

Guest Card #	Application \$/Check #	Security Deposit \$/Check #	Building/Apartment #	Approved	Application Date
--------------	------------------------	-----------------------------	----------------------	----------	------------------

# Hearthstone

V i l l a g e

**4000 Florence Drive, Latham, New York 12110 • 518-867-4050**  
www.hearthstonevillage.com

## Apartment Application and Agreement

**\$25 non-refundable application fee required.**

*Co-applicants must complete a separate application.*

Mr./Mrs./Ms. \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Current Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Cell # \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN \_\_\_\_\_

Driver's License/ID Number: \_\_\_\_\_ **Referred by/Source:** \_\_\_\_\_  
*(copy of driver's license or identification required)*

Emergency Contact #1 \_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_  
Name/Relationship \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

I am applying for:  Quincy  Roanoke  Bedford  Gloucester  Salem **Lease Term:** \_\_\_\_\_

Cornwall  Raleigh  Plymouth  Williamsburg **Monthly Rent:** \_\_\_\_\_

Security Deposit Amount: \_\_\_\_\_  **Paid Check #** \_\_\_\_\_

Do you have a pet?  Yes  No If yes, what kind? \_\_\_\_\_ Weight \_\_\_\_\_

**\$100 Pet Fee + \$200 Pet Security Deposit = \$300**  **Paid Check #** \_\_\_\_\_  
*Please refer to the Pet Possession and Fee Agreement for details.*

List all household members who will live in the apartment. Be sure to include any temporarily absent family members (such as military/student) who will be returning to the household.

\_\_\_\_\_  
Full Name Relationship Date of Birth Social Security Number

\_\_\_\_\_  
Full Name Relationship Date of Birth Social Security Number

\_\_\_\_\_  
Full Name Relationship Date of Birth Social Security Number

**Parking Requirements**

*Only vehicles listed below are permitted to park in Hearthstone Village residential parking lots or assigned garages. All visitors must obtain a visitor's pass and must park in designated visitor parking lots.*

Vehicle Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate # \_\_\_\_\_ Color \_\_\_\_\_

Vehicle Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Plate # \_\_\_\_\_ Color \_\_\_\_\_

Garage Rental  Yes  No If yes, Garage Assignment: # \_\_\_\_\_ **Garage Fee: \$** \_\_\_\_\_

**Special Requirements**

Requesting Disabled/Medical Accessibility:  Yes  No Requirements: \_\_\_\_\_

Is there anything special we should know about? \_\_\_\_\_

**Personal References**

*Please list three (3) people who you have known at least two (2) years and are not related to or work with.*

\_\_\_\_\_  
Full Name Address Phone # Years known

\_\_\_\_\_  
Full Name Address Phone # Years known

\_\_\_\_\_  
Full Name Address Phone # Years known

**Employment Information**

Full-Time  Part-Time  Unemployed  Self-Employed

Current Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Date Started \_\_\_\_\_ Phone # \_\_\_\_\_

Average hours worked per week: \_\_\_\_\_ Average Tips \$ \_\_\_\_\_ Fax # \_\_\_\_\_

Current Wage: \$ \_\_\_\_\_ Per:  Hour  Week  Month  Year

Do you have more than one job?  Yes  No

**Additional Information**

**Residence History**

Do you currently:  Rent  Own      Month/Year moved in: \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Utilities included:  Yes  No      If utilities not included, what is your monthly utility cost? \$ \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you:  Rent  Own      Month/Year moved in: \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Utilities included:  Yes  No      If utilities not included, what is your monthly utility cost? \$ \_\_\_\_\_

Month/Year moved out: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you:  Rent  Own      Month/Year moved in: \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Utilities included:  Yes  No      If utilities not included, what is your monthly utility cost? \$ \_\_\_\_\_

Month/Year moved out: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Personal Information**

Bank Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Checking Account # \_\_\_\_\_ Savings Account # \_\_\_\_\_

***Have you ever:***

Filed for bankruptcy?  Yes  No      If yes, when: \_\_\_\_\_

Been evicted from tenancy?  Yes  No      If yes, please explain: \_\_\_\_\_

Been convicted of a felony?  Yes  No      If yes, please explain: \_\_\_\_\_

Willfully or intentionally refused to pay rent when due?  Yes  No      If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Will this unit be your only place of residence?  Yes  No      If not, please explain: \_\_\_\_\_

\_\_\_\_\_

**Agreement**

\_\_\_\_\_ (Applicant) and Hearthstone Village, LLC dated:  
\_\_\_\_\_, the undersigned, hereby apply to lease Building # \_\_\_\_\_ Apartment # \_\_\_\_\_  
at Hearthstone Village, 4000 Florence Drive, Latham, New York 12110 for a lease term of \_\_\_\_\_ months  
commencing on \_\_\_\_\_, 20\_\_ at a monthly apartment rental fee of \$ \_\_\_\_\_ plus an  
additional monthly garage rental fee of \$ \_\_\_\_\_.

I hereby agree that rent is to be payable the first 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, to the best of my knowledge are true and correct. I understand that deliberately submitting false information or withholding information constitutes fraud. Applicable law specifies fines up to \$10,000 and prison terms up to five years for fraud and may be grounds for eviction.

I also understand that this form is only an application for residency and that the submission of this application does not reserve, nor in any way, guarantee a unit. Upon acceptance of this application, I agree to execute a lease for twelve (12) months before possession of an apartment unit and to pay the security deposit, in accordance with the Apartment Deposit Policy after being notified of acceptance. Failure to pay the security deposit within the stated timeframe will affect the processing of my move in.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Property Manager/Representative

\_\_\_\_\_  
Date