

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

\$765 - \$869

2 Bedrooms/2Bath

\$836 - \$960

(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 Dekalb Villa 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 Dekalb Villa
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 \$25 with an extra \$10 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!**

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.

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(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 OT 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 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	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
«sitename» Apartment Community Name	Contact	«sitephonenumber» 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

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.
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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.

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(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).

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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.

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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 OT 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 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	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
«sitename» Apartment Community Name	Contact	«sitephonenumber» 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

OPTIONAL FORM

DESIGNEE IN THE EVENT OF DEATH OF LESSEE DURING LEASE TERM:

If LESSEE fails to fill out this form, LESSOR shall have no responsibility after 14 days from the LESSEE's death for removal, storage, disappearance, damage, or disposition of personal property remaining in LESSEE's Premises, and LESSEE's security deposit shall be made to the Estate of LESSEE and/or forfeited if not claimed within 90 days.

In the event that LESSOR is not contacted within 14 days of LESSEE's death by a person appointed by a court with appropriate jurisdiction as the Personal Representative of LESSEE's estate, LESSEE hereby designates the following person as the appropriate person to contact in the event of LESSEE's death during the term of the Lease.

Name: _____

Address: _____

Phone Number: _____

Email: _____

LESSEE hereby authorizes LESSOR, in the event of the LESSEE's death to: (1) grant the LESSEE's designee access to the premises at a reasonable time and in the presence of the LESSOR or the LESSOR's agent; (2) allow the designee to remove any of the LESSEE's property found at the Premises; and (3) refund the security deposit, less lawful deductions, to the designee.

LESSEE

DATE

LESSEE

DATE