

THE BLUFFS AT BAITING HOLLOW

Drawer 1003

Port Jefferson Station, New York 11776

Telephone (631) 403-4256

Facsimile (631) 331-1232

HOMEOWNER'S RENTAL AGREEMENT

Homeowner's Name: _____

Unit Number _____

Length of Rental: _____

Desired Move-in Date: _____

Tenant's Full Name: _____

Other Residents with Tenant:

Name / Relationship

Does the prospective tenant have a copy of our House Rules? Yes _____ NO _____

Does the prospective tenant understand that tenants are not allowed to have pets? Yes _____ No _____

With your signature below, you accept full responsibility for your tenant's conduct in abiding by the Bluffs' House Rules, including the imposition of fines for persistent violation of our House Rules. ***With this document please attach the Prospective Tenant's Application AND the Town of Riverhead's Rental Housing Permit which is required by law. (available on line at www.riverheadli.com under menu heading "Applications and Forms")***

_____ Date _____

Homeowner's signature

STATUS: APPROVED / DECLINED (circle one)

REASON: _____

DATE: _____

Board President's signature