

# Timbers at Galloway

*Thank you for your interest in our community!*

Welcome to Timbers at Galloway! 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**

**\$410**

**2 Bedroom/2 Bath**

**\$500**

**3 Bedrooms/2 Bath**

**\$600**

**Amenities:**

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

**Property Perks:**

Be sure to participate in the community's monthly movie night, the 4 Potluck Dinners a year, the monthly game night, the 4 different holiday festivities, and receive a monthly Newsletter.

**Your rent includes:**

Trash, lawn care, pest control

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

Electricity, Water, Phone and Cable

**Property Information:**

Timbers at Galloway

1259 Crawford Road, Scottsboro, AL 35769

# Thank you for considering Timbers at Galloway your new HOME!

## Application instructions:

Please return your completed application to the property manager.

- An application fee in the form of a check or a money-order. The application fee is \$50 with an extra \$30 for each additional adult on the application. This will be required when your application is pulled from our waitlist for an available unit. We cannot begin working your application unit this fee is received.

***The fee is non-refundable.***

- If you would like to expedite the application process, return your application in person and bring the following items:
  - State issued photo ID for all adults
  - Social Security Card for all adults and minors in the household
  - Birth Certificates for all minors in the household
  - Proof of all earned and unearned income
  - Proof of all assets
- 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!**

## **Applicant Screening Policies**

All applicants are held to a 4 point screening standard. Applicants at Family Properties must pass 3 of the 4

criteria to be considered for tenancy. The standards are as follows:

1. Leasing Desk Score:
  - a. 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.
  - b. Applicants must achieve a minimum of a 400 Leasing Desk Score
2. Rent to income ratio: 40 % of applicant's monthly income must be greater or equal the rent amount **(This can also be stated by saying household must make 2.5 times the rent)**
3. Checking Account
  - a. Applicant must have a checking account with a positive balance
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 may be obtained that go back further.

**If an applicant has a previous eviction, the applicant will be rejected regardless of scoring on screening policies.**

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

## **Income Limits:**

# 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:



**1 person - \$27,420**

**2 person - \$31,320**

**3 person - \$35,220**

**4 person - \$39,120**

**5 person - \$42,300**

**6 person - \$45,420**

**7 person - \$48,540**

**8 person - \$51,660**

-

Version 2023.1



# 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<br>(First, Middle Initial, Last) | SEX<br>(M/F) | AGE | DOB | STUDENT<br>(Full Time / Part<br>Time / or Not a<br>Student)                                          | RELATIONSHIP<br>TO HEAD OF<br>HOUSEHOLD | SOCIAL SECURITY<br>NUMBER |
|---------------------------------------|--------------|-----|-----|------------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------|
|                                       |              |     |     | <input type="checkbox"/> FT or <input type="checkbox"/> PT<br><input type="checkbox"/> Not a Student | Self                                    |                           |
|                                       |              |     |     | <input type="checkbox"/> FT or <input type="checkbox"/> PT<br><input type="checkbox"/> Not a Student |                                         |                           |
|                                       |              |     |     | <input type="checkbox"/> FT or <input type="checkbox"/> PT<br><input type="checkbox"/> Not a Student |                                         |                           |
|                                       |              |     |     | <input type="checkbox"/> FT or <input type="checkbox"/> PT<br><input type="checkbox"/> Not a Student |                                         |                           |
|                                       |              |     |     | <input type="checkbox"/> FT or <input type="checkbox"/> PT<br><input type="checkbox"/> Not a Student |                                         |                           |

Do you anticipate a change in family size in the next 12 months?

Δ YES Δ NO

If yes, please explain \_\_\_\_\_

☐☐☐☐☐

**MARITAL STATUS APPLICANT:**

Divorced

Separated

Married

Single

Widowed

- Have you ever gone by another name, such as maiden name or married name?

Δ YES Δ NO

- If yes please fill in former name: \_\_\_\_\_

**MARITAL STATUS CO-APPLICANT:**

☐ Married

☐ Single

☐ Divorced

☐ Separated

☐ Widowed

- Have you ever gone by another name, such as maiden name or married name?

Δ YES Δ NO

- 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?

Δ YES Δ NO

If yes, from which agency? \_\_\_\_\_

Version VM



## Student Information

**Have any adults (18 and older) been, or will be, full time students this calendar year** Δ YES Δ NO

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 receiving housing credits. A full-time student is defined as any individual, regardless of age, who has been or will be a full-time student during five calendar months during a calendar year at a regular educational organization. The student meets all of the educational organization's requirements for full-time student status to be considered a full-time student. There are five exceptions to the full-time student restriction:

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 |
|-----------------------|----------------------------------------------------------|----------------------|
|                       |                                                          |                      |
|                       |                                                          |                      |
|                       |                                                          |                      |
|                       |                                                          |                      |
|                       |                                                          |                      |

Version VM



## 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. 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 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**

|                                             |                                             |                                                        |
|---------------------------------------------|---------------------------------------------|--------------------------------------------------------|
| _____<br>Signature of Applicant/Resident    | _____<br>Printed Applicant/Resident Name    | _____<br>Date                                          |
| _____<br>Signature of CO/Applicant Resident | _____<br>Printed Co/Applicant/Resident Name | _____<br>Date                                          |
| _____<br>Signature of Adult Member          | _____<br>Printed Adult Member Name          | _____<br>Date                                          |
| _____<br>Signature of Adult Member          | _____<br>Printed Adult Member Name          | _____<br>Date                                          |
| Legacy at St Andrews                        | Katy Watters                                | 2 5 6 - 2<br>- - - - -<br>9 2 -0 6 8<br>- - - - -<br>1 |
| _____<br>Apartment Community Name           | _____<br>Contact                            | _____<br>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.



Version VM





## 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

