

# Pine Village

*Thank you for your interest in  
our community!*

Welcome to Pine Village! 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.

**1 Bedrooms/1Bath**

**\$327 - \$537**

**2Bedrooms/2Bath**

**\$345 - \$551**

**Amenities:**

Highly energy efficient units with Energy Star Range/Refrigerator/ Central HVAC  
With Washer & Dryer Connection/Patios/Window Coverings/Carpeting/  
Community Laundry Room

**Your rent includes:**

Trash, Lawn care, Water, Sewer and pest control

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

Electricity and Cable

**Property Information:**

Pine Village  
369 George Wallace Dr.  
Rainsville, AL 35986  
(256)623-2298



# Thank you for considering Pine Village 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 Pine Village  
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 \$25 with an extra \$15 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 dependants 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!**

# APPLICATION FOR RENTAL

APP.# \_\_\_\_\_

COMPLEX NAME: \_\_\_\_\_

DATE/TIME TAKEN: \_\_\_\_\_

DATE/TIME RECEIVED: \_\_\_\_\_

RECEIVED BY : \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

ACTION TAKEN:                      APPROVED                      REJECTED                      WITHDRAWN  
(Circle one)

DATE OF REPLY LETTER      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## APPLICATION REQUIREMENTS

1. APPLICATION **MUST BE COMPLETE** WITH **ALL** CORRECT INFORMATION. (IF SOMETHING DOES NOT APPLY, PUT "NONE".) COMPLETE ADDRESSES, ZIP CODES AND PHONE NUMBERS MUST BE FILLED IN.
2. APPLICANT MAY PICK UP & RETURN THE APPLICATION IN PERSON. THE APPLICATION CANNOT BE PICKED UP OR RETURNED BY SOMEONE ELSE (FRIEND, RELATIVE, ETC.)
3. **ALL** OCCUPANTS THAT WILL BE LIVING IN THE UNIT MUST BE LISTED ON THE APPLICATION AS REQUIRED. TOTAL NUMBER OF OCCUPANTS MUST BE FILLED IN.
4. INCOME SHOWN MUST BE GROSS (BEFORE DEDUCTIONS) AND CORRECT TO THE BEST OF YOUR KNOWLEDGE. THIS INCLUDES CHILD SUPPORT, INTEREST OF ANY KIND, SOCIAL SECURITY OR DISABILITY OR V.A. BENEFITS, RENTS RECEIVABLE---ALL INCOME.
5. **CREDIT INFORMATION MUST BE COMPLETE.** IF YOU HAVE ANY CREDIT PROBLEMS, IT IS BEST TO MAKE THE MANAGER AWARE OF THIS BEFORE APPLICATION IS PROCESSED. CREDIT WORTHINESS IS REQUIRED.
6. IF YOU ARE CURRENTLY LIVING WITH A RELATIVE, LIST THE RELATIVE'S NAME AND THEIR LANDLORD IN THE SPACE PROVIDED FOR PRESENT LANDLORD. ALSO, BE SURE TO LIST THE LANDLORD'S ADDRESS AND PHONE NUMBER. WE MUST HAVE THIS INFORMATION OR WE CANNOT PROCESS YOUR APPLICATION.

**1**

(TDD ONLY) 1-800-548-2546

7. FAILURE TO FULLY COMPLETE INFORMATION AS NEEDED WILL BE GROUNDS FOR REJECTING THE APPLICATION.

**PLEASE READ ENTIRE APPLICATION. IF THERE IS ANY QUESTIONS YOU DO NOT UNDERSTAND, PLEASE ASK. (SEE ITEM #7 ABOVE).**

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**VERIFICATION OF EMPLOYMENT INCOME REQUIREMENTS**

- A. APPLICANT MUST FILL IN:
1. Name and address with zip of employer.
  2. Applicant's name, address and zip.
  3. Applicant's Social Security number AND signature

DO NOT TAKE THE VERIFICATION OF EMPLOYMENT WITH YOU. FILL IN AS REQUIRED IN "A" ABOVE AND LEAVE IT AT THE OFFICE FOR PROCESSING. IF EMPLOYER'S ADDRESS, ETC. IS NOT KNOWN, YOU MAY USE THE OFFICE PHONE TO CALL FOR THAT INFORMATION.

B. IF YOU HAVE MORE THAN ONE EMPLOYER OR SOURCE OF INCOME, PLEASE FILL OUT AND SIGN ADDITIONAL VERIFICATION FORMS FOR EACH ONE. WAGE MATCHING HAS BEEN IMPLEMENTED BY USDA Rural Development TO CHECK EACH TENANT INCOME FOR PROPER AND COMPLETE REPORTING TO INSURE THAT APPROPRIATE RENTAL RATES ARE CHARGED.

C. ALL PERSON WHO WILL BE LIVING IN THE UNIT THAT WORK OR HAVE ANY OTHER SOURCE OF INCOME MUST ALSO FILL OUT AND SIGN A VERIFICATION OF EMPLOYMENT AND INCOME FORM.

D. APPLICATION AND SIGNED VERIFICATION FORMS HAVE TO BE RETURNED TO THE OFFICE BEFORE PROCESSING AND APPROVAL OR REJECTION CAN BE MADE.

**YOU WILL NOT BE PUT ON THE APPLICATION LIST UNTIL THE FULLY COMPLETED APPLICATION AND SIGNED VERIFICATIONS (S) OF EMPLOYMENT AND INCOME ARE IN THE OFFICE.**

**HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF A FELONY? IF YES, EXPLAIN:**

\_\_\_\_\_

**I (WE) HEREBY CERTIFY THAT I (WE) HAVE READ THE ABOVE STATED APPLICATION REQUIREMENTS AND VERIFICATION OF EMPLOYMENT AND INCOME REQUIREMENTS AND UNDERSTAND THEM COMPLETELY.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# APPLICATION FOR RENTAL

(Please **print** clearly)

FULL NAME: \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip)

PHONE: \_\_\_\_\_ HOW LONG AT THIS ADDRESS \_\_\_\_\_ If less than one year,

Previous address \_\_\_\_\_  
(Street and/or P.O. Box) (City) (State) (Zip)

BIRTHDATE \_\_\_/\_\_\_/\_\_\_ SEX \_\_\_\_\_ RANK, if in Service: \_\_\_\_\_ Unit \_\_\_\_\_

PRESENT LANDLORD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street and/or P.O. Box) (City) (State) (Zip)

PRESENT RENTAL RATE: \_\_\_\_\_ OR/ PRESENT HOUSE PAYMENT \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ TOTAL INCOME: \_\_\_\_\_  
(Gross, before deductions)

EMPLOYER: \_\_\_\_\_ PHONE#: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street and/or P.O. Box) (City) (State) (Zip)

If less than one (1) year, previous Employer: \_\_\_\_\_ Phone#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street and/or P.O. Box) (City) (State) (Zip)

OTHER INCOME: \_\_\_\_\_ SOURCE: \_\_\_\_\_

OTHER INCOME: \_\_\_\_\_ SOURCE: \_\_\_\_\_

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SPOUSE OR  
CO-TENANT: \_\_\_\_\_ SOCIAL SECURITY# \_\_\_\_\_

BIRTHDATE: \_\_\_/\_\_\_/\_\_\_ SEX: \_\_\_\_\_ RANK, if in Service: \_\_\_\_\_ UNIT \_\_\_\_\_

SPOUSE OR CO-TENANT'S  
OCCUPATION: \_\_\_\_\_ TOTAL INCOME: \_\_\_\_\_  
(Gross, before deductions)

EMPLOYER: \_\_\_\_\_ PHONE# \_\_\_\_\_ HOW LONG? \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street and/or P.O. Box) (City) (State) (Zip)

If less than one (1) year, previous Employer: \_\_\_\_\_ Phone# \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street and/or P.O. Box) (City) (State) (Zip)

ALL OTHER INCOME: \_\_\_\_\_ SOURCE: \_\_\_\_\_

OTHER OCCUPANTS OF APARTMENT (**DO NOT** include your spouse/co-tenant)

Full Name: \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_ S.S.# \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_ S.S.# \_\_\_\_\_

Full Name: \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_ S.S.# \_\_\_\_\_

TOTAL NUMBER OF OCCUPANTS: \_\_\_\_\_ NUMBER OF FOSTER CHILDREN: \_\_\_\_\_

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PARENT OR NEAREST LIVING RELATIVE WHO WILL NO RESIDE WITH YOU:  
\_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street and/or P.O. Box) (City) (State) (Zip)

CO-TENANT'S PARENT OR NEAREST LIVING RELATIVE WHO WILL NOT RESIDE

WITH YOU: \_\_\_\_\_ PHONE# \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street and/or P.O. Box) (City) (State) (Zip)

=====

MAKE & YEAR OF AUTO(S) 1. \_\_\_\_\_ TAG# \_\_\_\_\_ State \_\_\_\_\_  
2 \_\_\_\_\_ TAG# \_\_\_\_\_ State \_\_\_\_\_

DRIVERS LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_

CO-TENANT'S  
DRIVERS LICENSE# \_\_\_\_\_ STATE \_\_\_\_\_

AUTO FINANCED WITH: 1. \_\_\_\_\_ 2. \_\_\_\_\_

FURNITURE FINANCED WITH: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**CREDIT REFERENCES** (Please use additional space if needed.)

1. \_\_\_\_\_  
 (Name) (Street and /or P.O. Box) (City) (State) (Zip)

Phone#: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ Balance \_\_\_\_\_

2. \_\_\_\_\_  
 (Name) (Street and /or P.O. Box) (City) (State) (Zip)

Phone#: \_\_\_\_\_ Payment Amount: \_\_\_\_\_ Balance \_\_\_\_\_

3. \_\_\_\_\_  
 (Name) (Street and /or P.O. Box) (City) (State) (Zip)

Phone#: \_\_\_\_\_ Payment Amount \_\_\_\_\_ Balance \_\_\_\_\_

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**CHECKING AND /OR SAVING ACCOUNTS:**

BANK: \_\_\_\_\_ ADDRESS \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

BANK: \_\_\_\_\_ ADDRESS \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

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**NET FAMILY ASSETS**

CASH ON HAND: \$ \_\_\_\_\_ YES NO.

Do you have a checking account? \_\_\_\_\_  
 If yes, what was previous month's balance? \$ \_\_\_\_\_

Do you have a savings account? \_\_\_\_\_  
 If yes, what is the current balance.? \$ \_\_\_\_\_

Do you have any of the following: \_\_\_\_\_

IRA? \_\_\_\_\_  
 CERTIFICATION OF DEPOSIT? \_\_\_\_\_  
 STOCKS? \_\_\_\_\_  
 BONDS? \_\_\_\_\_  
 RETIREMENT/PENSION FUNDS? \_\_\_\_\_  
 OTHER? \_\_\_\_\_ SPECIFY \_\_\_\_\_

If yes to any, what is cash value? \$ \_\_\_\_\_

Do you have any capital investments  
 If yes, please describe. \_\_\_\_\_  
 What is the cash value? \_\_\_\_\_

	YES	NO
<b>Do you have equity in any real property?</b>	_____	_____
If yes, please describe: _____		
What is the cash value? _____		
Is property mortgaged?	_____	_____
If so, monthly mortgage payment \$ _____		
Do you rent the property?	_____	_____
If so, monthly rental income \$ _____		
What are the yearly expenses of property _____ (taxes, insurance, etc.)		

<b>Have you sold any assets within the last two-(2) years?</b>	_____	_____
If yes, what was the amount received for those assets. _____		
Was the amount less than fair market value?	_____	_____
If yes, how much less? _____		

**Actual income from assets:**

Interest on savings, CD's, etc. \_\_\_\_\_

Payments receivable from notes: \_\_\_\_\_

Withdrawals from pensions, IRAs \_\_\_\_\_

<b>Do you have any loans receivable (money owed to you)?</b>	_____	_____
If yes, what is the amount? _____		
What is the interest rate? _____		

**DO YOU OR THE CO-TENANT REQUEST THE \$400.00 DISABILITY OR HANDICAP ADJUSTMENT TO INCOME, A HANDICAP ACCESSIBLE UNIT, OR REASONABLE ACCOMMODATION. \_\_\_ YES \_\_\_ NO**

If a care attendant (**non-related to you**) will be living with you constantly or on a periodic basis, please list the following:

Name of Care Attendant	Phone Number
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**(In order to obtain a handicap deduction, you must meet the USDA Rural Development Definition of Handicapped and Disabled. You may obtain a copy of these Definitions from the Site Manager.)**

**IF YOU ARE AGE 62 OR OLDER, OR REQUEST THE \$400.00 DISABILITY OR HANDICAP ADJUSTMENT, please complete the following:**

<u>TYPE</u>	<u>AMOUNT</u>	<u>VERIFIABLE SOURCE</u>
Health Insurance Prem.	_____	_____
Prescription Drugs	_____	_____



Doctor Bills	_____	_____
Dental Expense	_____	_____
Eyeglass Expense	_____	_____
Hearing Aid Expense	_____	_____
Cost of Care Attendant	_____	_____
Medicare Premium	_____	_____
Handicap Equip. Expense	_____	_____
Other _____	_____	_____

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**PERSONS TO CONTACT IN AN EMERGENCY** (Other than Spouse or other occupants).

1. \_\_\_\_\_  
 Name Relationship Phone#

\_\_\_\_\_  
 Address (Street and /or P.O. Box) (City) (State) (Zip)

2. \_\_\_\_\_  
 Name Relationship Phone#

\_\_\_\_\_  
 Address (Street and /or P.O. Box) (City) (State) (Zip)

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**THREE PERSONAL REFERENCES** (NOT Relatives)

1. \_\_\_\_\_  
 Name Home Phone # Business Phone #

\_\_\_\_\_  
 Address (Street and/or P.O. Box) (City) (State) (Zip)

2. \_\_\_\_\_  
 Name Home Phone # Business Phone #

\_\_\_\_\_  
 Address (Street and/or P.O. Box) (City) (State) (Zip)

3. \_\_\_\_\_  
 Name Home Phone # Business Phone #

\_\_\_\_\_  
 Address (Street and/or P.O. Box) (City) (State) (Zip)

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1. Do you know anyone (include relative) who lives here or has lived here?  
If so, please list.

\_\_\_\_\_

\_\_\_\_\_

2. How did you learn about our apartment complex? (Circle One)

Newspaper Ad \* Yellow Pages \* Flyers \* Other Resident

Chamber of Commerce \* Friend \* Other

3. Why do you want to leave your current residence? \_\_\_\_\_

\_\_\_\_\_

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Please use this space for adding additional information if necessary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF APPROVED, HOW SOON DO YOU WISH TO MOVE IN? \_\_\_\_\_

I CERTIFY THAT THE APARTMENT I HAVE APPLIED FOR WILL BE MY PERMANENT RESIDENCE. I FURTHER CERTIFY THAT I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

I CERTIFY THAT THE INFORMATION GIVEN HEREIN IS COMPLETE, TRUE AND CORRECT. YOU ARE HEREBY EXPRESSLY AUTHORIZED TO VERIFY THE ACCURACY AND CORRECTNESS OF THESE STATEMENTS, TO COMMUNICATE WITH MY EMPLOYER AND CREDITORS, AND TO PROCURE SUCH OTHER INFORMATION WHICH YOU MAY REQUIRE TO EVALUATE THIS APPLICATION. A MISREPRESENTATION OR OMISSION SHALL ENTITLE THE LANDLORD OR HIS AGENT TO IMMEDIATELY CANCEL RENTAL CONTRACT AND REQUIRE APPLICANT TO VACATE IMMEDIATELY.

**I GIVE THIS INFORMATION FREELY, VOLUNTARILY AND WILLINGLY.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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 of the basis of visual observation or surname.

**APPLICANT:** I do not wish to furnish this information \_\_\_\_\_(initials)

**Ethnicity:** (National origin)

\_\_\_\_\_ Hispanic or Latino      \_\_\_\_\_ Not Hispanic or Latino

**Race:**

\_\_\_\_\_ American Indian or Alaska Native      \_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American      \_\_\_\_\_ White  
\_\_\_\_\_ Native Hawaiian or Other Pacific Island

**Sex:** \_\_\_\_\_ Male      \_\_\_\_\_ Female

**CO-APPLICANT:** I do not wish to furnish this information \_\_\_\_\_(initials)

**Ethnicity:** (National origin)

\_\_\_\_\_ Hispanic or Latino      \_\_\_\_\_ Not Hispanic or Latino

**Race:**

\_\_\_\_\_ American Indian or Alaska Native      \_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American      \_\_\_\_\_ White  
\_\_\_\_\_ Native Hawaiian or Other Pacific Island

**Sex:** \_\_\_\_\_ Male      \_\_\_\_\_ Female

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

**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	Providers
Institutions	Public Housing Agencies)	
Credit Reporting Agencies	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
«sitename» Apartment Community Name	Contact	«sitephonenumber» 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.