**Carroll’s Country**

**Crossing**

***Thank you for your interest in***

***our community!***

Welcome to Carroll’s Country Crossing! Thank you for picking up an application. Be sure to read the application instruction page to help you complete your application. Do not hesitate to contact us with any questions.

**2 Bedrooms/2Bath**

**$303- MIMR**

**$346- Non MIMR**

**Amenities:**

Highly energy efficient units with Energy Star Range/Refrigerator/Dishwasher/ Electric Can Opener/Central HVAC / With Washer & Dryer Connection/Patios/Outside Storage Closets/Window Coverings/Carpeting/Community Laundry Room/Picnic Area

**Property Perks:**

Be sure to participate in the community’s 4th of July cookout, David Smith Tax Services, Miller Pharmacy Delivery

**Your rent includes:**

Lawn care and pest control

**You are responsible for connecting and paying:**

Electricity, Water, Sewer, Trash, Phone and Cable

**Property Information:**

Carroll’s Country Crossing

6th & 7th Ave. East

Oneonta, AL

Thank you for considering

Carroll’s Country Crossing your new HOME!

**Application instructions:**

* Please return your completed application to the property manager or you can also mail completed applications to:

Vantage Management

CO Carroll’s Country Crossing

P.O. Box 170

Fyffe, AL 35971

* All applications must include an application fee in the form of a check or a money-order. The fee is $50 with an extra $30 charged for each additional adult on the application. ***The fee is non-returnable.***
* If you would like to expedite the application process, return your application in person and bring the following items:
  + State issued ID
  + Social Security Card
  + Proof of all earned and unearned income
  + Proof of all assets if assets total over $5000
  + Proof of marital status
  + Birth certificates and social security card for dependents on application
* All applications must be filled out completely. Do not leave anything blank. If there is a blank line on the application that does not apply to you, please write “None” in the section in question.
* Incomplete applications will not be reviewed. A thoroughly completed application will speed up the procedure and make the process easier on you.
* The use of “white out” or “NA” will automatically cause the application to be rejected.
* The Tenant Consent and Release form is part of the application and **must** be signed and returned with the application and application fee.

A security deposit equal to your rent will be due at lease signing. You will not be able to move in without paying a security deposit.

All payments must be check or money-order. ***No cash will be accepted*.**

**Thanks again for your interest in our community!**

**Help us make this your new home!**

PREAPPLICATION

**NOTE: NO PETS ALLOWED WITHOUT MANAGEMENT APPROVAL**

# **Contact Information:**

Applicant Name First Middle Last State ID # State

Co-Applicant Name First Middle Last State ID # State

Email Phone Number Alternate Phone Number

Street Address City State Zip

# **General Information:**

How did you hear about us?

What is your reason for moving?

What size unit are you interested in (number of bedrooms)?

# **Emergency Contact:**

In case of emergency, notify: Phone

Street Address City State Zip Relationship

In case of serious illness or death, is the above authorized to enter apartment and remove contents? YES NO

# **Applicant Screening Information:**

Does an adult member of your household have a checking account? YES NO

Does your household have two years positive rental history? YES NO

What is your household annual gross income from all sources?

Has anyone in your household had an eviction filed against you? YES NO

If yes, please explain:

For Management Use Only:

Date Application Submitted:

Date & Amount of Application Fee Paid:

APPLICATION FOR RESIDENCY

**IF ANY ERROR OCCURS ON APPLICATION, PLEASE PUT ONE LINE THROUGH IT, MAKE CORRECTION, INITIAL CORRECTION, AND DATE IT.**

### HOUSEHOLD COMPOSITION (List all persons who will occupy the apartment. List dependents who are currently away at school but plan to occupy the apartment)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME**  **(First, Middle Initial, Last)** | **SEX**  **(M/F)** | **AGE** | **DOB** | **\*FULL-TIME STUDENT**  **(YES/NO)** | **RELATIONSHIP TO HEAD OF HOUSEHOLD** | **SOCIAL SECURITY NUMBER** |
|  |  |  |  |  | Self |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Do you anticipate a change in family size in the next 12 months? YES NO

If yes, please explain

**MARITAL STATUS APPLICANT****:**  Married  Single Divorced  Separated  Widowed

* Have you ever gone by another name, such as maiden name or married name? YES NO
* If yes please fill in former name:

**MARITAL STATUS CO-APPLICANT:**  Married  Single Divorced  Separated  Widowed

* Have you ever gone by another name, such as maiden name or married name? YES NO
* If yes please fill in former name:

Will you receive any rental assistance from an agency at time of move in or in the next 12 months? YES NO

If yes, from which agency?

**Student Information**

**Have any adults (18 and older) been, or will be, full-time students this calendar year**  YES NO

If yes, list the months you attended:   
Educational institution attended by those 18 & over during current calendar year:

\*NOTE: Households made up entirely of full-time students are not eligible to live in units receiving housing credits. A full-time student is defined as any individual, regardless of age, who has been or will be a full-time student during five calendar months during a calendar year at a regular educational organization. The student meets all of the educational organization’s requirements for full-time student status to be considered a full-time student. There are five exceptions to the full-time student restriction:

##### Are any of the students listed above: NAME

a) Single parents and/or their children, who are not dependents of another individual?

b) Receiving assistance under Title IV of the Social Security Act?

c) Married to another household member and has filed a joint income tax return?

d) Enrolled in a federal, state, or local job training program?

e) Currently or previously been in the foster care system?

**Income Information**

**Employment Income (Applicant)**

|  |  |
| --- | --- |
| **Place of Employment** | **Annual Gross Income** |
|  |  |
|  |  |
|  |  |

**Employment Income (Co-Applicant)**

|  |  |
| --- | --- |
| **Place of Employment** | **Annual Gross Income** |
|  |  |
|  |  |
|  |  |

**OTHER INCOME** List all other types of income for all household members that you will receive over the next 12 months. This needs to include, but is not limited to self-employment, VA benefits, unemployment benefits, child support, back child support, alimony, back alimony, Social Security benefits, public assistance, pension, income from retirement funds, death benefits, insurance or annuities, worker’s compensation, severance pay and anticipated employment. Also include regular cash contributions and bills that are in your name and that someone else is paying for you.

|  |  |  |
| --- | --- | --- |
| **NAME** | **TYPE OF INCOME/CONTACT** | **MONTHLY GROSS AMOUNT** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| **Asset Information (Entire Household)** |  |

**Please list checking, savings and money market accounts:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HOUSEHOLD MEMBER NAME** | **BANK/CREDIT UNION** | **TYPE OF ASSET** | **ACCOUNT #** | **CURRENT BALANCE** | **INTEREST INCOME** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Other Assets**  Please list all other assets. This needs to include, but is not limited to cash on hand, treasury bills, stocks, bonds, mutual funds, real estate or rental property, annuities, certificate of deposits, safe deposit boxes, property held as investments, pensions, 401K, 403b, IRAs, keogh accounts, trust funds, whole or universal life insurance policies, disposed or given away assets in the previous 2 years, direct express cards, prepaid debit cards:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOUSEHOLD MEMBER NAME** | **TYPE OF ASSET** | **SOURCE OF ASSET (BANK/INSURANCE CO/INVESTMENT FIRM, ETC)** | **CASH VALUE OF ASSET (LESS ANY MORTGAGE)** | **ANNUAL INCOME**  **FROM ASSET** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**LEASE PROVISIONS**

###### **A non-refundable fee is required to cover the cost of credit reports and other processing costs. If you feel that your APPLICATION FOR RESIDENCY has been unfairly denied, you have the right to contact Lowell R. Barron, II at Vantage Management, LLC. the Managing Agent, at (256) 417-4921 for further explanation. Not withstanding the preceding, however, you acquire no rights in any apartment until all of the following contingencies have been met: 1) your application is approved, 2) you pay the required deposit, and 3) you sign a Lease Agreement. At that time, this application would become part of the Lease.**

**ALL ADULT APPLICANT(S) MUST READ AND SIGN THIS STATEMENT TO**

**ACKNOWLEDGE THEIR UNDERSTANDING**

I/We certify that all of the information given above about me and my/our household is true, complete, and accurate. All persons or firms, including persons providing information concerning a criminal background check, may freely give any requested information concerning me/us, and I/we hereby waive all right of action for any consequences resulting from such information. I/We also understand that ALL CHANGES to the INCOME of ANY member of the household, as well as ANY CHANGES in HOUSEHOLD MEMBERS or STUDENT STATUS, must be reported to the Management in writing IMMEDIATELY. If any of the information is found to be incorrect, the landlord, at its sole discretion, may cancel or terminate the lease contract and retain all monies as liquidated damages. I/We also understand that should I/We be placed on a waiting list because no units are available, and I/We am/are later called to fill a vacant unit, I/We will be withdrawn from the waiting list should I/We decide not to lease the unit at that time. I/We will be required to fill out another application and pay another application fee should I/We decide to reapply with this complex.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

APPLICANT DATE CO-APPLICANT DATE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

LEASING AGENT DATE CO-APPLICANT DATE

*It our policy to rent to qualified persons regardless of race, color, religion, sex, national origin, handicap, or familial status, and in compliance with all federal, state, and local laws*.

**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department’s service provider.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, credit and criminal history, employment, income and assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers Welfare Agencies Veterans Administrations

Support and Alimony Providers Educational Institutions Retirement Systems

State Unemployment Agencies Social Security Administration Medical and Child Care

Banks and other Financial Previous Landlords (including

Institutions Public Housing Agencies)

Credit Reporting Agencies Household Members Criminal History Reporting Agencies

**CONDITIONS**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect. **Everyone 18 years of age and older must sign this form.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***SIGNATURES***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant/Resident Printed Applicant/Resident Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CO/Applicant Resident Printed Co/Applicant/Resident Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Adult Member Printed Adult Member Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Adult Member Printed Adult Member Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apartment Community Name Contact Phone

THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, “REQUEST FOR COPY OF A TAX FORM” MUST BE PREPARED AND SIGNED SEPARATELY.

|  |  |
| --- | --- |
| **U. S. Department of Housing and Urban Development** | |
| **We Do Business in Accordance With the Federal Fair**  **Housing Law**  (The Fair Housing Amendments Act of 1988) | |
|  | |
| **EQUAL HOUSING**  **OPPORTUNITY** | |
| **It is Illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin** | |
| In the sale or rental of housing or residential lots | In advertising, the sale, or rental of housing |
| In the financing of housing | In the provision of real estate brokerage services |
| In the appraisal of housing | Blockbusting is also illegal |
|  | |
| **Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:**  **1-800-669-9777 (Toll Free)**  **1-800-927-9275 (TTY) www.hud.gov/fairhousing** | **U.S. Department of Housing and Urban Development**  **Assistant Secretary for Fair Housing and Equal Opportunity**  **Washington, D.C. 20410** |
|  | |
| Previous editions are obsolete form HUD-928.1 (8/2011) | |

I am aware of my rights to Fair Housing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tenant Signature Date Tenant Signature Date