



The Hammocks
 ❖ AT SOUTHERN HILLS ❖
 100 HAMMOCKS DRIVE
 Fairport, New York 14450
 (585) 425-4444
 FAX (585) 425-0152



RENTAL APPLICATION

FOR OFFICE USE ONLY

DATE _____ AGENT _____

COMMUNITY _____

APT. NO. _____ RENT \$ _____

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 () _____

Social Security No. _____ Driver's Lic. No. & State _____

List All Occupants _____

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)	City-State/Branch	Telephone
1		
2		
YOUR CREDIT REFERENCES	City-State	Telephone
1		
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

Been evicted or asked to move out? Yes No Broken a Rental Agreement or Lease? Yes No

Been sued for damage to property? Yes No Declared Bankruptcy? Yes No

