



**For These Apartments**

Apply here online at [hawkviewapartments.com](http://hawkviewapartments.com)  
-or- Fill out the application and mail to:  
Hawk's View  
1000 Copper Court  
New Windsor, NY 12553  
(845) 256-8991  
-or- Fax: 845-255-3861  
-or- email a signed application to  
[rentals@hawkviewapartments.com](mailto:rentals@hawkviewapartments.com)

**Bedrooms Desired**  
 1BR    2BR

**APPLICANT INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Email Address \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_  
 Please fill in your previous address here (if at current address for less than 2 years)  
 Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Employment Information: Employer \_\_\_\_\_ How Long Employed? \_\_\_\_\_  
 Employer/ Company Address \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 Choose One: Annual Gross Income \_\_\_\_\_ Weekly Gross Income \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_  
 Other Sources of Income \_\_\_\_\_  
 Gross Income Last Year \_\_\_\_\_ Expected Gross Income This Year \_\_\_\_\_

**CO - APPLICANT INFORMATION** (if applicable)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Email Address \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_  
 Please fill in your previous address here (if at current address for less than 2 years)  
 Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Employment Information: Employer \_\_\_\_\_ How Long Employed? \_\_\_\_\_  
 Employer/ Company Address \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
 Choose One: Annual Gross Income \_\_\_\_\_ Weekly Gross Income \_\_\_\_\_ Monthly Gross Income \_\_\_\_\_  
 Other Sources of Income \_\_\_\_\_  
 Gross Income Last Year \_\_\_\_\_ Expected Gross Income This Year \_\_\_\_\_

**ADDITIONAL OCCUPANTS TO BE LIVING IN THE APARTMENT**

(include everyone that will be living in the apartment including co-applicant)

Name	Social Security #	Sex	Date of Birth	Relation to Applicant	Full-Time Student (Y or N)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



**CURRENT LANDLORD**

Name \_\_\_\_\_  
Building Address & City \_\_\_\_\_  
Landlord Address & City \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Rent \_\_\_\_\_ Number of Years \_\_\_\_\_

**PREVIOUS LANDLORD**

Name \_\_\_\_\_  
Building Address & City \_\_\_\_\_  
Landlord Address & City \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Rent \_\_\_\_\_ Number of Years \_\_\_\_\_

**RENTAL SOURCES**

Will any of your rent money come from sources other than the employment listed above? Yes  No

If yes, please list other sources of income or rent payments:

Income Source	Monthly Amount	Income Source	Monthly Amount	Income Source	Monthly Amount
Social Security:	_____	Alimony:	_____	Regular Cash	_____
Pension:	_____	Disability:	_____	Contrib.:	_____
SSI:	_____	Unemployment:	_____	Self-Employment	_____
Child Support:	_____	Other:	_____		

Gross Monthly Income from all sources from all Household Members 18 or older \_\_\_\_\_

Do you as head of household or member of your house require a reasonable accommodation? Yes  No

(Mark yes only if you currently receive SSI or SSD Benefits from the Social Security Administration or otherwise have a verifiable disability.)

**RACE/ETHNIC/LANGUAGE BACKGROUND OF APPLICANT**

The following information is required for statistical purposes by the United States Department of Housing and Urban Development to insure non-discriminatory practices in the program. Providing this information is wholly voluntary and will not affect qualification in any way.

RACE

Black/African American

White

Asian

Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native

Other \_\_\_\_\_

Is Primary Language Spoken by Head of Household English? Yes  No

If no, please check the language spoken:

Spanish

Chinese

Korean

Russian

Italian

Other \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

I agree to authorize Onyx Management Company, Regan Development Corporation and/or Mason's Ridge II, LLC, or their agents to use this copy of my/our signatures as an approval to verify my credit, employment, assets, current or former tenancies, criminal history and sex offender status in connection with my/our application or future tenancy in an apartment. All verifications will be sent directly back to those authorized and will be used only for purposes connected with the apartment. The undersigned people represent and acknowledge that the landlord considers all information to be material in nature and understand that any false statements and/or information provided will be deemed material non-compliance with my lease and grounds for eviction. The undersigned people certify that the statements made in this pre-application are true and complete to the best of my/our knowledge and belief.

SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE OF CO-APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

All people 18 years and over must sign application

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL 845-256-8991**



Income Restrictions Apply • An Equal Housing Opportunity

