

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

Apartments

Price

- Studio \$690.00
- 1Bedroom 1Bath \$860.00
- 2Bedroom 1Bath \$960.00
- 2Bedroom 2Bath \$1,010.00

*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 any time

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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.

_____INITIAL

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_____