

Crossroads Apartments
2900 Robin Road
Greenville, TX 75402

Applicant Information

Name:		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:
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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:

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.