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| Crossroads Apartments2900 Robin RoadGreenville, TX 75402 |
| Applicant Information |
| Name:SSN: | Email: |
| Date of birth: | SSN: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Own Rent (Please circle) | Monthly payment or rent: | How long? |
| Previous address: |
| City: | State: | ZIP Code: |
| Have you ever been convicted of a felony? If yes, explain: |
| Were you referred? If yes, by whom: |
| Do you have a pet? Yes No (Please circle) If yes, description:  |
| Resident 1: Date of birth: SSN: |
| Resident 2: Date of birth: SSN: |
| Resident 3: Date of birth: SSN: |
| Resident 4: Date of birth: SSN: |
| Employment Information |
| Current employer: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Income: |
| Emergency Contact |
| Name of a person not residing with you:  | Phone: |
| Co-applicant Information |
| Name: |
| Date of birth: | SSN: | Phone: |
| Current address: |
| City: | State: | ZIP Code: |
| Own Rent (Please circle) | Monthly payment or rent: | How long? |
| Have you ever been convicted of a felony? If yes, explain: |
| Co-applicant Employment Information |
| Current employer: |
| Employer address: | How long? |
| Phone: | E-mail: | Fax: |
| City: | State: | ZIP Code: |
| Position: | Hourly Salary (Please circle) | Income: |
| References |
| Name:  | Address: | Phone: |
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| I authorize the verification of the information provided on this form as to my credit and employment. I have received a copy of this application. I acknowledge that all monies paid in connection with submission of this application (“Funds”), including but not limited to any application fee, administration fee, or security deposit, are nonrefundable and will not be returned under any circumstances. Specifically, I understand that if I : a) change my mind, and decide not to move in to the apartment for which I am applying OR b) my application for residency is denied due to any misinformation provided by me in the application, I will not be entitled to receive any funds back whatsoever. |
| Signature of applicant: | Date: |
| Signature of co-applicant: | Date: |

Crossroads Apartments

2900 Robin Road, Greenville TX

Phone: 903-455-8116

Fax: 732-363-9104

**RENTAL VERIFICATION REQUEST**

Resident’s Name:

Address:

Apartment Community or Landlord’s Name:

Phone Number: Fax:

E-mail Address:

Resident’s authorization signature:

**………………………………………Landlord to fill out……………………………………………**

Dates Rented: From to

Rent Amount: per month

Gave proper notice? Yes No

Paid on time? Yes No Number of late payments

Is there a balance owed? Yes No

Reason for Balance

Any damages done to the Apartment? Yes No Amount: $

Would you re-rent? Yes No Was the resident evicted/skipped? Yes or No

Additional Comments

Please fax this completed form back to (732) 363-9104.

Thank you for your time.