

# Villas at Cloverdale

*Thank you for your interest in  
our community!*

Welcome to Villas at Cloverdale! 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.

**3 Bedroom/2 Bath**

**\$385 - \$470**

**4 Bedrooms/2 Bath**

**\$401 - \$455**

## **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/Community Laundry Room/Covered Picnic Area with  
Grills

## **Property Perks:**

Be sure to participate in the community's monthly movie night, game night, 4<sup>th</sup> of July, Labor Day and Thanksgiving cookouts and a yearly pot-luck dinner

## **Your rent includes:**

Trash pick up, Lawn care and pest control

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

Electricity, Water, Sewer, Phone and Cable

## **Property Information:**

Villas at Cloverdale  
1520 Clover Rd SE  
Cullman, AL



# Thank you for considering Villas at Cloverdale 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 Villas at Cloverdale  
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 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!**



«sitename»

# APPLICATION FOR RESIDENCY

IF ANY ERROR OCCURS ON APPLICATION, PLEASE PUT ONE 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 INFORMATION

**BEDROOM SIZE:**  1 Bedroom Unit  2 Bedroom Unit  3 Bedroom Unit  4 Bedroom Unit

Applicant Name	First	Middle	Last	Sex
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Co Applicant Name	First	Middle	Last	Sex
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- How did you hear about us?
  - NEWSPAPER
  - DRIVE-BY
  - APARTMENT GUIDE
  - RESIDENT OR FRIEND
  - YELLOW PAGES
  - FLYER
  - CRAIGSLIST
  - OTHER

Why did you decide to move here? \_\_\_\_\_

- When do you expect to move? \_\_\_\_\_
- How many people will be living in the apartment? \_\_\_\_\_

## Head of Household

( )

( )

Home Phone #

Work Phone #

[ ] Own [ ] Rent [ ] live w/relative

Present Address	City	State/Zip
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Email Address	Secondary Phone #
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## Waitlist – Conventional General Information

Preferred method of communication? ( ) Phone ( ) Email ( ) Mail ( ) Visit

Date of Birth (Applicant)	SSN	State ID #	State
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**MARITAL STATUS:**  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:

Date of Birth (Co-Applicant)	SSN	State ID #	State
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**MARITAL STATUS:**  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:

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

If yes, please explain

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

**HOUSEHOLD COMPOSITION** (LIST ALL PERSONS WHO WILL OCCUPY APARTMENT. LIST DEPENDENTS WHO ARE CURRENTLY AWAY AT SCHOOL, BUT WHO PLAN TO LIVE IN THE APARTMENT)

NAME	SEX (M/F)	AGE	DOB	*FULL-TIME STUDENT (YES/NO)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER
					Self	

\*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:**

- 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?

**NAME**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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? • YES      • NO
- Have you ever been sued for rent? • YES      • NO
- Have you ever been sued for property damages? • YES      • NO
- Have you ever broken a lease? • YES      • NO
- Have you ever been convicted, plead guilty, received probations, deferred adjudication, court-ordered supervision, or pre-trial diversion for a felony, sex-related crime or misdemeanor assault against another person? • YES      • NO

Present Landlord/Property/Mortgage Co.	Address	City	State/Zip	Monthly Rent/ Mortgage
	(    )		(    )	
Manager/Contact	Phone	Fax		

- What is your reason for moving? \_\_\_\_\_
- How long have you lived at current residence? \_\_\_\_\_

If less than 2 years, please fill out below:

Previous Address City	State/ Zip	Phone #	Monthly Rent/ Mortgage
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- Owned  Rented  lived w/relative

Previous Landlord/Property/Mortgage Co.	Address	City	State/Zip	Phone #
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- What was your reason for moving? \_\_\_\_\_

### Income Information For all Household Members except Co-Applicant

- Are you **employed** now, **self-employed**, a member of the **Armed Forces**, or currently receive **unemployment**? • YES      • NO
- Do you currently receive **VA benefits** or any payment from the **Social Security Administration**? • YES      • NO
- Do any dependents of the household currently receive **VA benefits** or any payment from the **Social Security Administration**? • YES      • NO
- Are you receiving or do you expect to receive **child support, back child support, alimony** or **back alimony**? • YES      • NO
- Do you have a court order that has awarded you **child support, back child support, alimony**, or **back alimony**? • YES      • NO
- Are you receiving **public assistance** (TANF, AFDC)? This does not include food stamps. • YES      • NO
- Are you receiving income from a **pension** or **retirement fund** or from an **annuity**? • YES      • NO
- Are you receiving income from **insurance** policy payments or **death benefits**? • YES      • NO
- Do you receive **workers compensation** or receive payments from a **severance package**? • YES      • NO
- Are you receiving regular or periodic payments from **anyone not already listed**? • YES      • NO





# Employment (Head of Household)

Current Employer Name	Address	City	State/Zip	Phone #

Job Title	How long employed?	Estimated Yearly Income
	( )	( )

Supervisor Name	Phone	Fax
		( )

Current Employer Name	Address	City	State/Zip	Phone #

Job Title	How long employed?	Estimated Yearly Income
	( )	( )

Supervisor Name	Phone	Fax

**OTHER INCOME (Head of Household):** List all other types of income for all household members, checked yes on the prior page.

NAME	TYPE OF INCOME/CONTACT	GROSS MONTHLY AMOUNT





## Asset Information (Entire Household)

• Do you have any **checking, savings, or money market** accounts?

• YES • NO

**BANK ACCOUNTS:** List all bank accounts for all household members, checked yes above.

HOUSEHOLD MEMBER NAME	S&L/ CREDIT UNION	STREET ADDRESS CITY/STATE	ACCOUNT #	CURRENT BALANCE	EST INCOME

## OTHER ASSETS:

- Do you have any **cash on hand**? • YES • NO
- Do you own any **treasury bills, stocks, bonds, or mutual funds** (not in a retirement)? • YES • NO
- Do you own any **real estate or rental property**? • YES • NO
- Do you have an **annuity, certificates of deposit (CDs), safe deposit box**, or any personal property held strictly as **investment assets** (such as coins or art)? • YES • NO
- Do you have a **pension, 401k, 403b, IRA, or Keogh** account? • YES • NO
- Do you have a **trust fund** (access to the money)? • YES • NO
- Do you have any **whole or universal life insurance policies**? • YES • NO
- Have you **disposed or given away any assets** in the last 2 years? • YES • NO
- Do you have a **Direct Express Card** from Social Security or a **Prepaid Debit Card** from any source? • YES • NO

List all other assets for all household members checked yes above

HOUSEHOLD MEMBER NAME	TYPE OF ASSET	CASH VALUE OF ASSET (LESS ANY MORTGAGE)	ANNUAL INCOME FROM ASSET

## Emergency Contact:

1. In case of emergency, notify: \_\_\_\_\_ Phone \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Relationship \_\_\_\_\_

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

**VEHICLES:** Do you, or any family member own a car? • YES • NO

MAKE MODEL YEAR COLOR TAG # STATE

MAKE MODEL YEAR COLOR TAG # STATE



## Co-applicant(s)

(    )	(    )		
Home Phone #	Work Phone #		
[ ] Own [ ] Rent [ ] live w/relative			
Present Address	City	State/Zip	How long have you lived here?
Email Address	(    )		
	Secondary Phone #		

### Rental History

- Have you ever been evicted? • YES    • NO
- Have you ever been sued for rent? • YES    • NO
- Have you ever been sued for property damages? • YES    • NO
- Have you ever broken a lease? • YES    • NO
- Have you ever been convicted, plead guilty, received probations, deferred adjudication, court-ordered supervision, or pre-trial diversion for a felony, sex-related crime or misdemeanor assault against another person? • YES    • NO

### Income Information For Co-Applicant only

- Are you **employed** now, **self-employed**, a member of the **Armed Forces**, or currently receive **unemployment**? • YES    • NO
- Do you currently receive **VA benefits** or any payment from the **Social Security Administration**? • YES    • NO
- Are you receiving or do you expect to receive **child support, back child support, alimony** or **back alimony**? • YES    • NO
- Do you have a **court order** that has awarded you **child support, back child support, alimony**, or **back alimony**? • YES    • NO
- Are you receiving **public assistance** (TANF, AFDC)? This does not include food stamps. • YES    • NO
- Are you receiving income from a **pension** or **retirement fund** or from an **annuity**? • YES    • NO
- Are you receiving income from **insurance** policy payments or **death benefits**? • YES    • NO
- Do you receive **workers compensation** or receive payments from a **severance package**? • YES    • NO
- Are you receiving regular or periodic payments from **anyone not already listed**? • YES    • NO



## Employment (Co-Applicant)

Current Employer Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_ ( )

Job Title \_\_\_\_\_ How long employed? \_\_\_\_\_ Estimated Yearly Income \_\_\_\_\_  
 ( ) ( )

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 ( )

Current Employer Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Job Title \_\_\_\_\_ How long employed? \_\_\_\_\_ Estimated Yearly Income \_\_\_\_\_  
 ( ) ( )

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

### OTHER INCOME (Co-Applicant):

List all other types of income for all household members, checked yes on the prior page.

NAME	TYPE OF INCOME/CONTACT	GROSS 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. Notwithstanding 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.



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

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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.

**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  
\_\_\_\_\_ Native Hawaiian or Other Pacific Island  
\_\_\_\_\_ White

**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  
\_\_\_\_\_ Native Hawaiian or Other Pacific Island  
\_\_\_\_\_ White

**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 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



«sitename»

«sitepropertymanager»

«sitepropertydate»

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.



# 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:

**U.S. Department of Housing and Urban Development**

1-800-669-9777 (Toll Free)

**Assistant Secretary for Fair Housing and Equal Opportunity**

1-800-927-9275 (TTY)

[www.hud.gov/fairhousing](http://www.hud.gov/fairhousing)

**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

