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VERIFICATION AUTHORIZATION
Applicant/Resident Name

To Whom It May Concern: _____

I, the undersigned, hereby authorize you to release to Terra Properties, its successors and/or assigns any information in your possession including but not limited to the following:

EMPLOYMENT VERIFICATION: Employment history, dates of employment, job titles, gross income, hours worked and probability of continued employment.

UNEMPLOYMENT VERIFICATION: Date of unemployment, gross weekly payment and maximum benefit balance.

PUBLIC ASSISTANCE: Monthly benefit of AFDC and pass through child support/alimony, if any.

SOCIAL SECURITY: Type of social security, current gross monthly benefit and deductions for Medicare, if any.

PENSION: Gross monthly amount received and deductions for medical insurance, if any.

VERIFICATION OF ASSETS: Bank accounts of record, balances, types of account and interest earned. Stock and mutual fund accounts, market values and dividends earned. Value of any Real Estate, less debts against them. Cash value of whole and universal life insurance policies.

CHILDCARE EXPENSE: Weekly dollar amount spent for child care expense and name of provider.

RECURRING CONTRIBUTIONS AND GIFTS: Dollar value of gift received and name of person making gift and frequency.

WORKERS' COMPENSATION: Start dates of benefits received, gross compensation and maximum benefit income.

RENTAL INCOME: Monthly rent paid to applicant/tenant.

MISCELLANEOUS INFORMATION: Any information and data normally and customarily deemed necessary for the evaluation of this applicant/tenant.

The undersigned understands that the information released pursuant to the authority herein granted shall be for the confidential use of Terra Properties, its successors and/or assigns. This information may be used for purposes of evaluating any tenant application submitted by the undersigned, as well as in servicing any annual recertification as required by the rules and regulations of the Rural Economic & Community Development. As such, this authorization shall remain in full force as long as the undersigned is a resident in an apartment managed by Terra Properties. A photocopy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original.

I have read this information on the purposes and uses of information that is verified and consent to the release of information for these purposes and uses.

Printed Name of Applicant/Tenant

Signature of Applicant/Tenant

SS # _____

Date: _____

Property: _____

Apt. #: _____

Cert Date: _____

110 Executive Drive Highland, IL 62249
PH: 1-800-736-8669 FX: 1-618-654-1480
mail@terra-properties.com
www.1800rentnow.net

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PLEASE FILL OUT ENTIRELY, BE SURE TO CHECK YES OR NO APPROPRIATELY ON ALL 14 ITEMS

Applicant/Resident Print Name _____ Signature _____

Current Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Current Phone Number(s) Cell# _____ Home # _____

E-mail Address _____

List ALL MEMBERS, including yourself, who will be residing in your apartment:

Name: (First - Last) Birthdate: Male/female Social Security #:

Are you or any members of your household full-time students carrying a full course load (as defined by the educational institution) or part-time students for at least 5 months per calendar year (include any children attending elementary, middle, and high schools)?

YES _____ **or** **NO** _____ If yes, how many? _____

If yes, is at least one member of the household (Check all that apply):

_____ A single parent with dependent child(ren) and neither parent nor child(ren) is being claimed as a dependent by anyone else?

_____ Married and filing a joint tax return?

_____ On welfare or enrolled in a federal, state, or local job training program?

EMERGENCY CONTACT – Someone we can contact, in case of an emergency, if we cannot contact you.

Name: _____ Phone #: _____

Address: _____ Alternate #: _____

_____ Relationship: _____

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Check all sources of income that apply and provide requested information

1. Yes No Employment Income (List ALL CURRENT places of employment below and complete in detail.)

Company Address City, State, Zip Supervisor Telephone FAX #

Company Address City, State, Zip Supervisor Telephone FAX #

Company Address City, State, Zip Supervisor Telephone FAX #

Company Address City, State, Zip Supervisor Telephone FAX #

2. Yes No Unemployment Income (If yes, please include copy of letter from unemployment office) Monthly Amount(s)

3. Yes No Public Aid, General Relief, AFDC, or Temporary Assistance for Needy Families (TANF) PLEASE NOTE: If you currently receive benefits of any kind, you MUST provide a CURRENT copy of what you're receiving.

Benefits received: Public Aid Office Location: Phone #

4. Yes No Social Security Income: If yes, please include current benefit statement from SS Office. Check type(s) of Benefits:

- 1. Social Security Retirement GROSS monthly amount \$
2. Disability Widow(er) Child(ren)
3. Supplemental Security Income, including State Supplement GROSS monthly amount \$
Old Age Disability Blind

5. Yes No Pension: If yes, please include current benefit statement from company issuing pension. Source Monthly Amount \$ Company Address

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6. Yes No Assets: This includes all assets for all household members (dependents). (Assets include cash on hand, CHECKING, SAVINGS ACCOUNTS, cash value of whole life insurance, Stocks, bonds, IRA's, Keoghs, securities, trust funds, treasury bills, money market accounts, CD's, (If more space is necessary, please attach a separate piece of paper)

Bank/Institution Type of Account City/Location Bank/Institution Type of Account City/Location

Bank/Institution Type of Account City/Location Bank/Institution Type of Account City/Location

Yes No Do you own any type of Real Estate? (Ex: house, trailer, land, etc.) If you answered yes, you MUST provide a current copy of the tax bill showing Fair Market Value.

Type of Real Estate Value \$

Real Estate Address

Name of Mortgage Holder PH#

Yes No Do you OWN a vehicle? If yes, please answer the following questions.

License Plate # State

Vehicle Make Model

Year Color

Yes No Have you or any other household member disposed of or given away any asset(s) for LESS than Fair Market Value within the past 2 years?

Household Member Amount \$

Explanation

7. Yes No Child Support/Alimony? Monthly Amount \$

Table with 3 columns: Eligible Child, Payer, Amount. Includes rows for child support/alimony details.

How is the support received? (Check all that apply) Name of Agency

- Child Support Enforcement Agency
Court of Law
Directly from individual
Other

If support/alimony is court-ordered but not actually received, are you taking legal action to remedy? Explanation:

If you have had a court date you MUST provide a current copy of this information, showing the most recent date and what support is ordered to be paid, even if you are not receiving it.

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8. Yes No Child Care Expenses

Is this expense necessary for you to work? _____
Or to go to school full time? _____

9. Yes No Medical Expenses (**Check this only if you are 62 years of age or older or disabled**)
Please provide current statements or receipts for the past year showing what you have paid.
We cannot use any bills that show what you owe, unless proof of payment is attached.

10. Yes No Recurring Gifts from Family/Friends

Name of source _____ Relationship _____
Address _____ Amount \$ _____
City, State, Zip _____ Frequency _____
Phone # _____

Yes No Are any of your bills being paid by others outside the household?

If yes, what bill(s)? _____
Who is paying bill(s)? _____ How much are these bill(s)? _____

11. Yes No Scholarship or grant money?

If yes, what school _____ How much? \$ _____
Does anyone contribute to your tuition; such as family, sponsors, grants, etc.? _____

12. Yes No Are you receiving a Workers' Compensation Benefit, Long term, or Short term Disability?

Company Name _____ Monthly Amount(s) \$ _____

13. Yes No Rental Income from your own property

Name of Tenant/Renter _____ Monthly Amount \$ _____
Address or property _____
Tenant/Renter's PH# _____

14. Yes No Other Income (Use the space below to list any other income that is not mentioned above.)

Name of source _____ Amount \$ _____
Phone # _____
Name of source _____ Amount \$ _____
Phone # _____

I declare and affirm under penalty of perjury that the statements made herein and the information provided is true and correct to the best of my knowledge, information and belief. I certify that the information provided on this verification checklist is accurate and that if it changes, I will report those changes immediately to the office.

Signature of Resident/Applicant

Date

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