

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

\$1000

3 Bedrooms/2 Bath

\$1,150

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
9801 Old Greensboro Rd
Tuscaloosa, AL 35405
(205)722-9200



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:
 - o State issued ID
 - o Social Security Card
 - o Proof of all earned and unearned income
 - o Proof of all assets if assets total over \$5000
 - o Proof of marital status
 - o 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.

Criminal Background Policy

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

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

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

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

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

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

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

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

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

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

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

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



Number of Bedrooms/Baths	Number of Occupants	Minimum Per Year	Maximum Per Year
2 Bed/2 Bath	1	\$29,310	\$39,060
2 Bed/2 Bath	2	\$29,310	\$44,640
2 Bed/2 Bath	3	29,310	\$50,220
2 Bed/2 Bath	4	\$29,310	\$55,800
2 Bed/2 Bath	5	\$29,310	\$60,300
2 Bed/2 Bath	6	\$29,310	\$64,740

Number of Bedrooms/Baths	Number of Occupants	Minimum Per Year	Maximum Per Year
3 Bed/2 Bath	2	\$32,940	\$44,640
3 Bed/2 Bath	3	\$32,940	\$50,220
3 Bed/2 Bath	4	\$32,940	\$55,800
3 Bed/2 Bath	5	\$32,940	\$60,300
3 Bed/2 Bath	6	\$32,940	\$64,740
3 Bed/2 Bath	7	\$32,940	\$69,240
3 Bed/2 Bath	8	\$32,940	\$73,680

Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking

When should I receive this form? A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

What is the Violence Against Women Act (“VAWA”)? This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act (“VAWA”). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

What if I require this information in a language other than English? To read this information in Spanish or another language, please contact Pamela McCoy
HOPWA PROVIDERS – N/A
N/A
or go to
You can read translated VAWA forms at
https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

What do the words in this notice mean?

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*, regardless of actual or perceived sexual orientation, gender identity, sex, or marital status.
- *Affiliated person* means the tenant’s spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant’s household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program*¹ includes the following HUD programs:
 - Public Housing
 - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
 - Section 8 Project-Based Rental Assistance (PBRA)
 - Section 8 Moderate Rehabilitation Single Room Occupancy
 - Section 202 Supportive Housing for the Elderly
 - Section 811 Supportive Housing for Persons with Disabilities
 - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
 - Section 236 Multifamily Rental Housing
 - Housing Opportunities for Persons With AIDS (HOPWA) program
 - HOME Investment Partnerships (HOME) program
 - The Housing Trust Fund
 - Emergency Solutions Grants (ESG) program
 - Continuum of Care program
 - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagor, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

¹ For information about non-HUD covered housing programs under VAWA, see Interagency Statement on the Violence Against Women Act’s Housing Provisions at <https://www.hud.gov/sites/dfiles/PA/documents/InteragencyVAWAHousingStmnt092024.pdf>.

What if I am an applicant under a program covered by VAWA? You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

What if I am a tenant under a program covered by VAWA? You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

How can tenants request an emergency transfer? Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**
 - a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
 - b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request.

To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan,

The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

Can the perpetrator be evicted or removed from my lease? Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance? In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing programs with HUD. Timeframes for covered housing programs operated by other agencies are determined by those agencies.

Covered Housing Program(s)	Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.
HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program	Because these programs do not provide housing or assistance based on just one person's status or characteristics, the remaining tenant(s), or family member(s) in the CoC program, can keep receiving assistance or living in the assisted housing as applicable.
Permanent supportive housing funded by the Continuum of Care Program	The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.
Housing Choice Voucher, Project-based Voucher, and Public Housing programs (for Special Purpose Vouchers (e.g., HUD-VASH, FUP, FYI, etc.), see also program specific guidance)	<p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p> <p>For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.</p>
Section 202/811 PRAC and SPRAC	The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.
Section 202/8	<p>The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing.</p> <p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p>
Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO	The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.
HOPWA	The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.

Are there any reasons that I can be evicted or lose assistance? VAWA does not prevent you from being evicted or losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

What do I need to document that I am a victim of VAWA abuse/violence? If you ask for VAWA protection, the covered housing provider may request documentation showing that you (or a household member) are a victim. BUT the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; OR
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

Will my information be kept confidential? If you share information with a covered housing provider about why you need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

How do other laws apply? VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence.

Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact [INSERT APPROPRIATE STAFF MEMBER CONTACT INFORMATION]. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Have your protections under VAWA been denied? If you believe that the covered housing provider has violated these rights, you may seek help by contacting [INSERT LOCAL HUD FHEO FIELD OFFICE & CONTACT INFORMATION]. You can also find additional information on filing VAWA complaints at <https://www.hud.gov/VAWA> and https://www.hud.gov/program_offices/fair_housing_equal_opp/VAWA. To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/fileacomplaint>.

Need further help?

- For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- To talk with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

Public reporting burden for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

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				☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Separated	☐ FT or ☐ PT ☐ Not a Student
					☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Separated	☐ FT or ☐ PT ☐ Not a Student
					☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Separated	☐ FT or ☐ PT ☐ Not a Student
					☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Separated	☐ FT or ☐ PT ☐ Not a Student
					☐ Married ☐ Single ☐ Divorced ☐ Widowed ☐ Separated	☐ FT or ☐ PT ☐ 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
			☐ Full-time ☐ Part-time	☐ Yes ☐ No
			☐ Full-time ☐ Part-time	☐ Yes ☐ No
			☐ Full-time ☐ Part-time	☐ Yes ☐ 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. Not withstanding 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 inquiries that may be requested include, but are not limited to: personal identity, student status, credit and criminal history, employment, income and assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

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

Past and Present Employers	Welfare Agencies	Veterans Administrations
Support and Alimony Providers	Educational Institutions	Retirement Systems
State Unemployment Agencies	Social Security Administration	Medical and Child Care
Banks and other Financial 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
Chestnut Trace	Pamela McCoy	205-722-9298
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**

**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

