

# Lodge Meadow

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

Welcome to Lodge Meadow! 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.

**2 Bedrooms/1Bath**

**\$604.00 - \$677.00**

(Rental Assistance may be available)

## **Amenities:**

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

## **Your rent includes:**

Lawn care and pest control

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

Electricity, Water, Trash, Phone and Cable\*

\*Satellite Dishes are not permitted on property

## **Property Information:**

Lodge Meadow  
Lodge Meadow Lane  
Fyffe, AL 35971  
(256) 417-4921



**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ACTION TAKEN:                      APPROVED                      REJECTED                      WITHDRAWN  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).**

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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.

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: \_\_\_\_\_

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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 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                       |

<b>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</b>	<b>U.S. Department of Housing and Urban Development Assistant Secretary for Fair Housing and Equal Opportunity Washington, D.C. 20410</b>
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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**