

# Summer Trace

*Thank you for your interest in  
our community!*

Welcome to Summer Trace! Thank you for picking up an application. Be sure to read the application instruction page to help you complete your application. Do not hesitate to contact us with any questions.

**2 Bedrooms/2Bath**

**\$724**

**3 Bedrooms/2 Bath**

**\$826**

**Amenities:**

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

**Property Perks:**

Be sure to participate in the community's four ongoing services:  
recreation/social/health/wellness/education/counseling/security

**Your rent includes:**

Trash, Lawn care, Water, Sewer and pest control

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

Electricity and Cable

**Property Information:**

Summer Trace  
100 West Turner St.  
Metter, GA 30439  
(912)303-7708



# Thank you for considering Summer 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 Summer Trace  
P.O. Box 170  
Fyffe, AL 35971
- An application fee in the form of a check or a money-order in the amount of \$50, with an extra \$30 for each additional adult on the application, will be required when your application is pulled from our waitlist for an available unit. We cannot begin working your application until this fee is received. ***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.

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

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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](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

