

# Erie Harbor Rental Application

275 Mount Hope Avenue  
Rochester NY 14620

Office: (585) 324-0586 Fax: Email: erieharbor@coniferllc.com

Type of Apartment Preferred:  1 BR  2 BR  3 BR  Other: \_\_\_\_\_ Date Needed: \_\_\_\_\_  
How Many Occupants? # \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## APPLICANT #1:

Name: \_\_\_\_\_ SS #: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_ : DL# \_\_\_\_\_ / \_\_\_\_\_ State  
Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Length of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent/Mortgage Payment \$ \_\_\_\_\_ Landlord Name/Contact: \_\_\_\_\_  
Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Present Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Gross Income: \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Additional Monthly Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

## APPLICANT #2:

Name: \_\_\_\_\_ SS #: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_ DL# \_\_\_\_\_ / \_\_\_\_\_ State  
Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Length of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent/Mortgage Payment \$ \_\_\_\_\_ Landlord Name/Contact: \_\_\_\_\_  
Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Present Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Gross Income: \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Additional Monthly Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

## OTHER OCCUPANTS:

#1 Name: \_\_\_\_\_ #3 Name: \_\_\_\_\_  
#2 Name: \_\_\_\_\_ #4 Name: \_\_\_\_\_

## Emergency Contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## PET(S)

Do you own a pet?  No  Yes Type:  Dog  Cat(s) How Many? \_\_\_\_\_ Breed: \_\_\_\_\_ / \_\_\_\_\_ Weight: \_\_\_\_\_ / \_\_\_\_\_

<b>Vehicle 1:</b> Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____	<b>Vehicle 2:</b> Make: _____ Model: _____ Color: _____ Plate #: _____ State: _____
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**ACCESSIBILITY:** Would you benefit from special accessibility design features of an apartment? If yes, explain \_\_\_\_\_

## GENERAL:

Have you or anyone in your household ever been convicted of a felony?  No  Yes  
Have you or anyone in your household ever been convicted for illegal use, possession, manufacturing or distribution of a controlled substance?  No  Yes

## RELEASE:

I hereby authorize the Owner to obtain and verify my consumer credit history, criminal history, sex offender status, employment, income, student status, landlord references and any other necessary information to determine my eligibility to enter a lease agreement. I also affirm that all of the above information that I have provided is true and complete. I make this representation knowing that if any such information is found to be false, the Owner may cancel or decline any lease agreement or renewal in reliance upon such information.

I understand and agree to provide a NON-REFUNDABLE Application Fee in the amount of \$ \_\_\_\_\_ to be submitted with this application.

I understand if the Owner is unable to deliver possession of proposed apartment on the agreed date for any reason then the Owner shall not be liable as a result. I understand that the Owner of the Community is also under no obligation to deliver possession of another apartment. However, Owner will make every attempt to provide another similar apartment. If after thirty (30) days of the agreed date of possession, Owner does not have an available apartment, Owner will cancel the application and refund the any deposit, in full.

Applicant #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Erie Harbor Screening Consent

**PHOTO ID REQUIRED FOR ALL ADULTS 18 YEARS OF AGE OR OLDER WHO MUST BE INCLUDED ON THE APPLICATION.**

### APPLICANT CONTACT INFORMATION

APPLICANT NAME		CO-APPLICANT NAME	
STREET ADDRESS (Present)		CITY, STATE, ZIP	
HOME PHONE (     )	MOBILE PHONE (     )	WORK PHONE (     )	

### HOUSEHOLD INFORMATION

*Please list all household members that are applying to live in the apartment with you. Also list any new members that you anticipate will be living in the apartment in the next 12 months. (Please include unborn children.)*

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #	BIRTH DATE (MM/DD/YY)	DISABLED	STUDENT
	HEAD				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**REASONABLE ACCOMMODATION:** If you are an individual with disabilities you may make a request for a reasonable accommodation. If you would like more information on how to make a request for a reasonable accommodation, please ask the Community Manager.

**RELEASE:**

I hereby authorize the Owner to obtain and verify my consumer credit history, criminal history, sex offender status, employment, income, student status, landlord references and any other necessary information to determine my eligibility to enter a lease agreement. I also affirm that all of the above information that I have provided is true and complete. I make this representation knowing that if any such information is found to be false, the Owner may cancel or decline any lease agreement or renewal in reliance upon such information.

I understand and agree to provide a NON-REFUNDABLE Application Fee in the amount of \$\_\_\_\_\_ to be submitted with this application.

I understand if the Owner is unable to deliver possession of proposed apartment on the agreed date for any reason then the Owner shall not be liable as a result. I understand that the Owner of the Community is also under no obligation to deliver possession of another apartment. However, Owner will make every attempt to provide another similar apartment. If after thirty (30) days of the agreed date of possession, Owner does not have an available apartment, Owner will cancel the application and refund the any deposit, in full.

Applicant #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **NOTICE DISCLOSING RESIDENTS' RIGHTS TO REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES**

### Reasonable Accommodations

The New York State Human Rights Law requires housing providers to make reasonable accommodations or modifications to a building or living space to meet the needs of people with disabilities. For example, if you have a physical, mental, or medical impairment, you can ask your housing provider to make the common areas of your building accessible, or to change certain policies to meet your needs.

To request a reasonable accommodation, you should contact your Community Manager by calling (585) 324-0586, or by e-mailing [erieharbor@coniferllc.com](mailto:erieharbor@coniferllc.com). You will need to show your housing provider that you have a disability or health problem that interferes with your use of housing, and that your request for accommodation may be necessary to provide you equal access and opportunity to use and enjoy your housing or the amenities and services normally offered by your housing provider.

If you believe that you have been denied a reasonable accommodation for your disability, or that you were denied housing or retaliated against because you requested a reasonable accommodation, you can file a complaint with the New York State Division of Human Rights as described at the end of this notice.

Specifically, if you have a physical, mental, or medical impairment, you can request:

- Permission to change the interior of your housing unit to make it accessible (however, you may be required to pay for these modifications, and in the case of a rental your housing provider may require that you restore the unit to its original condition when you move out);
- Changes to your housing provider's rules, policies, practices, or services;
- Changes to common areas of the building so you have an equal opportunity to use the building. The New York State Human Rights Law requires housing providers to pay for reasonable modifications to common use areas.

### How to File a Complaint

A complaint must be filed with the Division within one year of the alleged discriminatory act. You can find more information on your rights, and on the procedures for filing a complaint, by going to [www.dhr.ny.gov](http://www.dhr.ny.gov), or by calling 1-888-392-3644 with questions about your rights. You can obtain a complaint form on the website, or one can be e-mailed or mailed to you. You can also call or e-mail a Division regional office. The regional offices are listed on the website.



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## **New York State Housing and Anti-Discrimination Disclosure Form**

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Federal, State and local Fair Housing and Anti-discrimination Laws provide comprehensive protections from discrimination in housing. It is unlawful for any property owner, landlord, property manager or other person who sells, rents or leases housing, to discriminate based on certain protected characteristics, which include, but are not limited to **race, creed, color, national origin, sexual orientation, gender identity or expression, military status, sex, age, disability, marital status, lawful source of income or familial status**. Real estate professionals must also comply with all Fair Housing and Anti-discrimination Laws.

### **Real estate brokers and real estate salespersons, and their employees and agents violate the Law if they:**

- Discriminate based on any protected characteristic when negotiating a sale, rental or lease, including representing that a property is not available when it is available.
- Negotiate discriminatory terms of sale, rental or lease, such as stating a different price because of race, national origin or other protected characteristic.
- Discriminate based on any protected characteristic because it is the preference of a seller or landlord.
- Discriminate by “steering” which occurs when a real estate professional guides prospective buyers or renters towards or away from certain neighborhoods, locations or buildings, based on any protected characteristic.
- Discriminate by “blockbusting” which occurs when a real estate professional represents that a change has occurred or may occur in future in the composition of a block, neighborhood or area, with respect to any protected characteristics, and that the change will lead to undesirable consequences for that area, such as lower property values, increase in crime, or decline in the quality of schools.
- Discriminate by pressuring a client or employee to violate the Law.
- Express any discrimination because of any protected characteristic by any statement, publication, advertisement, application, inquiry or any Fair Housing Law record.

### **YOU HAVE THE RIGHT TO FILE A COMPLAINT**

**If you believe you have been the victim of housing discrimination** you should file a complaint with the New York State Division of Human Rights (DHR). Complaints may be filed by:

- Downloading a complaint form from the DHR website: [www.dhr.ny.gov](http://www.dhr.ny.gov);
- Stop by a DHR office in person, or contact one of the Division’s offices, by telephone or by mail, to obtain a complaint form and/or other assistance in filing a complaint. A list of office locations is available online at: <https://dhr.ny.gov/contact-us>, and the Fair Housing HOTLINE at (844)-862-8703.

You may also file a complaint with the NYS Department of State, Division of Licensing Services. Complaints may be filed by:

- Downloading a complaint form from the Department of State’s website [https://www.dos.ny.gov/licensing/complaint\\_links.html](https://www.dos.ny.gov/licensing/complaint_links.html)
- Stop by a Department’s office in person, or contact one of the Department’s offices, by telephone or by mail, to obtain a complaint form.
- Call the Department at (518) 474-4429.

There is no fee charged to you for these services. It is unlawful for anyone to retaliate against you for filing a complaint.



# Division of Licensing Services

New York State  
Department of State, Division of Licensing Services  
(518) 474-4429  
[www.dos.ny.gov](http://www.dos.ny.gov)

New York State  
Division of Consumer Rights  
(888) 392-3644

## New York State Housing and Anti-Discrimination Disclosure Form

For more information on Fair Housing Act rights and responsibilities please visit <https://dhr.ny.gov/fairhousing> and <https://www.dos.ny.gov/licensing/fairhousing.html>.

This form was provided to me by Susan Sturman Jennings (print name of Real Estate Salesperson/  
Broker) of Conifer Realty, LLC (print name of Real Estate company, firm or brokerage)

(I)(We) \_\_\_\_\_

(Buyer/Tenant/Seller/Landlord) acknowledge receipt of a copy of this disclosure form:

Buyer/Tenant/Seller/Landlord Signature \_\_\_\_\_ Date: \_\_\_\_\_

Buyer/Tenant/Seller/Landlord Signature \_\_\_\_\_ Date: \_\_\_\_\_

Real Estate broker and real estate salespersons are required by New York State law to provide you with this Disclosure.