Deer Ridge II

Thank you for your interest in our community!

Welcome to Deer Ridge! 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 \$ 475 2 Bedrooms/2 Bath \$590

Amenities:

Highly energy efficient units with Energy Star Range / Refrigerator / Dishwasher / Central HVAC Connection/Window Coverings / Ceiling Fans / Community Laundry Room Exercise Room / Picnic Area with Grills / Clubhouse with Cable and Wi-Fi

Property Perks:

Be sure to participate in the community's tenant scheduled events!

Your rent includes:

Trash, Lawn care, Water, Sewer and Pest control

You are responsible for connecting and paying:

Electricity and Cable

Property Information:

Deer Ridge II 1151 Burt Hill Drive SW Ft. Payne, AL 35968 (256)273-0373







Thank you for considering Jackson Square 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 Jackson Square P.O. Box 170 Fyffe, AL 35971

- All applications must include an application fee in the form of a <u>check</u> or a <u>moneyorder</u>. 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
 - o Social Security Card
 - o Proof of all earned and unearned income
 - o Proof of all assets if assets total over \$5000
 - 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!







PREAPPLICATION

NOTE: NO PETS ALLOWED WITHOUT MANAGEMENT APPROVAL

Contact Informat	t ion:						
Applicant Name	First	Middle	Last		State ID i	#	State
Co-Applicant Name	First	Middle	Last		State ID	#	State
Email		Pho	one Number	Alternat	te Phone N	 Iumber	
Street Address		City	y	State	Zip		
Landlord Name			Phone#				
General Informat	tion:						
What date would you What is your reason for What size unit are you Emergency Cont	for moving? _ ou interested i tact:	in (number of bed	drooms)?				
In case of emergency, n Street Address Relationship	notify:			e	State	Zip	
In case of serious illness	s or death, is the	he above authorized	វ to enter apartment ខ	and remove contents	? 🗆	YES 🗆 NO	
Applicant Screen Does an adult mem	_		a checking accor	unt?		YES 🗆 NO	
Does your household have two years positive rental history?						YES 🗆 NO	
What is your housel	hold annual	gross income fr	om all sources? _				
Has anyone in your	household	had an eviction	filed against you?	}		YES 🗆 NO	
If yes, please explai	in:			_			
Employment Info							
For Applicant - Name of	f Business			Phone #			
For Co-Applicant - Name	e of Business_						
For Management Us	se Only:						
Date Application Su	ubmitted:						_
Date & Amount of A	Application F	ee Paid:					_







APPLICATION FOR RESIDENCY

IF ANY ERROR OCCURS ON APPLICATION, PLEASE PUT <u>ONE</u> 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.

Applicant Signature		Co-A _l	pplicant Signati	ure	Co-Applicant	Signature
HOUSEHOLD COMPOSIT months. Please only list de dependents who are curre	epender	nts who	will live in th	nis household a	least 50% of	-
NAME (First, Middle Initial, Last)	SEX (M/F)	AGE	DOB	STUDENT (Full Time / Part Time / or Not a Student)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER
				☐ FT or ☐ PT	Self	
				☐ Not a Student	Jen	
				☐ FT or ☐ PT		
				☐ Not a Student		
				☐ FT or ☐ PT		
				☐ Not a Student		
				☐ FT or ☐ PT		
				☐ Not a Student		
				☐ FT or ☐ PT		
				☐ Not a Student		
Do you anticipate a change in fa	amily size	e in the n	ext 12 months?	?		□ YES □ NO
MARITAL STATUS APPLICAN	NT:	☐ Marı	ried 🗌 Sin	ngle Divorc	ed 🗌 Sepa	rated Widowed
 Have you ever gone by and 	ther nam	e, such a	as maiden nam	e or married name	?	□ YES □ NO
If yes please fill in former na						
MARITAL STATUS CO-APPLI	CANT:	☐ Marı	ried 🗌 Sin	ngle Divorc	ed 🗌 Sepa	rated Widowed
Have you ever done by and	ther nam	e, such	as maiden nam	e or married name	?	□ YES □ NO
riave you ever gone by and						







Student Information

Have any adults (18 and older) been, or will be, full time students this calendar year If yes, list the months you attended:	□ YES □ NO
Educational institution attended by those 18 & over during current calendar year:	
*NOTE: Households made up entirely of full-time students are not eligible to live in units rece credits. A full-time student is defined as any individual, regardless of age, who has been or wi student during five calendar months during a calendar year at a regular educational organizat meets all of the educational organization's requirements for full-time student status to be cons student. There are five exceptions to the full-time student restriction:	ll be a full-time ion. The student
Are any of the students listed above: NAME	
a) Single parents and/or their children, who are not dependents of another individual?	
b) Receiving assistance under Title IV of the Social Security Act?	
c) Married to another household member and has filed a joint income tax return?	
d) Enrolled in a federal, state, or local job training program?	
e) Currently or previously been in the foster care system?	

Income Information (Entire Household)

List all types of income for all household members that you will receive over the next 12 months. This needs to include, but is not limited to employment, self-employment, VA benefits, unemployment benefits, child support, back child support, alimony, back alimony, Social Security benefits, public assistance, pension, income from retirement funds, death benefits, insurance or annuities, worker's compensation, severance pay and anticipated employment. Also include regular cash contributions and bills that are in your name and that someone else is paying for you. Self-employment includes, but is not limited to, child care services, delivery services (such as DoorDash), housesitting, landscape and pet services, rideshares, rooming (such as Airbnb), and Tutoring.

HOUSEHOLD MEMBER NAME	TYPE OF INCOME (If Employment, list Place of Employment)	MONTHLY GROSS AMOUNT







Asset Information (Entire Household)

Please list all assets, including but not limited to, checking accounts, savings accounts, money market accounts cash on hand, treasury bills, stocks, bonds, mutual funds, real estate or rental property, annuities, certificate of deposits, safe deposit boxes, property held as investments, pensions, 401K, 403b, IRAs, Keogh accounts, trust funds, whole or universal life insurance policies, disposed or given away assets in the previous 2 years, direct express cards, and prepaid debit cards. Also include all internet-based assets such as Cash App, Venmo, PayPal, Apple Cash, etc.

HOUSEHOLD MEMBER NAME	TYPE OF ASSET	SOURCE OF ASSET (Bank or Company Name)	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 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	
LEASING AGENT	 DATE	CO-APPLICANT	

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		
of verifying information on my/our ap	elow to release information regarding employr partment rental application. I/We authorize release and/or the State and	ease of information without liability to the	
be requested include, but are not lincome and assets, medical or child	rrent information regarding me/us may be nee imited to: personal identity, student status, of care allowances. I/We understand that this pertinent to my eligibility for and continued part	redit and criminal history, employment, authorization cannot be used to obtain	
GROUPS OR INDIVIDUALS THAT The groups or individuals that may b	MAY BE ASKED be asked to release the above information includes	ude, but are not limited to:	
Past and Present Employers Support and Alimony Providers State Unemployment Agencies Banks and other Financial	Welfare Agencies Educational Institutions Social Security Administration Previous Landlords (including	Veterans Administrations Retirement Systems Medical and Child Care	
Institutions Credit Reporting Agencies	Public Housing Agencies) Household Members	Criminal History Reporting Agencies	
authorization is on file and will stay	is authorization may be used for the purpor in effect for a year and one month from the correct any information that is incorrect. Ever	date signed. I/We understand that I/We	
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.







U. S. Department of Housing and Urban Development



We Do Business in Accordance With the Federal Fair Housing Law

(The Fair Housing Amendments Act of 1988)



OPPORTUNITY

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

In the sale or rental of housing or residential lots
In advertising, the sale, or rental of housing
In the financing of housing
In the appraisal of housing
Blockbusting is also illegal

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

1-800-669-9777 (Toll Free) 1-800-927-9275 (TTY) www.hud.gov/fairhousing U.S. Department of Housing and Urban Development

Assistant Secretary for Fair Housing and Equal Opportunity

Washington, D.C. 20410

Previous editions are obsolete

I am aware of my rights to Fair Housing.

form HUD-928.1 (8/2011)

Tenant Signature Date

Tenant Signature Date





