

**ST. JUDE APARTMENTS
2018 WEST FAIRVIEW AVENUE
MONTGOMERY, AL 36108
PHONE 334 265-8356 FAX 334 265-1908**

- **Application Fee: \$25 (Money Order)**
- **Security Deposit \$150 (Money Order)**
- **1 Bedroom Base Rent: \$460.00 (a month) all utilities included, except Cable and Telephone**
- **2 Bedroom Base Rent: \$535.00 (a month) all utilities included, except Cable and Telephone**
- **Must Return Application back with \$25.00 (Money Order) and Proof of Income, such as Social Security (current year income), or 2 current paycheck stub**

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APPLICATION FOR RESIDENCY

How did you hear about us?

- (NEWSPAPER
- (DRIVE BY
- (APARTMENT GUIDE
- (OTHER
- (YELLOW PAGES
- (FLYER
- (RESIDENT OR FRIEND

Why did you decide to move here?

IF ANY ERROR OCCURS ON APPLICATION, PLEASE PUT ONE LINE THROUGH IT, MAKE CORRECTION, INITIAL CORRECTION, AND DATE IT.

REQUESTED MOVE-IN DATE _____
 REQUESTED APT. SIZE _____
NOTICE: NO PETS ALLOWED

APPLICANT NAME: _____

CURRENT ADDRESS: _____

Rent: \$ _____

CITY, STATE, ZIP: _____

HOME PHONE #: _____

PREVIOUS ADDRESS: _____

Rent: \$ _____

CITY, STATE, ZIP: _____

1. HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. List the Head of Household (HOH) and all other members who will be living in the apartment. Indicate the relationship of each family member to the head of household.

MEMBERS FULL NAME	STATUS	DRIVER'S LICENSE #	RELATIONSHIP	DATE OF BIRTH	AGE	SEX	STUDENT STATUS	SOCIAL SECURITY #

• Single (S) Married (M) Widowed (W) Separated (SP) Divorced (D)
 ** Not Applicable (N/A) Part Time Student (P/T) Full Time Student (F/T)

If separated or divorced, list name and address of spouse/ex-spouse as follows:

Name: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

S.S. #: (if known): _____

S.S. #: (if known): _____

St. Jude Apartments, Ltd. does not discriminate on the basis of disability or any other protected category in admission or access to any community and a Coordinator has been designated to monitor Section 504 compliance.

1. ASSETS

1. List all checking and savings accounts (including IRAs, Keogh accounts and Certificates of Deposits) of all household members.

MEMBER NO.	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NO.	BALANCE

2. List the value of cash on hand for all adult household members: _____

3. List the value of all stocks, bonds, trusts, real estate and other assets owned by any household member: _____

4. List the value of any assets disposed of for less than their fair market value during the past two years: _____

III REFERENCES

Please provide the name, address and phone number of one personal reference that is not related to a household member.

Name: _____

Address: _____

Phone No.: _____

Please provide the name, address and phone number of closest relative.

Name: _____

Address: _____

Phone No.: _____

IV RENTAL HISTORY

Present Landlord: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

Fax No.: _____

Your Address: _____

Former Landlord: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

Fax No.: _____

Your Address: _____

Former Landlord: _____

Address: _____

City, State, Zip: _____

Phone No.: _____

Fax No.: _____

Your Address: _____

How long have you lived there? _____

Reason for leaving? _____

How long have you lived there? _____

Reason for leaving? _____

How long have you lived there? _____

Reason for leaving? _____

Have you, or any member of your household ever been evicted or otherwise removed from rental housing? Yes No

If yes, please list names, addresses and dates _____

Has any place where you, or any member of your household were living, been destroyed or damaged by fire? Yes No

If yes, please provide details _____

V. EMPLOYMENT HISTORY

Name and address of Head of Household's present

Employer:

Name: _____

Address: _____

City, State, Zip: _____

Phone No: _____

I.D. #: _____

Date of Hire: _____

Name and address of Head of Household's previous

Employer: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone No: _____

I.D. #: _____

Length of employment _____ to _____

Name and address of Spouse/Co-Head of Household's

Employer:

Name: _____

Address: _____

City, State, Zip: _____

Phone No: _____

I.D. #: _____

Date of Hire: _____

Name and address of Spouse/Co-Head of Household's

Previous Employer: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone No: _____

I.D. #: _____

Length of employment _____ to _____

VI. EMERGENCY CONTACTS

Name: _____

Address: _____

City, State, Zip: _____

Relationship: _____

Phone No: _____

In case of serious illness or death, is the above authorized to enter apartment and remove contents? Yes No

VII. VEHICLE REGISTRATION

Do you or any household members have a vehicle? Yes No

If yes, how many? _____ Make/Model: _____ License Plate #: _____

VIII. OTHER

Have you or any member of your household ever been arrested for, charged with, or convicted of any drug-related criminal activity, such as use, possession, distribution, trafficking or manufacturing of an illegal drug, or any other criminal activity that poses a threat to the health, safety and welfare of others? Yes No

If yes, which household member(s)? _____

Where did incident take place? _____

Explain the circumstances, outcome and present status: _____

A non-refundable application fee of \$25.00 is required to cover the cost of credit reports and other processing costs. Once your application has been approved, a security deposit of \$100.00 is required and the selected apartment will be withdrawn from the market and not offered to others. If you decide not to move in after this APPLICATION FOR RESIDENCY has been approved, you agree that the security deposit will not be refunded. 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 CERTIFICATION TO ACKNOWLEDGE THEIR UNDERSTANDING

APPLICANT CERTIFICATION

I / We certify that all of the information above about me and my / our household is true, complete and accurate. All persons or firms including persons providing information concerning 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 STUDENTS STATUS must be reported to Management in writing IMMEDIATELY. If any of the information is found to be incorrect, the landlord at his sole discretion may cancel or terminate the lease contract and retain all monies as liquidated damages.

VOLUNTARY INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by HUD to monitor this marketing agents compliance with Equal opportunity and Fair Housing Laws. The law provides that a leasing agent may neither discriminate on the basis of this information nor on whether or not it is furnished. If you do not wish to furnish the following information, please initial below.

APPLICANT: I do not wish to furnish this information (Initials) _____

RACE/NATIONAL ORIGIN: American Indian Alaskan Native Asian, Pacific Islander Black Hispanic White

SEX: Female Male

CO-APPLICANT: I do not wish to furnish this information (Initials) _____

RACE/NATIONAL ORIGIN: American Indian Alaskan Native Asian, Pacific Islander Black Hispanic White

SEX: Female Male

Signature of Head of Household

Date

Signature of Spouse/Co-Head of Household

Date

Family Members 18 years or over

Date

Signature of Management

Date

ST. JUDE APARTMENTS

2018 W. Fairview Avenue
 Montgomery, AL 36108
 (334) 265-8356
 (334) 265-1908 (fax)

City HOME Units—FMR or 50% Rents, whichever is less

TYPE	# OF UNITS	MAXIMUM (GROSS) RENT - UTILITY ALLOWANCE = MAXIMUM (NET) RENT	MAXIMUM NET RENT	St. Jude RENTS
1BR	20	\$576.00 - \$00.00	\$576.00	\$450.00
Subtotal:				20

50% Rent Restricted / 60% Income Limits

TYPE	# OF UNITS	MAXIMUM (GROSS) RENT - UTILITY ALLOWANCE = MAXIMUM (NET) RENT	MAXIMUM NET RENT	St. Jude RENTS
1BR	64	\$576.00 - \$00.00	\$576.00	\$450.00
2BR	12	\$692.00 - \$00.00	\$692.00	\$525.00
Subtotal:				76

TOTAL UNITS: 96

Note: 20 HOME Units restricted at 50% Rents or FMR, whichever is less.

All other units rent restricted at 50%.

SEE LIST OF 20 UNITS ATTACHED AT 50% INCOME LIMITS PER CITY HOME FUNDS. ALL THE OTHER UNITS RESTRICTED AT 60% INCOME LIMITS.

GROSS ANNUAL INCOME RANGE AT MOVE-IN	50%	60%
One (1) person household	\$21,550	\$25,860
Two (2) person household	\$24,600	\$29,520
Three (3) person household	\$27,700	\$33,240
Four (4) person household	\$30,750	\$36,900

MINIMUM INCOME	
1 Bedroom	\$10,800.00
2 Bedroom	\$12,600.00

UTILITIES				
GAS	ELECTRIC	WATER/SEWER	TRASH	PEST CONTROL
N/A	Property	Property	Property	Property

Application Fee: \$25.00

Deposit: \$150.00

Pet Fees: Not Allowed

Late Fees/Evictions: \$50 late fee is assessed on the 6th of the month / Eviction proceedings will begin on the 6th of the month.



Updated App Fee 0709

Updated Maximum HOME Rents 07092012

Updated Income Limits 12-11-2012