	Offi	ce:			
Office: Office:					
		Zip:			
ers License #:					
		·			
		Zip:			
		Zip:			
than two years, please submit a sepa	arate explanation of employment his	tory.)			
1					
		☐ Yes ☐ No			
		-			
		-			
		-			
		-			
	State:	_ Zip:			
	Business Phone: Business Phone: Email:  than two years, please submit a separate than two years, please submit a separate than two years.  Email:  Are ut Email:	Agent Email:    State:   State:   Email:   State:   State:   State:   State:   State:   Email:   State:   State:   State:   State:   State:   State:			

Desired Rental Informati	ion				
Desired lease start date:	Desired lease	term:	(if less than one year, please	less than one year, please submit a separation explanation why).	
Desired Bedrooms:	Desired Bathrooms:				
Type of Dwelling Desired (che	eck any that apply):				
☐ House ☐ Condo	☐ Apartment Building	☐ Multi-Family	☐ Garden Apartment	☐ Hi-Rise	■ Townhouse
Towns or Villages Most Desi	red:				
How many occupants will be	 e living in the rental?		Are any of the occupants	smokers?	
Do you have any pets?(check of					
Do you currently receive or e					
Section 8 (check one) Yes	■No If yes, explain				
Social Service (check one)	Yes No If yes, explain				
Other assistance (check one)	Yes No If yes, expla	iin			
ADVISORY: In Westchester Coumulti-family homes.	unty, it is unlawful for landlords	to discriminate against	tenants based on their source c	of income for sing	l e-family and certair
Would you consider renting	a condo or co-op with an o	ption to buy? (check or	e) Yes No		
Are you planning on buying a	a house, condo, or co-op w	ithin the next two ye	ars? (check one)	No	
Have you used our services	in the past?(check one)	es 🔲 No 🛮 If so	, when?		
Fill out the following info	ormation if there is a Co	-Applicant:			
Co-Applicant Contact Inf		••			
Name:					
Current Address:					
City:				Zip:	
			Phone:	' <u>'</u>	
Mobile Phone:					
Co-Applicant Personal In	formation				
Date of Birth:	Dri	vers License #:			
Social Security #					
Bank:					
Bank s Street Address:					
City:			State:	Zip:	
Account Number:					
Co-Applicant Employmen					
Employer:					
Employers Street Address:					
City:			State:	Zip:	
Position:					
Time at Present Job:				ry)	
Income/Month:					