

Cedar Crossing Apartments

5802 Rosebay Court

Frederick MD 21703

Office: (301)-695-0855

Fax: (301)-695-3682

Web: Cedarcrossingapartmentsfrederick.com

Bradley. W. Hamilton (Property Manager)

Needed to Start Application

- \$35.00 Application Fee (Everyone over the age of 18 Applying Non Refundable)
- Photo ID
- Social Security Card
- 2 Pay Stubs Or Income Statements

Security Deposit is One Month's Rent

<u>Apartments</u>	<u>Price</u>
• <u>Studio</u>	<u>\$685.00</u>
• <u>1Bedroom 1Bath</u>	<u>\$855.00</u>
• <u>2Bedroom 1Bath</u>	<u>\$955.00</u>
• <u>2Bedroom 2Bath</u>	<u>\$1,005.00</u>

*Rent Includes: Water, Sewer & Trash

*Rent Does Not Include: Electric, Phone Or Cable

*Washer & Dryer Fee (\$20.00) a Month if Provided by Complex

*Pets Deposit \$250.00 (Non Refundable)

Breed Restrictions as well as weight limits Apply

Prices and Availability is subject to Change at anytime

Cedar Crossing Apartments

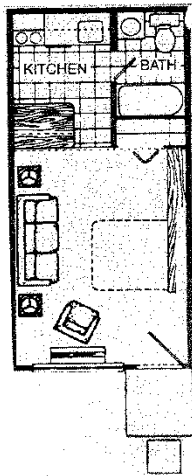
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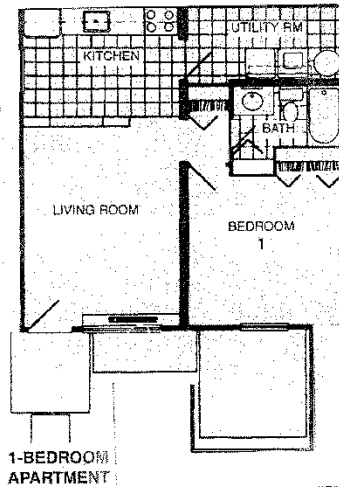
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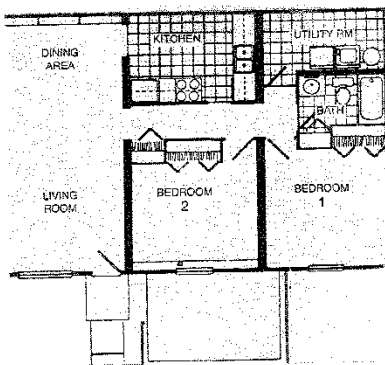
Bradley Hamilton (Property Manager)



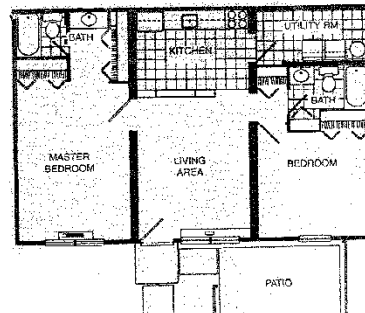
Studio Apartment
(Unfurnished)
288 Sq. Feet
Living Room/Bedroom 16ft/11.5ft
Kitchen 7ft/5ft
Bathroom 5ft/5ft



One Bedroom Apartment
576 Sq. Feet
Living Room 15ft/11.5ft
Kitchen 8ft/11.5ft
Utility Room 5ft/11ft with
Washer & Dryer Hook ups
Bathroom 6ft/4.5ft
Bedroom 11ft/11.5ft
Patio Area



Two Bedroom One Bath
864 Sq. Feet
Living Room 23ft/11.5ft
Kitchen 10ft/8ft
Utility Room 11ft/5ft with
Washer & Dryer Hook ups
Bath 6ft/4ft
Bedroom (1) 11.5ft/11ft
Bedroom (2) 11.5ft/9ft
Patio Area



Two Bedroom Two Bath
864 Sq. Feet
Living Room 15ft/11.5ft
Master Bedroom with Master Bath 20ft/11.5ft
Kitchen 10ft/8ft
Utility Room 11ft/5ft
With Washer & Dryer Hook ups
Bedroom (2) 11ft/11.5ft
Patio Area

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Rental Application

This apartment project strictly adheres to a policy of open occupancy, renting to qualified applicants without regard to race, religion, creed, color, national origin, marital status, sex, or physical or mental handicap.

***Please answer all questions completely and legibly. Failure to do so may cause delays in processing your application.**

Date of Application: _____ Apartment Size: _____

Move In Date _____

Email Address: _____

APPLICANT INFORMATION

First _____ Middle Initial _____ Last _____

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Day Telephone # _____ Home # _____

Cell # _____

Current Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Name of Landlord/Community _____

Telephone # _____

Lease Dates _____ / _____ / _____ to _____ / _____ / _____

Monthly Rent\$ _____ Reason for Moving _____

Previous Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Name of Landlord/Community _____

Telephone # _____

Lease Dates _____ / _____ / _____ to _____ / _____ / _____

Monthly Rent\$ _____ Reason for Moving _____

Current Employer _____

Address _____

City _____ State _____

Zip Code _____

Job Title _____ Annual Salary\$ _____

Length of Employment _____

Name of Supervisor _____ Contact # _____

Previous Employment _____

Address _____

City _____ State _____

Zip Code _____

Job Title _____ Annual Salary _____

Length of Employment _____

Name of Supervisor _____ Contact# _____

Driver's License # _____

State _____ Type of Auto _____

Emergency Contact Person _____

Relationship _____ Phone# _____

Address _____

City _____ State _____ Zip Code _____

ADDITIONAL SOURCES OF INCOME

Second Employer _____

Address _____

City _____ State _____ Zip Code _____

Job Title _____ Annual Salary\$ _____

Length of Employment _____

Name of Supervisor _____ Contact# _____

LIST ALL THE OCCUPANTS LIVING IN THE APARTMENT

Name _____ Name _____

DOB _____ DOB _____

SSN _____ - _____ - _____ SSN _____ - _____ - _____

Relationship _____ Relationship _____

This application is made, subject to approval of Cedar Crossing Apartments, and may without designating cause be disapproved by them, it being agreed that any such disapproval shall not be considered a reflection upon applicant. This application is to be made a part of the lease entered into by the Lessor and Lessee. The truth of the information contained herein is essential, and if Cedar Crossing Apartments DEEMS any answer or statement herein to be false, or misleading, it shall be considered that any lease granted by this application may be cancelled at their option.

_____ INTIAL

I hereby affirm that my answers to foregoing questions are true and correct, and that I have not knowingly withheld any fact or circumstances which would, if disclosed, affect my application unfavorably. As an inducement to enter into the Lease, **I authorize you to verify any and all information I give.** I have also been advised that I have the right, under Section 606(b) of the Fair Credit Reporting Act, to make a written request, within a reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation. I/We have fully read and understand all of the provisions of this application and acknowledge receipt of a complete copy of the same.

Signature of Applicant

Date

Signature of Applicant

Date

FOR OFFICE ONLY

Application Fee Paid _____

Approved _____ Disapproved _____ Mgr Signature _____ Date _____