North Pointe

Thank you for your interest in our community!

Welcome to North Pointe! 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 Bedroom/2 Bath \$ 433 3 Bedrooms/2 Bath \$515

Amenities:

Highly energy efficient units with Energy Star Range/Refrigerator/Dishwasher/Central HVAC
With Washer & Dryer Connection/Patios/Outside Storage Closets/Window
Coverings/Carpeting/Clubhouse/Playground/Computer Center/Community Laundry Room/Covered
Picnic Area

Property Perks:

Be sure to participate in the community's Biannual Potluck Dinner, 3 different holiday festivities, Monthly Newsletters, Monthly Game Night, Biannual Budget Classes

Your rent includes:

Trash, Lawn care, Water, Sewer and pest control

You are responsible for connecting and paying:

Electricity and Cable

Property Information:

North Pointe 601 Greenhill Blvd Fort Payne, AL 35967 (256) 273-0082







Thank you for considering North Pointe 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 North Pointe P.O. Box 170 Fyffe, AL 35971

- All applications must include an application fee in the form of a <u>check</u> or a <u>moneyorder</u>. 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
 - o Proof of all earned and unearned income
 - o Proof of all assets if assets total over \$5000
 - Proof of marital status
 - o 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!







«sitename»

APPLICATION FOR RESIDENCY

IF ANY ERROR OCCURS ON APPLICATION, PLEASE PUT <u>ONE</u> LINE THROUGH IT, MAKE CORRECTION, INITIAL CORRECTION, AND DATE IT.

NOTE: NO PETS ALLOWED WITHOUT MANAGEMENT APPROVAL

New Prospect: Initial contact by: () Visit	() Phone Call	() Email		
APPLICANT INFORMATI BEDROOM SIZE:		☐ 2 Bedroom Unit ☐ 3 Bedro	oom Unit 🗌 4 Bedroon	n Unit
Applicant Name First	Middle	Last	Sex	
Co Applicant Name Firs How did you hear about us?	t Middle	Last	Sex	
□ NEWSPAPER	□ DRIVE-BY	☐ APARTMENT GUIDE	☐ RESIDENT OR F	RIEND
YELLOW PAGES	☐ FLYER	□ CRAIGSLIST	<pre>OTHER</pre>	
Why did you decide to mo	ove here?			
• When do you expect to move?				
How many people will be living	g in the apartment?			
	Head	of Household		
()		()		
Home Phone #		Work Phone #		
			[]Own[]Rent[]li	ve w/relative
Present Address	City	State/Zip		
			()	
Email Address			Secondary P	hone #
Waitlist – Conventior General Information	nal			
Preferred method of communicatio	n?()Phone ()E	Email () Mail ()	Visit	
Date of Birth (Applicant)	SSN	State ID #		State
MARITAL STATUS:	rried	☐Divorced ☐ Separa	ted Widowed	
Have you ever gone by another	er name, such as maide	n name or married name? [] YES [] NO,	
If yes please fill in former name	e:			
Date of Birth (Co-Applicant)	SSN	State ID #		State
MARITAL STATUS:	_	_	🗆	
	rried	☐Divorced ☐ Separa	ted Widowed	







If yes please fill in former name:							
Do you anticipate a change	in family	/ size in	the next 12 mo	nths?	☐ YES	□ NO	
If yes, please explain							
Will you receive any rental a	assistan	ce from	an agency at tir	me of move in or in	the next 12 months	? 🛮 YES	□NO
HOUSEHOLD COMPO					RTMENT. LIST DEPEND	ENTS WH	O ARE
NAME	SEX (M/F)	AGE	DOB	*FULL-TIME STUDENT (YES/NO)	RELATIONSHIP TO HEAD OF HOUSEHOLD		AL SECURITY NUMBER
					Self		
*NOTE: Households made up ent individual, regardless of age, who organization. The student meets a are five exceptions to the full-time	has been old the ed	or will be a ucational	a full-time student d	uring five calendar mont	hs during a calendar yea	ır at a regula	ar educational
Are any of the students listed at	oove:				NA	ME	
a) Single parents and/or their children,		-		?			
b) Receiving assistance under Title IV orc) Married to another household members		•					
d) Enrolled in a federal, state, or local jo		-					
e) Currently or previously been in the fo	ster care sy	stem?					
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:							
Describe the program							
Rental History							
Have you ever been evicted?							□ NO
Have you ever been sued	for rent?					□ YES	□ NO
• Have you ever been sued for property damages? [] YES [] NO 2017.1 2 P a g e							
7-					4		1

Have you ever broken a lease?				□YES [] NO
Have you ever been convicted, plead grade g	uilty, received proba	tions, deferred ad	judication, court-ordered su	pervision, or	pre-trial
diversion for a felony, sex-related crime	or misdemeanor as	sault against anot	her person?	□YES [] NO
Present Landlord/Property/Mortgage Co.	Address		City State/Zip	Monthly R	ent/ Mortgage
	()		()		
Manager/Contact	Phone		Fax		
What is your reason for moving?					
 How long have you lived at current resident 	dence?				
If less than 2 years, please fill out below:					
Previous Address City	State/ Zip	Phone #	Month	ly Rent/ Morto	gage
• [] Owned [] Rented [] lived w/relative	e				
Previous Landlord/Property/Mortgage Co.	Address	City	State/Zip	Phone	e #
Income Information For all Hou	isehold Membe	rs except Co-	-Applicant		
 Are you employed now, self-employed unemployment? 	d, a member of the A	Armed Forces, or	currently receive	□ YES	□ NO
Do you currently receive VA benefits o	r any payment from	the Social Secur i	ity Administration?	☐ YES	□NO
 Do any dependents of the household cu Security Administration? Are you receiving or do you expect to re 	•			[] YES	□ NO
alimony?	• • • • • • • • • • • • • • • • • • • •	•	. , ,	☐ YES	□NO
Do you have a court order that has awa	rded you child sup r	oort, back child s	support, alimony, or back	☐ YES	□NO
alimony?					
Are you receiving public assistance (T	ANF, AFDC)? This	does not include	food stamps.	☐ YES	□NO
Are you receiving income from a pension	on or retirement fur	nd or from an ann	uity?	☐ YES	□NO
Are you receiving income from insuran	ce policy payments	or death benefits	?	☐ YES	□NO
Do you receive workers compensation	n or receive paymen	ts from a severa r	ice package?	☐ YES	□NO
Are you receiving regular or periodic pa	yments from anyone	e not already list	ed?	☐ YES	□NO







Employment (Head of Household)

					()
Current Employer Name		Address	City	State/Zip	Phone #
Job Title	How long em	nployed?	Es	stimated Yearly Income	
	()		()	
Supervisor Name	· · · · · · · · · · · · · · · · · · ·	Phone		Fax	
				()	
Current Employer Name		Address	City	State/Zip	Phone #
Job Title	How long em	nployed?	Es	stimated Yearly Income	
	()		()	
Supervisor Name		Phone		Fax	
OTHER INCOME (Hea	d of Househo	old): List all other	types of income fo	or all household members, o	checked yes on the prior page.
NAME		TYPE OF INCO	ME/CONTACT	GROSS	MONTHLY AMOUNT







Asset Information (Entire Household)

•	Do you have any checking , savings , or money market accounts?	☐ YES	□NO
BA	ANK ACCOUNTS: List all bank accounts for all household members, checked yes above.		

HOUSEHOLD MEMBER NAME	BANK/S&L/ CREDIT UNION	STREET ADDR CITY/STATI		ACCOUNT#	CURRENT BALANCE	INTEREST INCOME
OTHER ASSETS:					EVE0	E NO.
Do you have any cash	on hand?				☐ YES	□ NO
Do you own any treas	ury bills, stocks,	bonds, or mutual fund	ds (not in a r	etirement)?	☐ YES	□ NO
Do you own any real e	state or rental pr	operty?			☐ YES	□ NO
 Do you have an annui strictly as investment 			eposit box,	or any personal property	y held	□ NO
Do you have a pensio	n, 401k, 403b, IR	A, or Keogh account?			☐ YES	□NO
Do you have a trust fu	ınd (access to the	money)?			☐ YES	□NO
Do you have any whole	le or universal lif	e insurance policies?			☐ YES	□NO
Have you disposed or	r given away any	assets in the last 2 year	ars?		☐ YES	□NO
• Do you have a Direct List all other assets for a				it Card from any source	? <u> </u> YES	□ NO
HOUSEHOLD MEMBE NAME	R TY	PE OF ASSET	_	ALUE OF ASSET NY MORTGAGE)	ANNUAL I FROM A	_
Emergency Contact:						
1. In case of emergency,	notify:		Phone)		
Street Address			City_		_ StateZip	0
Relationship						
2. In case of serious illness	s or death, is the a	above authorized to ento	er apartment	and remove contents?	☐ YES ☐ N	NO
VEHICLES: Do you	u, or any family r	member own a car?	□ YES	□ NO		
MAKE	MODEL	YEAR	CC	DLOR TA	.G #	STATE
MAKE	MODEL YEAR			DLOR TA	.G #	STATE







Co-applicant(s)

()			()			
Н	lome Phone #			Work Phone #			
						Rent []	live w/relative
Pr	esent Address	City	State/Zip	How long have you lived here?)		
					()	
En	nail Address				Se	econdary	Phone #
R	ental History						
•	Have you ever been evid	ted?			Π,	YES	□ NO
•	Have you ever been sue	d for rent?			Π,	YES	□ NO
•	Have you ever been sue	d for property dama	iges?			YES	□ NO
•	Have you ever broken a	lease?				YES	□ NO
•	Have you ever been con	victed, plead guilty,	received probati	ions, deferred adjudication, court-	ordered supe	ervision, o	or pre-trial
	diversion for a felony, se	x-related crime or n	nisdemeanor ass	ault against another person?	□,	YES	□ NO
ln	come Information	For Co-A	pplicant only	,			
•	Are you employed now, unemployment?	self-employed, a	member of the A	rmed Forces, or currently receiv	e	☐ YES	□NO
•						☐ YES	□ №
•		ou expect to receiv	e child support	, back child support, alimony o	r back		
	alimony?					☐ YES	□NO
•	•	der that has awarde	ed you child sup	port, back child support, alimo	ny, or back	☐ YES	□ №
	alimony?						
•	Are you receiving public	assistance (TANF	F, AFDC)? This d	loes not include food stamps.		☐ YES	□NO
•	Are you receiving income	e from a pension o	r retirement fun	d or from an annuity?		☐ YES	□NO
•	Are you receiving income	e from insurance p	olicy payments o	or death benefits?		☐ YES	□NO
•	Do you receive workers	compensation or	receive payment	s from a severance package ?		☐ YES	□NO
•	Are you receiving regula	r or periodic payme	nts from anyone	not already listed?		☐ YES	□NO







Employment (Co-Applicant)

					()
Current Employer Name		Address	City	State/Zip	Phone #
Job Title	How long em	nploved?	Estir	mated Yearly Income	
	()		()	
Supervisor Name		Phone		Fax	
				()	
Current Employer Name		Address	City	State/Zip	Phone #
Job Title	How long em	anloved?	Fetir	mated Yearly Income	
JOD TILLE	riow long en	ipioyeu:	LStil	nated really income	
Supervisor Name	(Phone		Fax	
OTHER INCOME (Co-	-Applicant <u>)</u> : ∟	ist all other types of ir	ncome for all househ	old members, checked ye	es on the prior page.
NAME		TYPE OF INCO	ME/CONTACT	GROSS N	MONTHLY AMOUNT

LEASE PROVISIONS

A **non-refundable** fee of \$50.00 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.







INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The Following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation of your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

I do not wish to furnish this information

ALLEGARI.	I do not wish to ful			(IIIIIIII)			
	ETHNICITY: (National Origin)						
	His	spanic or Latino		not Hispanic or Latino			
		Indian or Alask African America awaiian or Othei	n				
	SEX:Mal	e	Female				
CO-APPLICANT:	I do not wish to furnish this information (initials)						
	ETHNICITY: (National Origin)						
	His	not Hispanic or Latino					
	RACE:AmericanAsianBlack or ANative HaWhite						
	SEX:Mal	e	Female				
				_			
Applicant's Signature		Date					
Co-Applicant's Signature		Date					



ΔΡΡΙΙΟΔΝΤ-





(initiale)

	TENANT RELEASE AND CONSENT		
of verifying information on my/our aparti	, the undersi v to release information regarding employn ment rental application. I/We authorize rele mmunity listed below and/or the State and	ease of information without liability	rposes / to
INFORMATION COVERED			
be requested include, but are not limited income and assets, medical or child car	t information regarding me/us may be need to: personal identity, student status, credite allowances. I/We understand that this are nent to my eligibility for and continued part	t and criminal history, employmen uthorization cannot be used to obt	ıt,
GROUPS OR INDIVIDUALS THAT MA	Y BE ASKED		
The groups or individuals that may be a	sked to release the above information inclu	ide, but are not limited to:	
Past and Present Employers Support and Alimony Providers State Unemployment Agencies	Welfare Agencies Educational Institutions Social Security Administration	Veterans Administrations Retirement Systems Medical and Child Care	
Banks and other Financial Institutions	Previous Landlords (including Public Housing Agencies)		
Credit Reporting Agencies	Household Members	Criminal History Reporting Agend	ies
CONDITIONS			
authorization is on file and will stay in e	norization may be used for the purposes state feet for a year and one month from the ct any information that is incorrect. Everyo	date signed. I/We understand that	
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	
«sitename» Apartment Community Name			

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.









We Do Business in Accordance With the Federal Fair Housing Law

(The Fair Housing Amendments Act of 1988)



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 I am aware of my rights to Fair Housing.	form HUD-928.1 (8/2011)
Tenant Signature Date	Tenant Signature Date





