Raintree

Thank you for your interest in our community!

Welcome to Raintree! 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
$725 - $775
2Bedrooms/1Bath
$770 - $820
(Rental Assistance may be available)

Amenities:

Highly energy efficient units with Energy Star
Range/Refrigerator/Dishwasher/Central HVAC With Patios/Outside Storage
Closets/Window Coverings/Carpeting/ Community Laundry Room

Your rent includes:
Trash, Lawn care, Water, Sewer and pest control

You are responsible for connecting and paying:
Electricity and Cable
No Satellite Dish

Property Information:
Raintree
21 Harrison Street
Rainsville, AL 35986
(256)273-4432

EQUAL HOUSING OPPORTUNITY

HANDICAP

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Thank you for considering Raintree 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 Raintree
  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 $15 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 dependent's 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.

1

(TDD ONLY) 1-800-548-2546

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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) (Sate) (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._____

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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

	YES	NO.
CASH ON HAND: $_____		
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:

TYPE	**AMOUNT**	**VERIFIABLE SOURCE**
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

EQUAL HOUSING OPPORTUNITY

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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
Support and Alimony Providers
State Unemployment Agencies
Banks and other Financial Institutions
Credit Reporting Agencies
Welfare Agencies
Educational Institutions
Social Security Administration
Previous Landlords (including Public Housing Agencies)
Criminal History Reporting Agencies
Veterans Administrations
Retirement Systems
Medical and Child Care Providers

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

Raintree	Marshia Graves	256-601-4764
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 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