

Terraces on the Hudson, Ossining, NY

Units Available to Qualified Households

Required Documentation: (must be submitted with application, in order to qualify)



Community Amenities

- Sparkling Swimming Pool
- State-of-the-art fitness center
- Clubhouse with TV and Game Room
- Outdoor Fire Pit
- Outdoor BBQ

- Playground
- 1 Mile to Ossining Metro-North Railroad Station
- Access to the Crawbuckie Nature Preserve
- Restored Historic Kane Mansion on Community Site
- Pet-friendly

Apartment Amenities

- Loft-style Apartments Available
- Fully-equipped Kitchens
- Energy Star® Stainless Steel Appliances
- Dishwasher
- Maple Cabinets
- Walk-in Closets

- Private Patio/Balconies
- In-home Washer and Dryer
- Views of the Hudson River
- Air conditioning
- Heat

**RENTAL APPLICATION FOR
TENANTS AND OCCUPANTS**
(Each co-tenant and each occupant 18 years old
and over must submit a separate application.)



Date when filled out: _____

APPLICANT INFORMATION

Full Name (Exactly as it appears on Driver's License or Govt. ID card)

Former Name (if applicable)

Gender (Optional)

Birthdate

Social Security #

Driver's License #

State

Government Photo ID card #

Type

Home Phone Number

Cell Phone Number

Work Phone Number

Email Address

Marital Status: single married widowed separated

Do you or any occupant smoke? yes no

I am applying for the apartment located at: _____

Is there another co-applicant? yes no

Co-applicant Name

Email

Co-applicant Name

Email

Co-applicant Name

Email

Co-applicant Name

Email

Co-applicant Name

Email

OTHER OCCUPANTS

Full Name

Relationship

Date of Birth

Social Security #

Driver's License #

State

Government Photo ID card #

Type

Full Name

Relationship

Date of Birth

Social Security #

Driver's License #

State

Government Photo ID card #

Type

Full Name

Relationship

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Social Security #

Driver's License #

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Government Photo ID card #

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Full Name

Relationship

Date of Birth

Social Security #

Driver's License #

State

Government Photo ID card #

Type

Full Name

Relationship

Date of Birth

Social Security #

Driver's License #

State

Government Photo ID card #

Type

RESIDENCY INFORMATION

Current Home Address (where you live now)

City _____ State _____ Zip Code _____ Do you q rent or q own?
Dates: _____ \$ _____
From _____ To _____ Monthly Payment

Apartment Name _____

Landlord/Lender Name _____ Phone _____

Reason for Leaving _____

(The following is only applicable if at current address for less than 6 months.)

Previous Home Address

City _____ State _____ Zip Code _____ Do you q rent or q own?
Dates: _____ \$ _____
From _____ To _____ Monthly Payment

Apartment Name _____

Landlord/Lender Name _____ Phone _____

Reason for Leaving _____

EMPLOYMENT INFORMATION

Present Employer _____ Address _____
City _____ State _____ Zip Code _____ Work Phone _____
Dates: _____ \$ _____
From _____ To _____ Gross Monthly Income

Position _____

Supervisor Name _____ Phone _____

(The following is only applicable if at current employer for less than 6 months.)

Previous Employer _____ Address _____
City _____ State _____ Zip Code _____ Work Phone _____
Dates: _____ \$ _____
From _____ To _____ Gross Monthly Income

Position _____

Supervisor Name _____ Phone _____

ADDITIONAL INCOME

(Income must be verified to be considered)

_____ \$ _____
Type _____ Source _____ Gross Monthly Amount
_____ \$ _____
Type _____ Source _____ Gross Monthly Amount

CREDIT HISTORY (if applicable)

If applicable, please explain any past credit problem:

RENTAL/CRIMINAL HISTORY

(Check only if applicable)

Have you or any occupant listed in this Application ever:

q been sued for property damage?
q been convicted (or received an alternative form of adjudication equivalent to conviction) of a felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or a sex crime?
Please indicate the year, location and type of each felony, misdemeanor involving a controlled substance, violence to another person or destruction of property, or sex crime other than those resolved by dismissal or acquittal. We may need to discuss more facts before making a decision. You represent the answer is "no" to any item not checked above.

REFERRAL INFORMATION

How did you find us?

q Referral Online search. Website address: _
q Social Media. Which person. Name: _
q Other _____ one? _

EMERGENCY CONTACT

Emergency contact person over 18, who will not be living with you:

Name Relationship
Address City
State Zip Code Home Phone # Cell Phone #
Work Phone # Email Address

VEHICLE INFORMATION (if applicable)

List all vehicles to be parked by you or any occupants (including cars, trucks, motorcycles, trailers, etc.).

Make Model Color
Year License Plate # State
Make Model Color
Year License Plate # State
Make Model Color
Year License Plate # State
Make Model Color
Year License Plate # State

PET INFORMATION (if applicable)

You may not have any animal in your unit without management’s prior authorization in writing. If we allow your requested animal, you must sign a separate animal addendum, which may require additional deposits, rents, fees or other charges.

Name Type Breed
Gender Weight Color
Assistance Animal Status: q yes q no
Age
Name Type Breed
Gender Weight Color
Assistance Animal Status: q yes q no
Age

APPLICATION AGREEMENT

The following Application Agreement will be signed by you and all co-applicants prior to signing a Lease. While some of the information below may not yet apply to your situation, there are some provisions that may become applicable prior to signing a Lease. In order to continue with this application, you’ll need to review the Application Agreement carefully and acknowledge that you accept its terms.

- 1. Lease Information. The Lease contemplated by the parties will be the current Lease. Special information and conditions must be explicitly noted on the Lease.
2. Approval When Lease Is Signed in Advance. If you and all co-applicants have already signed the Lease when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of our approval, and we will sign the Lease.
3. Approval When Lease Isn’t Yet Signed. If you and all co-applicants have not signed the Lease when we approve the Application, our representative will notify you (or one of you if there are co-applicants) of the approval, and we will sign the Lease when you and all co-applicants have signed.
4. If you Fail to Sign Lease After Approval. Unless we authorize otherwise in writing, you and all co-applicants must sign the Lease within 3 days after we give you our approval in person or by telephone or within 5 days after we mail you our approval. If you or any co-applicant fails to sign as required, we may terminate all further obligations under this Agreement.
5. If You Withdraw Before Approval. If you or any co-applicant withdraws an Application or notifies us that you’ve changed your mind about renting the apartment unit, we’ll be entitled to retain all application fees, and the parties will then have no further obligation to each other.
6. Approval/Non-Approval. We will notify you whether you’ve been approved within 10 days after the date we receive a completed Application. Your Application will be considered “disapproved” if we fail to notify you of your approval within 10 days after we have received a completed Application. Notification may be in person or by mail or telephone unless you have requested that notification be by mail. You must not assume approval until you receive actual notice of approval. The 10-day time period may be changed only by separate written agreement.
7. Extension of Deadlines. If the deadline for signing, approving, or refunding under paragraphs 4, 6, or 7 falls on a Saturday, Sunday, or a state or federal holiday, the deadline will be extended to the end of the next business day.
8. Keys or Access Devices. We’ll furnish keys and/or access devices only after: (1) all parties have signed the Lease and other rental documents; and (2) all applicable rents and security deposits have been paid in full.
9. Application Submission. Submission of a rental application does not guarantee approval or acceptance. It does not bind us to accept the applicant or to sign a Lease.

DISCLOSURES

- 1. **Application Fee (Non-Refundable).** You agree to pay to our representative the non-refundable application fee in the amount indicated in paragraph 3. **Payment of the application fee does not guarantee that your application will be accepted.** The application fee partially defrays the cost of administrative paperwork. **It is non-refundable.**
- 2. **Fees Due.** Your Rental Application will not be processed until we receive your completed Rental Application (and the completed Rental Application of all co-applicants, if applicable) and the following fees:
 - 1. Application fee (non-refundable): \$ _____
- 3. **Completed Application.** Your Rental Application for Tenants and Occupants will not be considered "completed" and will not be processed until we receive the following documentation and fees:
 - 1. Your completed Rental Application;
 - 2. Completed Rental Applications for each co-applicant (if applicable);
 - 3. Application fees for all applicants.
- 4. **Notice to or from Co-Applicants.** Any notice we give you or your co-applicant is considered notice to all co-applicants; and any notice from you or your co-applicant is considered notice from all co-applicants.

AUTHORIZATION AND ACKNOWLEDGMENT

AUTHORIZATION

I authorize GGIF Hudson, LLC

(name of owner/or complex) to obtain reports from any consumer or criminal record reporting agencies before, during, and after tenancy on matters relating to a lease by the above owner to me and to verify, by all available means, the information in this application, including criminal background information, income history and other information reported by employer(s) to any state employment security agency. Work history information may be used only for this Rental Application. Authority to obtain work history information expires 365 days from the date of this Application.

Payment Authorization

I authorize GGIF Hudson, LLC

(name of owner/agent) to collect payment of the application fee in the amount specified under paragraph 2 of the Disclosures.

Non-Sufficient Funds and Dishonored Payments.

If a check from an applicant is returned to us by a bank or other entity for any reason, if any credit card or debit card payment from applicant to us is rejected, or if we are unable, through no fault of our own or our bank, to successfully process any ACH debit, credit card, or debit card transaction, then:

- (i) Applicant shall pay to us the NSF Charge; and
- (ii) We reserve the right to refer the matter for criminal prosecution

ACKNOWLEDGMENT

You declare that all your statements in this Application are true and complete. You authorize us to verify the same through any means. If you fail to answer any question(s) or give false information, we may reject the application, retain all application fees and deposits as liquidated damages for our time and expense, and terminate your right of occupancy. Giving false information is a serious criminal offense. In lawsuits relating to the application or Lease, the prevailing party may recover all attorney's fees and litigation costs from the losing party. We may at any time furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your legal obligations, including both favorable and unfavorable information about your compliance with the Lease, the rules, and financial obligations.

Applicant's Signature

Date

FOR OFFICE USE ONLY

Apt. name or apartment address (street, city)

Unit # or type

Person accepting application

Phone

Person processing application

Phone

Applicant or Co-applicant was notified by telephone letter email, or in person of acceptance or non-acceptance on _____.

(Deadline for applicant and all co-applicants to sign lease is three days after notification of acceptance in person or by telephone, five days if by mail.)

Name of person(s) who were notified (at least one applicant must be notified if multiple applicants):

Name(s)

Name of owner's representative who notified above person(s)

ADDITIONAL COMMENTS



**SUPPLEMENTAL RENTAL APPLICATION FOR UNITS
UNDER GOVERNMENT REGULATED AFFORDABLE HOUSING PROGRAMS**



Date: _____
(when this Application is filled out)

- 1. SUPPLEMENTAL INFORMATION.** The purpose of this Supplemental Rental Application is to determine whether you qualify for affordable rental housing under a government regulated affordable housing program. It is very important that you answer all questions fully and accurately.
- 2. EMPLOYMENT UPDATE.** Present employer: _____
Address: _____ City, State, Zip: _____
Work Phone: _____ Position: _____

3. HOUSEHOLD COMPOSITION. List all persons, including yourself, who will be living in your household.

Number of Persons	Full Name	Relationship	Age	Student Status
1 (Head of Household)				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
2				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
3				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
4				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
5				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A
6				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> N/A

Does anyone live with you now who is not listed above? Yes No. Does anyone plan to live with you in the future who is not listed above? Yes No. If you answered "Yes" to any question, please explain: _____

Are any of the household members listed above: Foster children? Yes No Live-in attendants? Yes No

4. ANNUAL INCOME. List all income of all adults and persons in your household, including those under 18 (except for income earned from employment by persons under the age of 18).

<i>Gross Monthly Income Source: Indicate whether anyone in your household receives income from the following</i>	Applicant	Co-Applicant	Other Household Members	Total
Salary <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Overtime Pay <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Commissions and Fees <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Tips and Bonuses <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Interest and/or Dividends <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Income from Business <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Net Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Social Security, Pensions, Retirement Funds, etc., Received Periodically <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Support from Parents or Relatives <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Unemployment Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Workers' Compensation, etc <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Court Ordered Child Support or Alimony (regardless whether paid) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
AFDC/TANF <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$	\$	\$
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	\$	\$	\$	\$

5. ASSETS. List all assets of all adults and persons in your household, including those under the age of 18.

TOTAL \$

Listing of All Assets	Cash Value	Annual Interest, Dividends or Rent from Assets	Name of Financial Institution or Description of Asset	Account Number
Checking Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Savings Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Credit Union Account(s) <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Stocks, Bonds or Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Real Estate or Home <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
IRA/Keough Account <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Retirement/Pension Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Trust Fund <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Mortgage Note Held <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Whole Life Insurance Cash Value <input type="checkbox"/> Yes <input type="checkbox"/> No	\$	\$		
Other: <input type="checkbox"/> Yes <input type="checkbox"/> No (explain)	\$	\$		

- 6. CERTIFICATION.** By signing this Supplemental Rental Application, you as the applicant are certifying that all the above information is true and correct. You are consenting to disclosure of income and financial information from your employer(s) and any financial institutions where your assets are kept. You certify that you have not disposed of any assets for less than fair market value in the last two years preceding the date of this application.
- 7. RECERTIFICATION.** If this form is being used for recertification and you have changed employment during the past year, you must complete the "Your Work" section of the NAA Rental Application.

Applicant

Date of Signing Application

Co-Applicant

Date of Signing Application

