

# Vinings at Greencastle

***Thank you for your interest in  
our community!***

Welcome to Vinings at Greencastle! 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 Bedroom/1 Bath  
\$372 - \$458**

**2 Bedrooms/1 Bath  
\$442 - \$521**

### **Amenities:**

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

### **Your rent includes:**

Lawn care , trash and pest control

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

Electricity, Water, Sewer, Phone and Cable

### **Property Information:**

Vinings at Greencastle  
viningsatgreencastleapts.com  
2675 Wilson Road  
Clarksville, TN  
931-266-0119



# Thank you for considering Vinings at Greencastle 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 Vinings at Greencastle  
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

Landlord Name \_\_\_\_\_ Phone# \_\_\_\_\_

## General Information:

How did you hear about us? \_\_\_\_\_

What date would you like to move? \_\_\_\_\_

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: \_\_\_\_\_

## Employment Information:

For Applicant - Name of Business \_\_\_\_\_ Phone # \_\_\_\_\_

For Co-Applicant - Name of Business \_\_\_\_\_ Phone # \_\_\_\_\_

## 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 during the next 12 months. Please only list dependents who will live in this household at least 50% of the time and 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





**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 Institutions | Previous Landlords (including 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
Vinings at Greencastle Apartment Community Name	Teresa Eckman Contact	931-266-0119 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.





# 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 the financing of housing  
In the appraisal of housing

In advertising, the sale, or rental of housing  
In the provision of real estate brokerage services  
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](http://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

