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.

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)	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	Sell	
				□ 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 family size in the next 12 months?				
If yes, please explain				
MARITAL STATUS APPLICANT: Married Single Divorced Separated	Widowed			
 Have you ever gone by another name, such as maiden name or married name? 				
If yes please fill in former name:				
MARITAL STATUS CO-APPLICANT: A Married Single Divorced Separated	Widowed			
 Have you ever gone by another name, such as maiden name or married name? 				
If yes please fill in former name:				
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?				







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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:	
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:	ill be a full-time tion. 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 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.







l/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	Previous Landlords (including	
Institutions	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)



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 I am aware of my rights to Fair Housing.

form HUD-928.1 (8/2011)

Tenant Signature

Date

Tenant Signature

Date







