

Savannah Trace Town Homes

5069 Shady Meadow Lane, #F

Kalamazoo, MI 49048

P (269) 343-0655

F (269) 345-7248

Dear Applicant:

Welcome home to Savannah Trace Town Homes! We are currently accepting applications for our two, three and four bedroom town homes.

Please complete the attached application and return it to the office. For questions that do not apply to your circumstances write, "does not apply" in the space provided. Please also bring in \$35.00 for the application fee (check or money order only) to begin processing your application.

If you have questions or need assistance in completing the application, please call the office to schedule an appointment, I will be happy to assist you. I would like to personally invite you to take a tour of Savannah Trace Town Homes and discover why we are a great place to call home! Our office hours are Monday – Friday 9 A.M.-5:00 P.M. Saturday, Sunday and evenings are by appointment.

Thank you for your interest in our community.
Sincerely,

Paula Babbitt
Site Manager

Savannah Trace Town Homes

5069 Shady Meadow Lane, #F

Kalamazoo, MI 49048

Phone: 269-343-0655

Fax: 269-345-7248

Please bring the following items with you when you turn in your completed application:

1. Social Security cards for all adults listed on the application
2. Drivers license or State Id card for all adults listed on the application
3. Proof of all household incomes:
 - * 3 consecutive paystubs as close to the date of application as possible
 - * Social security benefit statement letter if your income is from social security
 - * Retirement; Pension; Student Loans – Verification of these incomes if any of these sources may be part of the household's income.
4. Get the FOC papers from the city/county court house where you are getting child support paid from; if this a source of your income.

These items are required to process your completed application.

Please plan to spend 15 minutes with us to review all your documents and completed application. Having all these items makes your move in process go a lot faster.

If you have any questions, please contact Paula at the leasing office.

Paula Babbitt
Site Manager

For Office Use Only	Date Rec'd	Time Rec'd	Initials
---------------------	------------	------------	----------

Preliminary Rental Application Market Rate Developments

Please note that this is a preliminary application and gives no lease or rent rights.

Community: **Savannah Trace Town Homes** Office Phone: **(269) 343-0655** Date: _____

Unit Size: 2 3 4 Unit Type: Townhouse

Would you or a member of your household benefit from the design features of a barrier free unit? **Yes** or **No**

Applicant: _____ Email _____ Phone () _____

Co-Applicant: _____ Email _____ Phone () _____

Applicant's History

Applicant:	Co-Applicant
Current Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone _____	Current Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Current Landlord: _____ Address: _____ Phone _____

Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone _____	Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone _____
--	--

Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone _____	Previous Address: _____ Date: From _____ Rent: \$ _____ To: _____ Reason for Moving: _____ Previous Landlord: _____ Address: _____ Phone _____
--	--

If you have resided at additional addresses within the past five (5) years, please attach Previous Address Information on a separate sheet.

The information contained in this application is treated confidentially. No information will be revealed to anyone without the express written consent of the applicant.

Head of Household Date

Co-Applicant, Spouse/Co-Head Date



*We pledge not to discriminate against applicant based on their race,
color, sex, age, religion, national origin, familial status or disability.*

TDD 1-800-649-3777



Please list all persons that will occupy the residence.

<u>Name</u> (First, Middle Initial, Last)	<u>Maiden Name</u> (If Applicable)	<u>Date of Birth</u>	<u>Relationship of Head</u> <u>Of Household</u>	<u>Social Security</u> <u>Number</u>
1.			Head of Household	
2.				
3.				
4.				
5.				
6.				

Employment

Applicant	Co-Applicant
Employer: _____	Employer: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Length of Employment: _____	Length of Employment: _____
Position Held: _____	Position Held: _____
Salary/Wage: _____ Per: _____	Salary/Wage: _____ Per: _____
Supervisor: _____	Supervisor: _____
Status: _____ Full-Time: _____ Part-Time _____	Status: _____ Full-Time: _____ Part-Time: _____
List average hours per week worked: _____	List average hours per week worked: _____

Total household income from all other sources (i.e. social security pension, child support, Section 8 Certificate, etc):

Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____
Source: _____	Amount: \$ _____

Do you or any member of your household engage in current illegal use or illegal distribution of a controlled substance or have you previously been convicted of the same? **Yes** or **No**

If you answered "yes" to the above question, have you successfully completed a controlled substance abuse program or are you presently enrolled in such a program? **Yes** or **No**

If "yes", please explain: _____

Have you ever been convicted of a crime, felony, misdemeanor? **Yes** or **No**

If "yes", please explain: _____

Provide asset information below:

<u>Type of Assets</u>	<u>Name of Bank,</u> <u>Stock or Bond</u>	<u>Account Number</u>	<u>Balance/</u> <u>Current Value</u>	<u>Rate of</u> <u>Interest</u>	<u>Dividend</u>	<u>Real Estate</u>
1.						
2.						
3.						
4.						
5.						

Head of Household _____ Date _____

Co-Applicant, Spouse/Co-Head _____ Date _____



We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

TDD 1-800-649-3777



Do you own a car? _____ Model/Year _____ License # _____

Do you own a second car? _____ Model/Year _____ License # _____

PERSONAL REFERENCES: List 3 RELATIVES we can call for a personal reference:			
Name	Address/City/Zip	Relationship	Telephone Number
1.			
2.			
3.			

GENDER DESIGNATION: (Applicant)

☐ I do not wish to furnish this information
☐ Male ☐ Female

GENDER DESIGNATION: (Co-Applicant)

☐ I do not wish to furnish this information
☐ Male ☐ Female

EMERGENCY CONTACT INFORMATION FOR APPLICANT:			
Name	Address/City/Zip	Relationship	Telephone Number
1.			
2.			

EMERGENCY CONTACT INFORMATION FOR CO-APPLICANT:			
Name	Address/City/Zip	Relationship	Telephone Number
1.			
2.			

Additional information will be required at a later date to complete the processing for residency.

Head of Household Date

Co-Applicant, Spouse/Co-Head Date



We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

TDD 1-800-649-3777



DISCLOSURE UNDER FAIR HOUSING REPORTING ACT AND AUTHORIZATION

KMG Prestige, Inc., Affinity Property Management, LLC. and/or Savannah Trace Town Homes is requesting a copy of your Consumer Report or Credit Report to assist it in its consideration for:

- ☐ Employment purposes, or
☐ Housing at Savannah Trace Town Homes

We are required as part of our screening process to secure a Consumer Report on you to assist us in our determination. Under the Fair Credit Reporting Act, 15 U.S.C.A. 1681 et seq. we must first seek your written consent to obtain your consumer or credit report. The information obtained will not be used in violation of any applicable Federal or State law.

Pursuant to the Fair Credit Reporting Act, 15 U.S.C.A. 1681a the following definitions are provided to you:

“Consumer” means an individual.

“Consumer Report” means any written, oral, or other communication of any information by a consumer reporting agency bearing on a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing the consumer’s eligibility for a) credit or insurance to be used primarily for personal, family, or household purposes; b) employment purposes; or c) any other purpose authorized in the act.

“Investigative Consumer Report” means a consumer report or portion thereof in which information on a consumer’s character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or associates of the consumer reported on or with others with whom he is acquainted or who may have knowledge concerning any such items of information.

“Employment Purposes” means a report for the purpose of evaluating a consumer for employment, promotion, reassignment or retention as an employee.

“Adverse Action” means (i) a denial of employment or any other decision for employment purposes that adversely affects any current or prospective employee; (ii) a denial or cancellation of, an increase in any charge for, or any other adverse or unfavorable change in the terms of credit or any license or other reasons described in section 168b(a)(3)(D) of the Act; or (iii) an action or determination that is made in connection with an application that was made by, or a transaction that was initiated by, any consumer, or in connection with a review of an account under the act and adverse to the interests of the consumer.

In accordance with the company policy we must obtain your consent in writing authorizing us to obtain a “Consumer Report” and/or Investigative Report on you for **employment** purposes. Upon receipt of your written authorization, we will obtain the written report. If we consider any information in that report which directly and adversely affects you in our employment related decision, you will be provided with a copy of the Consumer Report and a summary of your rights under the FCRA before a decision is final. Alternatively, you may contact the Federal Trade Commission about your rights under the Fair Credit Reporting Act.



We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

TDD 1-800-649-3777



If we are obtaining a "Credit Report" with respect to your application for **housing**, and should your application be rejected due to information contained on your credit report you will be provided with the name and address of the local credit bureau where within sixty (60) days of rejection, you can obtain a free copy of your credit report, dispute it's accuracy, and provide a consumer statement describing your position if you dispute the credit report. Pursuant to the Fair Debt Credit Reporting Act you will have the right to put into your report a statement explaining your position on the item under dispute. For further information, contact your State or Local consumer protection agency or your State Attorney General's office.

I have read the foregoing information referred to as a Fair Credit Reporting Disclosure and now hereby authorize KMG Prestige, Inc., Affinity Property Management, LLC., and/or Savannah Trace Town Homes to obtain a Consumer Report, Credit Report or Investigative Report on me from a consumer reporting agency or company for:

- ☐ Employment purposes
☐ Housing purposes
☐ Both

I understand that KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community referenced above will rely upon the information contained in the report. I further understand that I have rights to dispute any adverse decision which may be made against me by I understand that KMG Prestige, Inc., Affinity Property Management, LLC., and/or the Apartment Community as set forth in the disclosure that I may seek additional advice or assistance from my local consumer protection agency or Attorney General's office.

I acknowledge that I have received a copy of this document for my records.

Applicant

Date

Co-Applicant

Date

Witness

Date

Q:\corporate\forms\Rental Application Conventional.doc



We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

TDD 1-800-649-3777



NOTICE AND CONSENT FOR THE RELEASE OF INFORMATION

Property Name Requesting Information:

SAVANNAH TRACE TOWN HOMES

By signing this consent form, I am authorizing the Owner/Management Agent of the housing community for which I am applying to obtain information from a third party about me. I understand that the purpose of this information is to determine my eligibility for housing assistance. I understand that this information can include and is not limited to information regarding my income, assets and credit bureau report which may affect my eligibility.

I further understand that income information obtained from these sources will be verified according to the initial information which I have provided on my original application for housing.

Who Must Sign the Consent Form

Each member of your household who is 18 years of age or older must sign the relevant consent forms at the initial certification, at each recertification and at each interim certification, if applicable. In addition, when new adult members join the household and when members of the household become 18 years of age, they must also sign the relevant consent forms.

Signatures:

Head of Household

Date

Spouse

Date

Other Family Member over age 18

Date

Other Family Member over age 18

Date

AUTHORIZATION FOR CRIMINAL HISTORY CHECK

NOTICE TO APPLICANTS: The information requested below is for the sole purpose of conducting a background investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with Keystone Management Group. It is Keystone Management Group's policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to, rental history. Information regarding age, sex and race will not be a factor in any housing decision including.

Full Name *(no nicknames)* _____

Maiden Names(s), Nickname(s), Other Name(s) *(please include dates used)* ☐ **Male** ☐ **Female**

Social Security Number _____ **Date of Birth** _____

Driver's License Number _____ **State** _____

Is Your Driver's License Valid? ☐ **Yes** ☐ **No** ⇨ *Please give details*

All addresses for the last 7 years: *(Street / City / County / State / Years From-To)*

In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.

	Street Address	City	County	State	Years From-To
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

(attach additional pages if necessary)

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for employment positions applied for and the information given by me herein. In consideration for being considered for housing, I release Keystone Management Group, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my employment based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from Keystone Management Group is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

X _____

Signature

Date

AUTHORIZATION FOR CRIMINAL HISTORY CHECK

NOTICE TO APPLICANTS: The information requested below is for the sole purpose of conducting a background investigation, which includes, among other things, a criminal conviction check. The existence of a prior criminal conviction will not necessarily make you ineligible for housing with Keystone Management Group. It is Keystone Management Group's policy to evaluate any adverse information obtained in the background investigation based on a range of factors including, but not limited to, rental history. Information regarding age, sex and race will not be a factor in any housing decision including.

Full Name *(no nicknames)* _____

Maiden Names(s), Nickname(s), Other Name(s) *(please include dates used)* _____ ☐ **Male** ☐ **Female**

Social Security Number _____ **Date of Birth** _____

Driver's License Number _____ **State** _____

Is Your Driver's License Valid? ☐ **Yes** ☐ **No** ⇨ *Please give details*

All addresses for the last 7 years: *(Street / City / County / State / Years From-To)*

In the event you do not remember the exact street address, please include a city, state and the approximate dates of residence.

	Street Address	City	County	State	Years From-To
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

(attach additional pages if necessary)

I expressly authorize all personnel, schools, companies, corporations, credit bureaus and law enforcement agencies to supply any and all information concerning my qualifications for employment positions applied for and the information given by me herein. In consideration for being considered for housing, I release Keystone Management Group, related entities, as well as any individual or entity providing information, from any and all liability in connection with any inquiries and investigations made, information they give and any decisions made or action taken concerning my employment based on such information. I also do not require a copy of any disclosure of the nature and scope of the investigation. I understand that any offer of apartment rental from Keystone Management Group is based upon my successful completion of the background screening. I also understand that I have a right to review all disputed information and to follow up with the law enforcement agency to clear up any discrepancies. This authorization is good for one year from the date of signing.

X _____

Signature

Date