

# Chestnut Trace

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

Welcome to Chestnut Trace II! 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 Bedroom/2 Bath**

**\$902**

**3 Bedrooms/2Bath**

**\$1023**

**Amenities:**

Highly energy efficient units with Energy Star Range/Refrigerator/Dishwasher/Central HVAC  
With Washer & Dryer Connection/Patios/Outside Storage Closets/Window  
Coverings/Carpeting/Clubhouse/Playground/Computer Center/Community Laundry Room/Covered  
Picnic Area

**Property Perks:**

Be sure to participate in the community's Biannual Potluck Dinner, 3 different holiday festivities,  
Monthly News letters, Monthly Game Night, Biannual Budget Classes

**Your rent includes:**

Trash, Lawn care, Water, Sewer and pest control

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

Electricity, Phone and Cable

**Property Information:**

Chestnut Trace II  
9751 Old Greensboro Rd  
Tuscaloosa, AL 35405  
(205)722-9298



# Thank you for considering Chestnut Trace 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 Chestnut Trace  
9801 Old Greensboro  
Road Tuscaloosa Al, 35405
- All applications must include an application fee in the form of a check or a money-order. The fee is \$50 with an extra \$30 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 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!**



## 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 owes a previous landlord 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.

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

<b>Number of Bedrooms/Baths</b>	<b>Number of Occupants</b>	<b>Minimum Per Year</b>	<b>Maximum Per Year</b>
2 Bed/2 Bath	1	\$24,060	\$36,660
2 Bed/2 Bath	2	\$24,060	\$41,880
2 Bed/2 Bath	3	\$24,060	\$47,100
2 Bed/2 Bath	4	\$24,060	\$52,320
2 Bed/2 Bath	5	\$24,060	\$56,520
2 Bed/2 Bath	6	\$24,060	\$60,720

<b>Number of Bedrooms/Baths</b>	<b>Number of Occupants</b>	<b>Minimum Per Year</b>	<b>Maximum Per Year</b>
3 Bed/2 Bath	2	\$27,690	\$41,880
3 Bed/2 Bath	3	\$27,690	\$47,100
3 Bed/2 Bath	4	\$27,690	\$52,320
3 Bed/2 Bath	5	\$27,690	\$56,520
3 Bed/2 Bath	6	\$27,690	\$60,720
3 Bed/2 Bath	7	\$27,690	\$64,920
3 Bed/2 Bath	8	\$27,690	\$69,120

## Chestnut Trace

### **Notice of Occupancy Rights under the Violence Against Women Act<sup>1</sup>**

#### **To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>2</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **Low Income Housing Tax Credit and Home Program** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

#### **Protections for Applicants**

If you otherwise qualify for assistance under **Low Income Housing Tax Credit and Home Program**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

#### **Protections for Tenants**

If you are receiving assistance under **Low Income Housing Tax Credit and Home Program**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Low Income Housing Tax Credit and Home Program** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking. Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

#### **Removing the Abuser or Perpetrator from the Household**

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim

---

<sup>1</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>2</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing. In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

**(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

**(2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

**(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

### **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual**

#### **Assault or Stalking**

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
  - Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

## **Confidentiality**

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
  - A law requires HP or your landlord to release the information.

VAWA does not limit HP’s duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

## **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **Birmingham Field Office, 950 22<sup>nd</sup> Street North Suit 900, Birmingham AL, 35203-5302.**

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at

<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **Birmingham Field Office, 950 22<sup>nd</sup> Street North Suit 900 Birmingham AL, 35203-5302.**

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Jesus Way, 2681 24<sup>th</sup> Street Tuscaloosa, AL 35401, (205) 759-9771.**

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.ctimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **Salvation Army, 2902 Greensboro Ave Tuscaloosa AL, 35401, (205) 632-3691.**

Victims of stalking seeking help may contact **Turning Pointe, P.O. box 1165 Tuscaloosa AL, 35403 (205) 758-0808.**



# PREAPPLICATION

NOTE: NO PETS ALLOWED WITHOUT MANAGEMENT APPROVAL

## Contact Information:

Applicant Name First Middle Last State ID # State

Co-Applicant Name First Middle Last State ID # State

Email Phone Number Alternate Phone Number

Street Address City State Zip

Landlord Name Phone#

## General Information:

How did you hear about us?

What date would you like to move?

What is your reason for moving?

What size unit are you interested in (number of bedrooms)?

## Emergency Contact:

In case of emergency, notify: Phone

Street Address City State Zip

Relationship

In case of serious illness or death, is the above authorized to enter apartment and remove contents?  YES  NO

## Applicant Screening Information:

Does an adult member of your household have a checking account?  YES  NO

Does your household have two years positive rental history?  YES  NO

What is your household annual gross income from all sources?

Has anyone in your household had an eviction filed against you?  YES  NO

If yes, please explain:

## Employment Information:

For Applicant - Name of Business Phone #

For Co-Applicant - Name of Business Phone #

## For Management Use Only:

Date Application Submitted:

Date & Amount of Application Fee Paid:



# APPLICATION FOR RESIDENCY

IF ANY ERROR OCCURS ON APPLICATION, PLEASE PUT ONE LINE THROUGH IT, MAKE CORRECTION, INITIAL CORRECTION, AND DATE IT.

**Providing or certifying false information is fraud and among other consequences you could face eviction, imprisonment for up to 5 years and fines of up to \$10,000 for committing housing fraud.**

Therefore, please be careful when you fill out this application. You must list:

1. All sources of income for all household members including money received on behalf of your dependents.
2. All assets and income from assets.
3. Any business or asset that you sold in the last two years for less than full value.
4. Accurate student information for all household members
5. The names of everyone who will be living in this household.

I/We have read and understand the above listed requirements.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

## Household Composition

List all persons who will occupy the apartment during the next 12 months.

Please only list dependents who will live in this household at least 50% of the time and dependents who are currently away at school but plan to occupy the apartment.

NAME (First, Middle Initial, Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX M/F	DOB	SOCIAL SECURITY NUMBER	MARITAL STATUS	STUDENT (Full Time / Part Time / or Not a Student)
	Self				<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> FT or <input type="checkbox"/> PT <input type="checkbox"/> Not a Student
					<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> FT or <input type="checkbox"/> PT <input type="checkbox"/> Not a Student
					<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> FT or <input type="checkbox"/> PT <input type="checkbox"/> Not a Student
					<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> FT or <input type="checkbox"/> PT <input type="checkbox"/> Not a Student
					<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	<input type="checkbox"/> FT or <input type="checkbox"/> PT <input type="checkbox"/> Not a Student

Do you anticipate a change in family size in the next 12 months?  YES    NO

If yes, please explain \_\_\_\_\_

Has anyone listed above ever gone by another name, such as maiden name or married name?  YES    NO

If yes, please fill in former name(s): \_\_\_\_\_

Will you receive any rental assistance from an agency at time of move in or in the next 12 months?  YES    NO

If yes, from which agency? \_\_\_\_\_



## Student Information

Have any adults (18 and older) been, or will be, students this calendar year

YES  NO

NAME	EDUCATIONAL INSTITUTION	MONTHS ATTENDED DURING CURRENT CALENDAR YEAR	FULL-TIME OR PART-TIME	RECEIVE FINANCIAL ASSISTANCE
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Income Information (Entire Household)

Please list all types of income for ALL household members that you will receive over the next 12 months.

**This includes but is not limited to:**

- |                       |                     |                       |                        |
|-----------------------|---------------------|-----------------------|------------------------|
| Employment            | Social Security/SSI | Insurance/Annuities   | Gift Income            |
| Self-Employment       | VA Benefits         | Child Support/Arrears | Severance Pay          |
| Unemployment Benefits | Death Benefits      | Alimony/Arrears       | Anticipated Employment |
| Worker's Compensation | Pension/Retirement  | Public Assistance     | Other Income           |

NAME	TYPE OF INCOME/CONTACT	MONTHLY GROSS AMOUNT

## Asset Information (Entire Household)

Please list all types of assets for ALL household members

**This includes but is not limited to:**

- |                       |                       |                  |                                |
|-----------------------|-----------------------|------------------|--------------------------------|
| Checking Accounts     | Prepaid Cards         | CDs/Annuities    | Property Held for Investment   |
| Savings Accounts      | Internet-Based Assets | Real Estate      | Whole/Universal Life Insurance |
| Money Market Accounts | Stocks/Bonds          | Rental Property  | Other Assets                   |
| Cash on Hand          | Mutual Funds          | Trust Funds      |                                |
| Direct Express Cards  | Treasury Bills        | Safe Deposit Box |                                |

**\*Assets also include disposed or given away assets in the previous 2 years\***

HOUSEHOLD MEMBER NAME	BANK/CREDIT UNION	TYPE OF ASSET	LAST 4 ACCOUNT #	CURRENT BALANCE	INTEREST RATE



## LEASE PROVISIONS

A non-refundable fee is required to cover the cost of credit reports and other processing costs. If you feel that your APPLICATION FOR RESIDENCY has been unfairly denied, you have the right to contact Lowell R. Barron, II at Vantage Management, LLC, the Managing Agent, at (256) 417-4921 for further explanation. Notwithstanding the preceding, however, you acquire no rights in any apartment until all of the following contingencies have been met: 1) your application is approved, 2) you pay the required deposit, and 3) you sign a Lease Agreement. At that time, this application would become part of the Lease.

---

### ALL ADULT APPLICANT(S) MUST READ AND SIGN THIS STATEMENT TO ACKNOWLEDGE THEIR UNDERSTANDING

---

I/We certify that all of the information given above about me and my/our household is true, complete, and accurate. All persons or firms, including persons providing information concerning a criminal background check, may freely give any requested information concerning me/us, and I/we hereby waive all right of action for any consequences resulting from such information. I/We also understand that ALL CHANGES to the INCOME of ANY member of the household, as well as ANY CHANGES in HOUSEHOLD MEMBERS or STUDENT STATUS, must be reported to the Management in writing IMMEDIATELY. If any of the information is found to be incorrect, the landlord, at its sole discretion, may cancel or terminate the lease contract and retain all monies as liquidated damages. I/We also understand that should I/We be placed on a waiting list because no units are available, and I/We am/are later called to fill a vacant unit, I/We will be with drawn from the waiting list should I/We decide not to lease the unit at that time. I/We will be required to fill out another application and pay another application fee should I/We decide to reapply with this complex.

\_\_\_\_\_  
APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LEASING AGENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CO-APPLICANT

\_\_\_\_\_  
DATE

*It's our policy to rent to qualified persons regardless of race, color, religion, sex, national origin, handicap, or familial status, and in compliance with all federal, state, and local laws.*



**TENANT RELEASE AND CONSENT**

I/We \_\_\_\_\_, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department's service provider.

**INFORMATION COVERED**

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquires that may be requested include, but are not limited to: personal identity, student status, credit and criminal history, employment, income and assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information include, but are not limited to:

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

**CONDITIONS**

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect. **Everyone 18 years of age and older must sign this form.**

**SIGNATURES**

Signature of Applicant/Resident	Printed Applicant/Resident Name	Date
Signature of CO/Applicant Resident	Printed Co/Applicant/Resident Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Apartment Community Name	Contact	Phone

THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.





# We Do Business in Accordance With the Federal Fair

## Housing Law

(The Fair Housing Amendments Act of 1988)



**EQUAL HOUSING**

**OPPORTUNITY**

**It is Illegal to Discriminate Against Any Person Because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin**

In the sale or rental of housing or residential lots  
In the financing of housing  
In the appraisal of housing

In advertising, the sale, or rental of housing  
In the provision of real estate brokerage services  
Blockbusting is also illegal

Anyone who feels he or she has been discriminated against may file a complaint of housing discrimination:

1-800-669-9777 (Toll Free)  
1-800-927-9275 (TTY)  
[www.hud.gov/fairhousing](http://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

