

Carolina Crossing Apartments

702 Edwards Road
Greenville, SC 29615
O.864.244.8803
F.864.244.7216

www.simplertimesinsouthcarolina.com

Thank you applying at Carolina Crossing Apartments!

We would to remind you what exactly we require for residency here:

Minimum Qualifications:

- Monthly income equal to three times the amount of rent
(Co-Signer must make 6 times the amount of rent as monthly income)
- Must pass most recent rental verification
- Must be employed at least 6 months at your current employer
- Or Prove 2 years of Consistent Work History with No Gaps
- Must verify employment with current or past employers
- Must submit your two most recent paycheck stubs
- Must provide State Issued Identification
- Must provide Social Security Card
- Anyone over the age of 18 occupying the apartment must complete the application and authorize the background check
- Must sign the last page of the application to submit to a credit and criminal background search
- Any applicants with a convicted felony will not be approved
- Any applicants that owe another apartment community will not be approved
- \$35.00 Money Order Required for Processing

Carolina Crossing Apartments

702 Edwards Road
Greenville, SC 29615
O.864.244.8803
F.864.244.7216

www.simplertimesinsouthcarolina.com

APPLICATION FOR RESIDENCY

Neatly complete all information below. All other applicants over the age of 18 must complete and sign their own application.

Primary Applicant _____ Phone # _____
DOB _____ Social Security # _____ Drivers License # & State _____
Current Address _____ City _____ State _____ Zip _____
Current Landlord's Name _____ Phone # _____ Circle One: Owned or Rent?
Rental Amount \$ _____ Lease Expiration Date _____ Length of Residency _____
Current Employer _____ Position _____ Phone # _____
Employers Address _____ City _____ State _____ Zip _____ Circle One: Hourly or Salary?
Monthly Income _____ How long at this job? _____ Manager Name & #: _____
Other Income/sources _____

Co-Applicant _____ Phone# _____
DOB _____ Social Security # _____ Drivers License # and State _____
Current Address _____ City _____ State _____ Zip _____
Current Landlord's Name _____ Phone # _____ Circle One: Owned or Rent?
Rental Amount \$ _____ Lease Expiration Date _____ Length of Residency _____
Current Employer _____ Position _____ Phone # _____
Employers Address _____ City _____ State _____ Zip _____ Circle One: Hourly or Salary?
Monthly Income _____ How long at this job? _____ Manager Name & #: _____
Other Income/sources _____

Please List ALL Other Occupants:		
Name	Date of Birth	Social Security Number

Carolina Crossing Apartments

702 Edwards Road
Greenville, SC 29615
O.864.244.8803
F.864.244.7216

www.simplertimesinsouthcarolina.com

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1) Have either of you ever been evicted from another community? [] Yes [] No
- 2) Do either of you owe another apartment community? [] Yes [] No
- 3) Have either of you ever been convicted of a felony? [] Yes [] No

RECEIPT FROM APPLICANT IS HEREBY ACKNOWLEDGED OF \$ 35.00 FOR A NON-REFUNDABLE PROCESSING CHARGE. RECEIPT IS ALSO ACKNOWLEDGED OF \$ _____ AS A GOOD FAITH DEPOSIT IN CONNECTION WITH THIS RENTAL APPLICATION. I UNDERSTAND THAT MY GOOD FAITH DEPOSIT SHALL NOT BE REFUNDED AFTER 48 HOURS OF APPROVAL OF APPLICATION. IF MY APPLICATION IS APPROVED AND I FAIL TO ENTER INTO A LEASE, I UNDERSTAND AND AGREE THAT THIS WILL CAUSE LANDLORD TO INCUR COSTS NOT CONTEMPLATED BY THIS APPLICATION, THE EXACT AMOUNT OF SUCH COSTS BEING EXTREMELY DIFFICULT AND IMPRACTICABLE TO FIX. SUCH COSTS INCLUDE, BUT ARE NOT LIMITED TO: RE-ADVERTISING, RE-MARKETING, RE-QUALIFYING APPLICANTS, RE-LETTING THE APARTMENT, AND OTHER ADMINASTRATIVE AND ACCOUNTING COSTS RELATED TO MY FAILURE TO ENTER INTO MY LEASE. THIS WILL RESULT IN MY GOOD FAITH DEPOSIT BEING NON-REFUNDABLE. THE PARTIES AGREE THAT THIS GOOD FAITH DEPOSIT REPRESENTS A FAIR AND RESONABLE ESTIMATE OF THE COSTS THE LANDLORD WILL INCUR BY REASON OF MY FAILURE TO ENTER INTO MY LEASE AND IS THEREFORE FORFEITED IN FULL. IF MY APPLICATION IS APPROVED, AND A LEASE IS SIGNED, THE GOOD FAITH DEPOSIT SHALL BE NON-REFUNDABLE.

ACCEPTANCE OF THIS APPLICATION AND ANY MONIES DEPOSITED HERewith ARE NOT BINDING UPON LANDLORD UNTIL THE APPLICATION IS APPORVED AND A LEASE IS SIGNED NOR DOES IT GUARANTEE ME THE AVAILABILITY OF A PARTICULAR APARTMENT.

I certify that all of the information provided in this Application is complete and correct. I authorize Landlord or his agent to verify the accuracy of these statements, to communicate with my employers and creditors, and to procure such other information, including a credit report or criminal history, which may be required to evaluate this application. False information stated on this application may constitute grounds for rejection of this application and forfeiture of deposits. Landlord may terminate any agreement entered into in reliance on any misstatement made above. Landlord is authorized to contact emergency contact persons in the case of an emergency.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

For Office Use Only:

Processed By:		Date:
APPLICATION RESULTS:		
APPROVED CREDIT	Deposit Amount Required: \$	
CONDITIONALLY APPROVED		
DENIED	Explain:	
SECURITY DEPOSIT		
Security Deposit Amount: \$	Date Received:	MO or Check #:
Applicant's Signature:		
Manager's Signature:		