

*CROSSROADS
APARTMENTS*

Crossroads Apartments

*35-43 Banklick Street
Florence, KY 41042*

Phone (859) 444-1201

Fax (859) 334-8580

Email: Leasing@CrossroadsKY.com

Envision your home with modern amenities and luxurious accommodations.

*Crossroads Apartments is located in the heart of Florence near local dining, entertainment,
and fun!*

Envision yourself at Crossroads Apartments

Private Balconies or Screened in Patios

Walk-In Closets with Shelving

Detached Garages

Optional Vaulted Ceilings

Playground

Dog Park

Community Grilling Area

Information:

Refundable security deposit equal to one month's rent w/o monthly discount

The application fee is \$100.00 per person applying & \$50.00 for any occupant (non-leaseholder) over 18- non-refundable.

1,125sq ft 2 bedroom/2 bathroom apartment: 1st Floor- \$1,300.00 / 2nd & 3rd Floor- \$1,200.00 (includes on-time rent discount- \$50)

****** All Rental Rates Include Water, Trash, and Sanitation ******

Short-Term Lease Options:

We offer 6-month short-term lease options. There is an additional charge of \$150.00 per month for a short-term lease.

Pet Policy:

Please ask management for a list of breed restrictions. All pets are subject to management approval. No aggressive animals or breeds are permitted.

Mandatory written consent of management is required.

\$500.00 non-refundable pet fee (Not per pet)

\$30.00 monthly pet rent/ per pet

Our apartments are all electric provided by Duke Energy, including all major appliances and microwave. All units include a separate utility room with a washer/dryer hookup. Service must be transferred into tenants' name prior to signing Lease signing by calling 1-800-544-6900

Detached garages are available to leaseholders for rent for 100.00 per month, plus a \$65.00 deposit.

We look forward to making Crossroads Apartments your new home!

Contact us by phone at 859-444-1201, fax at 859-334-8580 or email at Leasing@CrossroadsKY.com

Crossroads Apartments

“A Great Place to Call Home”

Qualification Sheet

THIS PROPERTY WILL NOT DISCRIMINATE AGAINST ANY PERSON BASED ON RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, FAMILIAL STATUS OR HANDICAP.

THE FOLLOWING GUIDELINES WILL BE USED IN EVALUATING YOUR APPLICATION FOR RESIDENCY. ALL OF THE ITEMS BELOW MUST BE MET IN ORDER FOR YOUR APPLICATION TO BE APPROVED.

1. Employment Verification: Must provide most recent full month’s pay stubs. For new employment: Must be able to verify start date and compensation.
Self-Employment: The previous year’s income tax return or bank statement showing adequate cash collateral to cover 3.5 times rental expenses in full for at least one year.
2. Financial Assistance: Social Security, pension, retirement income, and related income must have supporting documents if such income is to be included in gross income.
3. Income Requirements: Gross monthly income must be at least 3.5 times the amount of your apartment rent. Multiple applicants’ gross monthly income must equal 2.5 times the amount of your apartment rent each.
4. Rental/Mortgage History: Must provide previous and present full address with current phone numbers and contact information for landlord or lender.
5. Credit History: Applicant must have either no credit or good credit. Based on management’s discretion. Cosigners are not permitted.
6. Criminal Background Check: Applicant and adult occupants must consent to and pass a criminal background check. A copy ID is required for anyone who is living in the apartment over 18 years old.
7. Insurance and Liability: Applicant must provide automobile insurance for each approved vehicle.

APPLICANT COULD BE REJECTED DUE TO, BUT NOT LIMITED TO, THE FOLLOWING REASONS:

1. Falsification of any information on the application.
2. The names, addresses and telephone numbers of the past and/or present landlord/lender is not supplied.
3. Applicant does not supply one rental reference that can be verified.
4. Applicant is given a negative rental history.
5. Applicant is given a negative credit history.
6. Employment cannot be verified.
7. Applicant has a history of eviction, collection, judgments, late payments, bankruptcy, lease violations.
8. Does not pass criminal a background check.

I FULLY UNDERSTAND AND ACCEPT THESE QUALIFYING STANDARDS, AND HAVE TRUTHFULLY AND COMPLETELY SUPPLIED ALL INFORMATION AND ANSWERED ALL QUESTIONS.

SIGNATURE OF PROSPECTIVE RESIDENT

MANAGEMENT SIGNATURE

SIGNATURE OF PROSPECTIVE RESIDENT

DATE

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Personal Information

Applicant's Full Name: _____ SSN#: _____

Referred by (if applicable): _____ Date of Birth: _____

LIST ALL OCCUPANTS LIVING IN THE HOME:

Full Name	Relationship	Soc. Sec. No.	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Interested In: 1st Floor 2nd Floor 3rd Floor Any

Do you have a criminal record? If yes, explain _____

Have you ever been convicted of a felony: Yes No Are you registered on the sex offender registry: Yes No

Desired Move-In Date: _____ Best time to contact you _____ **AM** _____ **PM**
Phone: _____ Do you have pets? _____ How many? _____
Email: _____ List Type/Breed/Size _____

Residence History

Present Address

Street _____ Apt.# _____
City _____ State _____ Zip _____
Rent or own (circle) Dates _____ to _____ Monthly Payment: _____
Landlord/Lender _____ Phone# _____
Address _____ City _____ State/Zip _____
Fax# _____ Email: _____

Previous Address

Street _____ Apt.# _____
City _____ State _____ Zip _____
Rent or own (circle) Dates _____ to _____ Mo. Payment _____
Landlord/Lender _____ Phone# _____
Address _____ City _____ State /Zip _____
Fax#: _____ Email: _____

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Employment History

Current Employer

Name _____ Street _____
City _____ State _____ Zip _____ Phone _____
Employment Dates _____ to _____ Position _____ Supervisor _____

Previous Employer

Name _____ Street _____
City _____ State _____ Zip _____ Phone _____
Employment Dates _____ to _____ Position _____ Supervisor _____

Current Household Income \$ _____ Per _____

Other Information

Number of Automobiles _____ Driver's License No. _____
Make _____ Model _____ Year _____ Color _____ Tag No _____ State _____
Make _____ Model _____ Year _____ Color _____ Tag No _____ State _____
Make _____ Model _____ Year _____ Color _____ Tag No _____ State _____
Insurance Provider _____ Policy Number _____
Insurance Provider _____ Policy Number _____

Emergency Contact (Not residing with you) Must provide two.

(1) Name _____ Relation _____ Phone _____
Street _____ City _____ State _____ Zip _____

(2) Name _____ Relation _____ Phone _____
Street _____ City _____ State _____ Zip _____

I hereby make application for an apartment at Crossroads Apartments. and certify that all the information I have provided is correct and complete. I authorize the management of Crossroads Apartments. to contact any references and verify the information listed on this application. This includes obtaining a consumer credit and/or public records report, and a criminal background check.

Must provide a valid photo ID at time of application.

Applicant's Signature _____ Date _____

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Employment Verification

HUMAN RESOURCES: Please fill in position, employment dates, hours and compensation and return to us via fax at (859) 334-8580 or email to Leasing@CrossroadsKY.com. Thank you for your time.

Employee Name: _____

Social Security Number: _____ Position held: _____

Employer/Company: _____ Supervisor: _____

Employer Address: _____

Fax Number: _____ Phone Number: _____

(Please provide a phone number for person or department that can verify employment)

I hereby make an application for an apartment at Crossroads Apartments and certify that all of the information I have provided is correct and complete. I authorize the management or agents of Crossroads Apartments to contact any references and verify the information listed on this application. This includes obtaining information from this employment sheet.

Applicant's Signature: _____ Date: _____

BELOW COMPLETED BY HUMAN RESOURCES ONLY

Position Held: _____ Number of Guaranteed Hours/Week: _____

Rate of Compensation: \$ _____ per (circle one) YEAR HOUR

Employment Dates: From _____ To _____

Name & Title of Person Verifying Info.: _____ Phone #: _____

Signature of Person Verifying Info.: _____ Date: _____

Crossroads Apartments

Is This a Current Landlord or Previous Landlord? (Please circle one.)

Landlord or Property Name: _____

Office Address: _____

Office Telephone: _____ Fax: _____

Regarding (your name): _____

Address of property you rented from landlord listed above: _____

Dates you resided there: From _____ to _____

I hereby authorize representatives of Crossroads Apartments to obtain any information requested and further agree to hold all parties harmless from any liability in the release of information.

Applicant's Signature: _____ **Date:** _____

BELOW COMPLETED BY LANDLORD ONLY

A current or former resident of yours has submitted a rental application with our community. Please complete the information below and return it to us at your earliest convenience.

Fax: 859-334-8580 Email: Leasing@CrossroadsKY.com

Is this a current tenant? Yes No Date Occupancy Started: _____ Lease End/Move Out Date: _____

If not, please indicate if: Proper notice was given Tenant was asked to leave Security deposit was refunded

Was Lease Fulfilled?: Yes No Was the tenant's name on the lease? Yes No Monthly rent: _____

Was this tenant a prompt payer? Yes No **If no;** # Late Notices: _____ # Bounced Checks: _____

Did you document any complaints regarding noise, pets or any lease violations? Yes No

If yes, please describe:

Did you document any damages? Yes No If yes, please describe: _____

Were there any pets in the unit? Yes No Were any of the pets unauthorized? Yes No

Did the pets, if any, cause damage? If yes, please describe: _____

Has the tenant ever had a bedbug or other pest infestation? No Yes, bedbugs not eradicated (active infestation)

Yes, bedbugs eradicated within the last 3 months Yes, bedbugs eradicated more than 3 months ago

Yes, other pest infestation _____ Don't Know

Current Account Standing: Paid In Full Overdue Referred to Collections Eviction Proceedings Begun

Other: _____

Would you rent to this tenant again? Yes No

Additional Comments: _____

Name & Title of Person Verifying Information: _____ Phone #: _____

Signature of Person Verifying Information: _____ Date: _____

Consent to Criminal Background Check

Crossroads Apartments requires all persons aged 18 or older who will be residing on the property to consent to a criminal background check by signing this form. Failure to sign the consent form and pay the applicable background check fee of \$50 per person aged 18 or older who will reside in the apartment will result in an automatic denial of the application. The background check fee is included in the \$100 application fee due for each person applying to be a leaseholder, but the application fee does not cover the cost of the background check fee due for additional adult occupants. Failure to pass the criminal background check will result in denial of the application. In addition to providing a valid government issued photo ID for each adult who will be living here, please also provide the following:

NAME: _____ DOB(mm/dd/yyyy): _____ SSN: _____

CURRENT ADDRESS: _____

EMAIL: _____ PHONE: _____

PROSPECTIVE OCCUPANT SIGNATURE: X _____ DATE: _____

NAME: _____ DOB(mm/dd/yyyy): _____ SSN: _____

CURRENT ADDRESS: _____

EMAIL: _____ PHONE: _____

PROSPECTIVE OCCUPANT SIGNATURE: X _____ DATE: _____

NAME: _____ DOB(mm/dd/yyyy): _____ SSN: _____

CURRENT ADDRESS: _____

EMAIL: _____ PHONE: _____

PROSPECTIVE OCCUPANT SIGNATURE: X _____ DATE: _____

NAME: _____ DOB(mm/dd/yyyy): _____ SSN: _____

CURRENT ADDRESS: _____

EMAIL: _____ PHONE: _____

PROSPECTIVE OCCUPANT SIGNATURE: X _____ DATE: _____