

# Crosswinds Village Apartments

## Rental Application

Each individual Occupant the age of 18 and over MUST complete a separate application form.

\_\_\_\_\_  
Today's Date

### PERSONAL INFORMATION

\_\_\_\_\_  
Applicant's Name (First, Middle, Last)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Spouse's Name (First, Middle, Last)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
Other Occupant's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Other Occupant's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Other Occupant's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Relationship

### RESIDENTIAL HISTORY

\_\_\_\_\_  
Present Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
From: (Year) To: (Year)

\_\_\_\_\_  
Apartment Name/Landlord (If applicable)

\_\_\_\_\_  
Landlord Phone and/or Fax #

\_\_\_\_\_  
Monthly Payment?

\_\_\_\_\_  
Previous Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
From: (Year) To: (Year)

\_\_\_\_\_  
Apartment Name/Landlord

\_\_\_\_\_  
Landlord Phone and/or Fax #

\_\_\_\_\_  
Monthly Payment?

\_\_\_\_\_  
Have you lived at Crosswinds before?

\_\_\_\_\_  
Where?

\_\_\_\_\_  
When?

### EMPLOYMENT HISTORY

\_\_\_\_\_  
Present Employer

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Position

\_\_\_\_\_  
Length of Employment

\_\_\_\_\_  
Annual Income

\_\_\_\_\_  
Previous Employer

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Position

\_\_\_\_\_  
Length of Employment

\_\_\_\_\_  
Annual Income

\_\_\_\_\_  
Spouse's Employer

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Position

\_\_\_\_\_  
Length of Employment

\_\_\_\_\_  
Annual Income

\_\_\_\_\_  
Spouse's Previous Employer

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Position

\_\_\_\_\_  
Length of Employment

\_\_\_\_\_  
Annual Income

**EMERGENCY CONTACT (RELATIVE OR FRIEND)**

_____ Name	_____ Relationship	_____ Home Phone #
_____ Address	_____ City/State/Zip	_____ Work Phone #

**PERSONAL REFERENCES**

_____ Name	_____ Relationship	_____ Phone #
_____ Name	_____ Relationship	_____ Phone #

**VEHICLE INFORMATION**

_____ Make	_____ Model	_____ Year	_____ Color	_____ Plate # State
_____ Make	_____ Model	_____ Year	_____ Color	_____ Plate # State

**MISCELLANEOUS**

\_\_\_\_\_  
Your e-mail address

\_\_\_\_\_  
**How did you hear about us?**

\_\_\_\_\_  
If resident referral, give name & address

Do you have any pets?  yes  no    Have you ever been evicted?  yes  no    Have you ever filed for bankruptcy?  yes  no

Have you ever been arrested or convicted of a felony?  yes  no    If you answered yes to any of these questions please explain here:

\_\_\_\_\_

**SIGNATURES**

*Applicant represents that all of the above statements are true and hereby authorizes verification of above information, references, and credit reports. I/We hereby deposit with the owner/agent the sum of \$\_\_\_\_\_ as a security deposit and \$\_\_\_\_\_ as a non-refundable screening fee on the premises listed below. I/We acknowledge that the Landlord will suffer damages as a result of the processing of this application and holding the specified unit off the market. The deposit will be returned if the application is not approved, providing all the above questions are answered correctly and truthfully. I/We have received copies of both the "Statement of Rental Policy" and "Cancellation Policy".*

Signature _____	Date _____
Spouse's Signature _____	Date _____

**DO NOT WRITE BELOW THIS LINE**

Application Take By: \_\_\_\_\_ Date: \_\_\_\_\_ Fees Received: \_\_\_\_\_

Resident History Verification: # Late \_\_\_\_\_ # NSF: \_\_\_\_\_ Eviction Filed: \_\_\_\_\_

Lease Ends: \_\_\_\_\_ Gave Notice: \_\_\_\_\_ Spoke With: \_\_\_\_\_

Employment Verification: \_\_\_\_\_ Spoke With: \_\_\_\_\_  
Start Date: \_\_\_\_\_ Salary: \_\_\_\_\_

Date Verification Completed: \_\_\_\_\_ By Whom: \_\_\_\_\_

Need:  Cosigner  Last Month's Rent  Paystub  Other \_\_\_\_\_

Management Approval: \_\_\_\_\_ Date: \_\_\_\_\_