


THE CROSSING
 Apartment Homes

Apt # _____ Apt Type _____ Monthly Rent _____ Move-In Date _____ Pro-Rate \$ _____

Applicant's Name _____ Date of Birth _____ SS # _____
First Middle Maiden Last

Driver's License No _____ State _____ Phone# _____

Spouse's Name: _____ Date of Birth _____ SS # _____
First Middle Maiden Last

Driver's License No _____ State _____

Other Occupants

Name _____	Date of Birth _____	SS# _____	Name _____	Date of Birth _____	SS# _____
Name _____	Date of Birth _____	SS# _____	Name _____	Date of Birth _____	SS# _____

RESIDENT HISTORY

Present Address _____
Street Apt # City State Zip Phone

To/From: _____
Apt. Name / If Home - Mortgage Co & Loan # Present Landlord Manager Phone

Monthly Payment \$ _____ Reason for Moving _____

Previous Apartment Name or Landlord _____ Phone # _____
Street Apt # City State Zip

Monthly Payment \$ _____ Reason for Moving _____

Have you or spouse ever been: Evicted from any leased premises? _____ Broken a rental agreement or lease contract? _____

Convicted of a crime other than a motor vehicle violation? _____ If yes, Explain _____

EMPLOYMENT

Present Employer _____ Position _____

Business Address _____ Phone # _____
Street City State Zip

Supervisor _____ Employed Since _____ Gross Monthly Salary _____

Additional Monthly Income (If Any) \$ _____ Source _____

Spouse's Employer _____ Position _____

Business Address _____ Phone # _____
Street City State Zip

Supervisor _____ Employed Since _____ Gross Monthly Salary _____

Additional Monthly Income (If Any) \$ _____ Source _____

VEHICLE

Year and Make _____ Color _____ License # & State _____ Registered to _____

Year and Make _____ Color _____ License # & State _____ Registered to _____

Description and License # of any Boat, Motorcycle, Van, etc., you may own _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____ Phone _____
Street City State Zip

I/We understand the application fee is non-refundable payment for a credit check and processing charge of this application and such sum is not a rental payment or security deposit. This amount will be retained by Agent to cover the cost of processing application as furnished by the applicant; any false information will constitute grounds for rejection of application.

I/We understand the deposits and fees to be: Security Deposit(s) \$ _____

I/We authorize the verification of this application through an Investigative Consumer Report and the obtaining of a Credit Report. Receipt of a non-refundable application fee of \$ _____ is acknowledged.

I/We hereby deposit \$ _____ with Agent. This amount will be refunded within 7 days if the application is denied or if the applicant withdraws the application in writing within 72 hours of the date of the signed application. If the application is accepted and applicant fails to occupy the premises on the agreed upon date, except for duty caused by Agent, the deposited amount will be retained by Agent as liquidated damages for holding the apartment off the market. If you do not supply all necessary information within 24 hours of the request your application will be cancelled and your deposit will be forfeited.

I/We warrant(s) and represent(s) the information provided on this application to be true and correct. I/We authorize The Crossing Apartment Homes or its Agent to make such investigation into my/our credit, employment, rental and criminal history, as they may deem appropriate, and release all parties from liability for any damage that may result from furnishing such information to Agent.

Applicant's Signature _____ Date _____ Applicant's Signature _____ Date _____

Agent's Signature _____ Date _____