HUDSON RIVER LODGING
OCCUPANT APPLICATION/REGISTRATION

Office Use Only

Move In Date

Room #

Rent Charge

Security Charge

Worker

Room Key? Yes/No

Head of Household

Current Address

City State Zip Code

Age Phone Number

DOB Referral Source

SS#

Source of Income (please circle)

PA?	Yes	No	How Much? $
SSI/SSD?	Yes	No	How Much? $
Food Stamps?	Yes	No	How Much? $
Employed?	Yes	No	How Much? $

If employed please provide name of employer, address, name of supervisor & hours worked:

Deductions

Child Support?	Yes	No	How Much? $
Medical?	Yes	No	How Much? $
Other?	Yes	No	How Much? $

Do you have medical insurance? Yes No Carrier Name

Emergency Contact - <u>This person must have a phone</u>

Name Relationship

Address Day Phone #

City State Zip Code Evening Phone #

Other Household Members? Yes No

Name Age SS # DOB

Name Age SS # DOB

Name Age SS# DOB

Do you have a car? Yes No Driver's License? Yes No If Yes, license #

Year Make Model Plate # VIN #

Special Medical Conditions:

Do you have any felony convictions? Yes/No If yes, please explain:

Registrant Signature: Date:

Management Signature: Date:

Please return completed registrations to Hudson River Lodging Monthly Rentals at
391 Manchester Road, Poughkeepsie, NY 12603 or 313 Mill Street, Poughkeepsie, NY 12601

Phone: 845-452-0019 Fax: 845-471-1632

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Please provide information on previous landlords:

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Length of stay at this address _____

Name _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Length of stay at this address _____

Please list three character references:

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

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