

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:

Street Address Phone 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



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. 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.

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

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

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)



**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

**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.

Version 2018.3



Tenant Signature

Date

Tenant Signature

Date

