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 <u>check</u> or a <u>money-order</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
 - 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!







PREAPPLICATION

NOTE: NO PETS ALLOWED WITHOUT MANAGEMENT APPROVAL

Contact Informat	ion:						
Applicant Name	First	Middle	Last		State ID #	‡	State
Co-Applicant Name	First	Middle	Last		State ID	#	State
Email		Pho	one Number	Alterna	ate Phone N	umber	
Street Address		City	У	State	Zip		
Landlord Name			Phone#				
General Informat	ion:						
What date would you What is your reason f What size unit are you	like to move or moving? _ u interested	e?					
In case of emergency, n			Pho	one			
In case of emergency, n Street Address Relationship				y	_ State	Zip	
In case of serious illness	s or death, is th	ne above authorized	d to enter apartmer	nt and remove content	s? 🗆	YES 🗆 NO	
Applicant Screen Does an adult mem	_		a checking acc	count?		YES 🗆 NO	
Does your household have two years positive rental history?						YES 🗆 NO	
What is your housel	hold annual	gross income fr	om all sources	?			
Has anyone in your	household	had an eviction	filed against yo	u?		YES 🗆 NO	
If yes, please explai	in:						
Employment Info							
For Applicant - Name of BusinessPhone #							
For Co-Applicant - Name	e of Business_						
For Management U	se Only:						
Date Application Su	bmitted:						_
Date & Amount of A	pplication F	ee Paid:					_







APPLICATION FOR RESIDENCY

IF ANY ERROR OCCURS ON APPLICATION, PLEASE PUT <u>ONE</u> 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? If yes, please explain						□YES □ NO
MARITAL STATUS APPLICANT:					rated	
						rated ☐ Widowed ☐ YES ☐ NO
Vill you receive any rental assistance from an agency at time of move in or in the next 12 months? ☐ YES ☐ Note that I would be agency?						□YES □ NO





Student Information

a) Single parents and/or their children, who are not dependents of another individual? D) Receiving assistance under Title IV of the Social Security Act? D) 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	Have any adults (18 and older) beer If yes, list the months you attended:			calendar year		
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: All Single parents and/or their children, who are not dependents of another individual? By Single parents and/or their children, who are not dependents of another individual? By Single parents and/or their children, who are not dependents of another individual? By Single parents and/or their children, who are not dependents of another individual? By Single parents and/or their children, who are not dependents of another individual? By Single parents and/or their children, who are not dependents of another individual? By Single parents and/or their children, who are not dependents of another individual? By Single parents and/or their children, who are not dependents of another individual? By Single parents and/or their children, who are not dependents of another individual? By Single parents and/or their children, who are not dependents of another individual? By Single parents and/or their children, who are not dependents of another individual? By Single parents and/or their children, who are not dependents of another individual? By Single parents and/or their children, who are not dependents of another individual? By Single parents and/or their children, who are not dependents of another individual? By Single parents and/or their children, who are not dependents of another individual? By Single parents and/or their children, who are not dependents of another individual? By Single parents and/or their children and/or their children and/or their children. By Single parents and/or their children and/or their children. By Single parents and/or their chil	Educational institution attended by the	ose 18 & over duri	ng current calendar	year:		
a) Single parents and/or their children, who are not dependents of another individual?	credits. A full-time student is defined a student during five calendar months d meets all of the educational organizati	as any individual, i uring a calendar y ion's requirements	regardless of age, w rear at a regular edu s for full-time studen	ho has been or will be a full-time cational organization. The student		
Employment Income (Applicant) Place of Employment 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.	b) Receiving assistance under Title IV of the Sc) Married to another household member andd) Enrolled in a federal, state, or local job train	ocial Security Act? has filed a joint incom ing program?	e tax return?			
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NAME TYPE OF INCOME/CONTACT MONTHLY GROSS AMOUNT	12 months. This needs to include, bu child support, back child support, alin income from retirement funds, death	it is not limited to nony, back alimor benefits, insurand	self-employment, Vary, Social Security become or annuities, world	A benefits, unemployment benefits, enefits, public assistance, pension, ker's compensation, severance pay		
NAME TYPE OF INCOME/CONTACT MONTHLY GROSS AMOUNT						
	NAME	TYPE OF INC	OME/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	
of verifying information on my/our apa	, the underselow to release information regarding employnartment rental application. I/We authorize release mommunity listed below and/or the State and	ease of information without liability to the
be requested include, but are not lincome and assets, medical or child information about me/us that is not performed on the complete or included information about me/us that is not performed in the complete or included in the		redit and criminal history, employment, authorization cannot be used to obtain icipation as a Qualified Tenant.
The groups of individuals that may be	e asked to release the above information inclu	ide, but are not limited to:
Past and Present Employers Support and Alimony Providers State Unemployment Agencies Banks and other Financial Institutions	Welfare Agencies Educational Institutions Social Security Administration Previous Landlords (including Public Housing Agencies)	Veterans Administrations Retirement Systems Medical and Child Care
Credit Reporting Agencies	Household Members	Criminal History Reporting Agencies
authorization is on file and will stay i	s authorization may be used for the purposen effect for a year and one month from the correct any information that is incorrect. Ever	date signed. I/We understand that I/We
Signature of Applicant/Resident	Printed Applicant/Resident Name	Date
Signature of CO/Applicant Resident	Printed Co/Applicant/Resident Name	Date
Signature of Adult Member	gnature of Adult Member Printed Adult Member Name	
Signature of Adult Member	Printed Adult Member Name	Date
Vinings at Greencastle	Teresa Eckman	931-266-0119
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)



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 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





