



# Rental Application for FREEDOM CROSSING



OFFICE USE ONLY ----- Possible Apartment # \_\_\_\_\_

Application Date \_\_\_\_\_ Lease Term \_\_\_\_\_ Move-In Date Desired \_\_\_\_\_

Number of Occupants \_\_\_\_\_ Floor Plan Desired \_\_\_\_\_ Security Deposit \$ \_\_\_\_\_

Pets:  Dog  Cat Breed \_\_\_\_\_ Weight \_\_\_\_\_ Pet Fee \$ \_\_\_\_\_

**Required before application will be processed:** (Check or Money Order Only)  Vet Records

Identity Verification  Income Verification  Application Fee \$ \_\_\_\_\_  Hold Deposit \$ \_\_\_\_\_

I understand that the hold deposit will not be refunded if this application is approved and I cancel for any reason.

**APPLICANT NAME** \_\_\_\_\_  
FIRST MIDDLE LAST

PRIMARY PHONE # / ALTERNATE PHONE # / E-MAIL ADDRESS

DATE OF BIRTH \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ISSUE STATE \_\_\_\_\_

Single  Married  Widow  Divorced  Separated # Years \_\_\_\_\_ PARTNER/ SPOUSE'S NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

Own  Rent DATES OF RESIDENCY \_\_\_\_\_ - \_\_\_\_\_ Monthly Rent/ Mortgage Payment \$ \_\_\_\_\_

EMPLOYER \_\_\_\_\_ Title \_\_\_\_\_ Since \_\_\_\_\_ Gross Income per Year \$ \_\_\_\_\_

EMPLOYER ADDRESS \_\_\_\_\_  
CITY STATE PHONE#

VEHICLE \_\_\_\_\_  
YEAR MAKE MODEL COLOR PLATE #

**EMERGENCY CONTACT:**

NAME RELATION PHONE#

STREET CITY STATE ZIP

HAVE YOU EVER BEEN: CHARGED/ ARRESTED OF A CRIME?  YES  NO STATE \_\_\_\_\_ YEAR \_\_\_\_\_

FORECLOSED ON/ EVICTED?  YES  NO YEAR \_\_\_\_\_ FILED BANKRUPTCY?  YES  NO YEAR \_\_\_\_\_

**Inaccurate or omissions of the requested information may cause delay or denial of consideration for residency.**

The undersigned does hereby consent that all information stated on this application may be verified and processed through a credit agency. This includes a full credit screening and criminal background check. I hereby release all parties from any liability in connection with the provision and use of such information. I understand that this application does not constitute any oral or written commitment on the part of the agent.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**LIST ALL CHILDREN OR DEPENDENTS THAT MAY OCCUPY THE PREMISE NOT INCLUDING OTHER CO-APPLICANTS:**

NAME RELATION DOB NAME RELATION DOB

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