



DEKALB VILLA APARTMENTS

62+ COMMUNITY

NOW LEASING

1 & 2 BEDROOM APARTMENT HOMES

**DEKALB VILLA
APARTMENTS**



256-845-2505

TDD: 800-548-2546



SPACIOUS
1 & 2 BEDROOM
APARTMENT HOMES



QUALITY
COMMUNITY LIVING



MODERN AMENITIES
& COMFORTABLE LIVING



HANDICAP
ACCESSIBLE



PROFESSIONAL
ON-SITE MANAGEMENT

**COMFORT.
CONVENIENCE.
COMMUNITY.**



INCOME RESTRICTIONS APPLY



CALL TODAY TO LEARN MORE!



(256) 845-2505



240 55th St NE
Ft Payne, AL 35967



dekalbvilla@
thevantagegroup.biz



**SCAN TO
LEARN MORE!**



EQUAL HOUSING
OPPORTUNITY

FAIR HOUSING PROVIDER



HANDICAP ACCESSIBLE

Dekalb Villa

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

Welcome to Dekalb Villa! 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
\$929**

**2 Bedrooms/2Bath
\$1,020
(Rental Assistance is available)**

Amenities:

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

Your rent includes:

Trash, Lawn care, water, sewer, and pest control

You are responsible for connecting and paying:

Electricity and Cable

Property Information:

Dekalb Villa
240 55 st NE
Ft. Payne, AL 35967
(256)845-2505



Thank you for considering this property for your new HOME!

Application instructions:

- Please return your completed application to the property manager or you can also mail completed applications to:
Vantage Management
P.O. Box 170
Fyffe, AL 35971
- An application fee in the form of a check or a money order in the amount of \$50, with an extra \$30 for each additional adult on the application, will be required when your application is pulled from our waitlist for an available unit. We cannot begin working your application until this fee is received. **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 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!**



version 2026.1



Income Limits for Dekalb Villa

Your gross household income must be at or below the
income limits listed for your household size:

1 person	\$41,550
2 people	\$47,500
3 people	\$53,450
4 people	\$59,350
5 people	\$64,100
6 people	\$68,850
7 people	\$73,600
8 people	\$78,350

Tenant Selection Policies

1. All applications must be complete and properly signed and dated by the applicant. Those applications that are not complete and properly signed and dated will be rejected. All references given on applications are subject to verification. Misrepresentation of any facts on an application by the applicant would constitute fraud and will be grounds for rejection.
2. All applicants and households must be income eligible to qualify and be in compliance with Internal Revenue Code Section 42, along with all other IRS Housing Credit regulations and Home regulations
3. Applicants will be required to furnish verification of social security numbers for all household members. Picture Identification is required for all household members 18 years or older. Birth Certificates are required for all children 18 years or younger.
4. ☐ If this box is checked, this community operates as an Older Persons community requiring at least 1 household member to be 55 or older. Verification of age must be provided to meet this requirement.

☒ If this box is checked, this community operates as an Elderly community requiring all members to be 62 or older. Verification of age must be provided to meet this requirement.
5. Any applicant who fails to meet a requirement for eligibility will be given prompt written notification of the grounds for rejection. Pursuant to the Violence Against Women Act (VAWA) admission to the development shall not be denied on the basis that the applicant or household member is or has been a victim of domestic violence, dating violence or stalking, as defined in the aforementioned regulations, if the applicant or household member otherwise qualifies for admission. Written proof may be requested for all exemption requests filed under VAWA.
This written notification will include:
 - The ineligible household will be notified of rejection/ineligibility in writing and delivered and/or mailed to the household within five (5) business days from the date the determination was made.
 - Give specific reasons for the proposed action;
 - Advise the applicant of the right to respond to the notice or request a meeting with Management within five (5) calendar days of the date of the notice;
 - Advise the applicant of the right to request a reasonable accommodation if he or she feels that the reason for the denial is due to a disability.
6. Management will read all lease provisions and rules and regulations to the prospective tenant prior to allowing the tenant to sign the lease. By signing the lease document, the tenant is certifying that they are aware of all provisions in the lease and rules and regulations and will abide by those provisions.
7. Federal preferences for occupancy include applicants that are involuntarily displaced, those living in substandard housing (includes homeless), or those who are paying more than 50% of family income for rent and utilities. These preferences will be verified and will rank by equal weight. Preferences apply **only** to properties financed by the Department of Housing and Urban Development.

OCCUPANCY STANDARDS FOR ADMISSION WILL BE AS FOLLOWS:

	Minimum	Maximum
1 BR	1	4
2 BR	1	6
3 BR	2	8
4 BR	3	10

The exceptions to this will be if there are vacancies with no eligible applicants on the waiting list. In this case, the tenant will sign an “Occupancy Ineligible Addendum” to their lease agreeing to move to an appropriate size unit when one is available.

8. All screening documents will be kept on file with the application/tenant file and become property of the management agent.
9. All applicants are required to furnish all necessary documentation to ensure that they are eligible under all program rules and regulations.
10. Reliance on state or federal housing vouchers, Housing Choice Voucher program or comparable HOME TBRA vouchers will not be grounds to deny an application if the voucher covers the market rent for that unit type.
11. One waiting list subdivided by bedroom size is maintained. Preference for occupancy of units designed to accommodate persons with physical impairments (mobility, visual, and/or hearing) will be given to disabled applicants who require the accessibility features provided in the units, or as a result of VAWA emergency transfer request. Once these preferences have been satisfied, applicants are selected from the waiting list in chronological order based on the date and time their applications were submitted.
12. Any applicant, who is added to the complex waiting list and is not available to accept a unit when it comes available, will be withdrawn. If applicant wishes to reapply, they may do so by filling out a new application and paying a new application fee.
13. Approved transfer requests for current tenants will take priority over households on the waitlist.
14. Employee Occupancy Restrictions – to avoid actual or perceived conflicts of interest and to preserve the integrity of property management operations, current employees of the management company are not eligible to reside in any unit managed by the company. If an applicant becomes an employee of the management company after move-in, management reserves the right to require the household to vacate the unit at the end of the applicable lease term or as otherwise permitted by law and the lease agreement
15. At Rural Development properties, available rental assistance is given out in the following order:
 - Eligible very low-income tenants paying the highest percentage of adjusted annual income towards rent and utilities
 - Eligible very low- income applicants on the waiting list
 - Eligible low-income tenants paying the highest percentage of adjusted annual income towards rent and utilities
 - Eligible low- income applicants on the waiting list
16. At LIHTC properties, during lease up, if deeper (lower) rents are available, they will be given out to qualified applicants on a first come, first served basis and only to those applicants who are not receiving any other form of subsidy.

During regular operation of a family property (after initial lease up), when a lower rent becomes available, it will go to tenants who qualify for that rent based on move in date. If several tenants qualify and have the same move in date, it will go to the tenant with the lowest income.

During regular operation of an elderly property (after initial lease up), when a lower rent becomes available, it will go to elderly tenants who qualify for that rent based on move in date. If several tenants qualify and have the same move in date, it will go to the tenant with the lowest income.

Screening Policies

All applicants are held to a 4-point screening standard and a criminal background screening.

Applicant Screening

- Applicants at Family Properties must pass 3 of the 4 criteria to be considered for tenancy.
- Applicants at Rural Development Family Properties must pass 2 of the 4 criteria to be considered for tenancy.
- Applicants at Elderly Properties must pass 2 of the 4 criteria to be considered for tenancy.

The standards are as follows:

1. Leasing Desk Score: The Leasing Desk Score is a feature of Real Page leasing software. Factors that contribute to the Leasing Desk Score are: criminal background, check writing history, credit history and rental history.
 - a. Applicants must achieve a minimum of a 400 Leasing Desk Score. Pass or fail is not the factor in this standard. The minimum score must be 400.
2. Rent to income ratio:
 - a. Applicant must have 2.5 times the rent in income or have a Section 8 voucher. You can determine this by dividing the applicant's monthly income by 2.5. That amount must be equal or greater than the monthly rent.
3. Checking Account
 - a. Applicant must have a checking account with a positive current balance. Only checking accounts qualify for this standard. Savings accounts and Direct Express Cards do not count as meeting this standard.
4. Landlord Reference
 - a. These references will pertain to the payment of rents in a timely manner, to the care taken of the unit occupied, the history of violence, disruptive behavior, or abuse of a controlled substance and could be grounds for rejection. Applicants are required to have 2 years of positive landlord reference. If the applicant has lived with a family member during the prior 2 years, landlord references must be obtained from before that stay to meet this standard.

If an applicant has a previous eviction, the applicant will be rejected regardless of scoring on screening policies. If an applicant previously rented from any complex managed by Vantage Management and left with a balance owed for rent, utilities, damages or any other charge, they are ineligible to rent from any complex managed by Vantage Management in the future.

If an applicant owes a previous landlord (other than a complex managed by Vantage Management) money, the applicant must show proof that the amount has been paid off.

Any applicant who fails to meet the applicable screening requirements will be given prompt written notification of the grounds for rejection.

Criminal Background Policy

This policy does not apply to PBRA properties and Section 811 units. Please refer to the tenant selection plans for those properties.

A criminal background check will be completed on all applicants age 18 or older*. Applicants who have been convicted of or plead guilty of manufacturing methamphetamine in federally-assisted housing and/or are required to register as a lifetime sex offender will be permanently and automatically denied from housing.

Applicants who have been convicted of or have a deferred adjudication for the following offenses will be denied from housing now, but may reapply after the below mentioned time frames have expired:

Prospective tenants should be denied if they have felony convictions (or deferred adjudications) for the following in the last 15 years:

- 1) Arson
- 2) Kidnapping
- 3) Rape, Sexual Assault or other crimes of a sexual nature
- 4) Manslaughter, Murder, or Capital Murder
- 5) 2 or more of any type of felony case that resulted in conviction (including multiple serious drug offenses)

* Applicant must have been released from jail or prison 3 years prior to applying for residency.

Prospective tenants should be denied if they have convictions (or deferred adjudications) for the following charges in the last 5 years:

- 1) Misdemeanors involving crimes against property
- 2) Misdemeanors involving violent crimes
- 3) Serious drug related misdemeanor(s)
- 4) A serious drug related felony (If multiple drug related felonies are involved, see above)

Any applicant who fails to meet the applicable screening requirements or the criminal background criteria will be given prompt written notification of the grounds for rejection. We welcome an interactive dialogue with you regarding any concerns you may have about a rejection of your application due to criminal background screening results. We would also welcome any documentation you would like to submit for consideration that may help explain the circumstances of the criminal charge, which we will consider on a case-by-case basis.

Crimes related to circumstances protected under Violence Against Women Act (VAWA) may not be considered. For a reasonable accommodation request, please see the Site Manager of the property.

*While all households have been screened prior to tenancy, this does not create a guarantee as to the criminal history of each resident or occupant.

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).

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: _____

=====

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: _____

=====

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 _____

=====

CHECKING AND /OR SAVING ACCOUNTS:

BANK: _____ ADDRESS _____ ACCOUNT# _____

BANK: _____ ADDRESS _____ ACCOUNT# _____

=====

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
Do you have equity in any real property?	_____	_____
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.)		

Have you sold any assets within the last two-(2) years? _____

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 _____

Do you have any loans receivable (money owed to you)? _____

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

(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 _____	_____	_____
=====		

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)

=====

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)

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? _____

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 inquiries 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
<u>Raintree</u> Apartment Community Name	<u>Marshia Graves</u> Contact	<u>256-601-4764</u> 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:

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.

Tenant Signature

Date

Tenant Signature

Date