

The Landings at Southlake

Thank you for your interest in our community!

Welcome to The Landings at Southlake! 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 Bedroom/1 Bath

\$573

2 Bedrooms/2Bath

\$658

Amenities:

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

Property Perks:

Be sure to participate in the community's monthly social and recreational activities

Your rent includes:

Trash, Lawn care, and pest control

You are responsible for connecting and paying:

Electricity, Water, Sewer and Cable

Property Information:

The Landings at Southlake
496 Ebony Lane
Albany, GA 31701



Thank you for considering The Landings at Southlake 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 The Landings at Southlake
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 \$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!**



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 withdrawn 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

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

