



TROY TOWERS

Resident Application Form (for non-shareholder/non-sub lessee)

Anyone 18 and older, residing in the unit but not purchasing/sub-leasing the unit must fill out the following information and submit a copy of a valid government issued ID with photo.

Resident Information		
General Information	Information Provided	
1. Apartment #		
2. Shareholder's Name		
Personal Information	Resident Applicant #1	Resident Applicant #2
3. Name		
4. Date of Birth		
5. Social Security Number		
6. Street Address (last address)		
7. Address - City, State, & Zip		
8. Type of dwelling		
9. Number of years residing there		
10. Do you own or rent this dwelling?		
11. Email address		
12. Cell Phone Number		
13. Home Phone Number		
14. Emergency Contact Information		

Occupation/Employment	Resident Applicant #1	Resident Applicant #2
15. Employer		
16. Employer's Address – Street		
17. Employer's City, State, Zip		
18. Your Position/Title		
19. Length of Employment		
20. Personnel Director/Supervisor. Name & Phone #		
21. Employer's Telephone #		



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Reference Information Required	Resident Applicant #1	Resident Applicant #2
22. Present Landlord - Name		
23. Present Landlord – Phone #		
24. Present Landlord – Email Address		
Education Information Required	Resident Applicant #1	Resident Applicant #2
25. High School & Graduation Year		
26. College Name, Degree & Graduation Year		
27. College Name, Degree & Graduation Year		

The Board of Directors may require further information and may require that the Applicant(s) including those residing in the unit, appear for a personal interview or interviews.

The undersigned hereby authorizes the Board of Directors to contact without any notification to the Applicant or Co-Applicant, any of the employers, landlords, educational institutions, references, etc. described herein in order to elicit information bearing upon this Application.

The undersigned further acknowledges receipt of the House Rules at the Hudson Troy Towers Apartment Corp. and agrees to abide by all of the terms and conditions set forth therein.

Signature of Resident Applicant #1

Date

Signature of Resident Applicant #2

Date



TROY TOWERS

SHAREHOLDER / RESIDENT
EMERGENCY CONTACT FORM

Date: _____

Apartment #: _____

SHAREHOLDER/RESIDENT #1

Name: _____ Email address: _____

Home #: _____ Work #: _____

Cell #: _____ Fax #: _____

SHAREHOLDER/RESIDENT #2

Name: _____ Email Address: _____

Home #: _____ Work #: _____

Cell #: _____ Fax #: _____

EMERGENCY CONTACT:

Please provide the names of individuals to be contacted in the event of an emergency:

Name/Relationship: _____ Name/Relationship: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

Cell #: _____ Cell #: _____

IN CASE OF EMERGENCY, DOES THE FRONT DESK, OFFICE, OR ANOTHER RESIDENT HAVE KEYS TO YOUR APARTMENT?

Front Desk: YES _____ NO _____

Office: YES _____ NO _____ NOTE: this is required

Resident: YES _____ NO _____

If "yes" to resident, kindly provide the name and apartment # of such resident:

Name _____ Apartment : _____

IF NO ONE HAS KEYS TO YOUR APARTMENT, YOU WILL BE HELD PERSONALLY RESPONSIBLE FOR DAMAGES IN THE EVENT EMERGENCY ACCESS TO YOUR APARTMENT IS NECESSARY

Is anyone in your apartment wheelchair bound? () Yes () No

Deaf? () Yes () No

Blind? () Yes () No

Is anyone in the apartment using oxygen? () Yes () No

Other challenges?* () Yes () No

*Please explain _____