

The Bluffs at Baiting Hollow

780 Route 25A

Rocky Point, New York 11778

Telephone (631) 403-4256 Facsimile (631) 331-1232

foxhillcondos@aol.com

DATE _____

UNIT # _____ OWNER _____

PHONE _____ RENTAL AMOUNT _____

CHECK LIST FOR RENTAL APPLICATION

- 1. Copy of Rental Cover Letter _____
- 2. No Pet Acknowledgement _____
- 3. Copy of Vehicle Registration _____
- 4. Copy of Driver's License _____
- 5. Rules and Regulations Acknowledgement (9) pages initialed _____
- 6. Copy of Riverhead Town Housing Permit _____
- 7. Copy of Lease (minimum 6 month /max 12 months) _____
- 8. \$125.00 Administration fee (per lease) _____
- 9. \$500.00 Security Deposit _____

Signature of Applicant

Date

Signature of Homeowner

Date

For Informational Purposes only- Contact Management for Official forms

The Bluffs at Baiting Hollow

780 Route 25A

Rocky Point, New York 11778

Telephone (631) 403-4256 Facsimile (631) 331-1232

foxhillcondos@aol.com

RENTAL APPLICATION

We sincerely thank you for your application. Please help us promptly process this application by clearly completing all the required information.

Date of Application _____

Unit # _____

Desired Move in Date _____

PERSONAL INFORMATION

Applicant's full name _____

Date of Birth _____

Marital Status _____

OTHER RESIDENTS :

NAME	RELATIONSHIP	AGE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IN CASE OF PERSONAL EMERGENCY, NOTIFY _____

Relationship _____ Address _____

Telephone(s) _____

PLEASE TELL US ANY OTHER INFORMATION ABOUT YOURSELF THAT MIGHT HELP US
EVALUATE YOUR APPLICATION:

AUTHORIZATION

PLEASE READ CAREFULLY BEFORE SIGNING:

In considering this application from you, management will rely heavily on the information which you have supplied. It is important that the information be accurate and complete. By signing this application, you represent and warrant the accuracy of the information, and you authorize management to verify any references that you have listed.

Signed _____ Date _____

Signed _____ Date _____

DISPOSITION OF APPLICATION:

Approved Not Approved By _____ Date _____

If not approved, indicate reason(s) _____

Unit owner Notified By _____ Date Notified _____

Notes _____

MOVE-IN INFORMATION:

Unit Number/Address _____

Expected Move-in date _____

Lease Term From _____ To _____

Rental Rate \$ _____

Notes: