



Expert Knowledge - Exceptional Service

Dear Applicant,

Date: _____ (Keep this page for your records.)

Thank you for inquiring about our apartments.

Points to remember when completing our application:

- **A \$25 Application Fee MUST be paid for EACH member of the household over the age of 18 BEFORE the application will be processed.**
 - Application **WILL NOT** be processed without the background check fee.
 - The fee is payable via check, money order, or cash in office
- Applications WILL NOT be processed if they are missing the fee and/or any information.
 - **Which location(s) are you applying for?** Please list the properties or locations at the top of the application.
 - If any of the information does not apply to you, please enter "**N/A**" (*not applicable*) in the appropriate box so we do not mistake it as **missed information**.
- **Sign and date all required areas** (*Please double check the application before submitting*)
Rejection of the application may occur due to a history/conviction exists of any of the following:
 1. Sex offender;
 2. Disturbances of neighbors;
 3. Destruction of property;
 4. Drug-related criminal activity;
 5. Criminal activity;
 6. Prior evictions or poor landlord reference(s)
- **Please attach a copy of the SOCIAL SECURITY CARDS (for all people listed on the application) and DRIVER's LICENSES or PHOTO ID (for everyone over the age of 18).**
- You will receive a letter within **10 BUSINESS DAYS** regarding if you have been accepted or denied.
- Our office **WILL NOT** verify the your approval or denial over the phone.
- Once your application has been approved you may be added to a waitlist or a property manager will be in contact with you.
 - **It is VERY IMPORTANT you contact our office immediately of any changes in your address or phone number.**

If you have any other questions about the application, please feel free to call the number listed below, Monday through Friday, 8:00 am to 5:00 pm. Hearing impaired individuals can contact us by calling (800) 526-0844 for relay service.

We look forward to helping you find your new home!

Sincerely,

Terra Properties Inc.

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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What rental units and/or locations are you applying for?

Please write on the top line.

Applicant's Personal Information (Information regarding Head of Household)

Full Name (First, Middle, Last)			Date of Birth	For Office Use ONLY: Date Received: _____ Time Received: _____ Amount Paid: _____ Employee Initials: _____
Street Address (if different from applicant)			Social Security #	
City	State	Zip Code	Driver's License #	
Gender (M/F)	Race		Home Phone #	
Applicant's E-mail Address			Cell Phone #	

Co-Applicant's Personal Information (Information regarding persons **other than** Head of Household; if there is not a co-applicant and/or a child over the age of 18 skip to next section)

Full Name (First, Middle, Last)			Date of Birth	For Office Use ONLY: Complete Application: _____ Ameren Check (App): _____ Ameren Check (Co-App): _____ Background Check (App): _____ Background Check (Co-App): _____ Letter Type: _____ Date: _____
Street Address (if different from applicant)			Social Security #	
City	State	Zip Code	Driver's License #	
Gender (M/F)	Race		Home Phone #	
Applicant's E-mail Address			Cell Phone #	

Children and/or Additional Occupant's Information (Complete only for children who will occupy unit)

Child's Full Name (First, Middle, Last)	Date of Birth	Social Security #	Gender (M/F)	Race
Child's Full Name (First, Middle, Last)	Date of Birth	Social Security #	Gender (M/F)	Race
Child's Full Name (First, Middle, Last)	Date of Birth	Social Security #	Gender (M/F)	Race
Child's Full Name (First, Middle, Last)	Date of Birth	Social Security #	Gender (M/F)	Race
Child's Full Name (First, Middle, Last)	Date of Birth	Social Security #	Gender (M/F)	Race

Pets/Animals (Complete only for animals who will be staying in the rental unit)

Animal's Name	Type	Breed/Description	Age	Weight
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Income/Credit Information

(If any of the below does not apply to you mark **N/A**)

Applicant Income Source Information (If you are on SSI/SSD please note that in the first line, and move onto the next section)

Employer's/Company's Name/ Source of Income	Supervisor's Name	Work / Supervisor #
Employers Address (include City, State, and Zip Code)	Employment Position	Length of Employment
Name of Bank	City/Location	Phone #

Co-Applicant Income Source Information (If you are on SSI/SSD please note that in the first line, and move onto the next section)

Employer's/Company's Name/ Source of Income	Supervisor's Name	Work / Supervisor #
Employers Address (include City, State, and Zip Code)	Employment Position	Length of Employment
Name of Bank	City/Location	Phone #

Applicant Residential History (Last 10 years of residency history; If you OWN fill out the top line and skip to the next section)

Currently do you Rent or do you Own ? (circle which applies to you)	For How long?	Mortgage Lender?
Current Landlord	Landlord's #	For Office Use ONLY: Date verified: _____ Means of verification: _____ Date verified: _____ Means of verification: _____
Current Landlord's Address (include City, State, and Zip Code)		
Are you related to the landlord?	Yes No	
Previous Landlord	Landlord's #	
Previous Landlord's Address (include City, State, and Zip Code)		
Are you related to the landlord?	Yes No	

Co-Applicant Residential History (Last 10 years of residency history.)

Currently do you Rent or do you Own ? (circle which applies to you)	For How long?	Mortgage Lender?
Current Landlord	Landlord's #	For Office Use ONLY: Date verified: _____ Means of verification: _____ Date verified: _____ Means of verification: _____
Current Landlord's Address (include City, State, and Zip Code)		
Are you related to the landlord?	Yes No	
Previous Landlord	Landlord's #	
Previous Landlord's Address (include City, State, and Zip Code)		
Are you related to the landlord?	Yes No	

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Landlord/Mortgage Lender Release
(Last 10 years of residency history; **SIGN & DATE** at the bottom.)

Applicant's Name	Date of Birth	Social Security #
Co-Applicant's Name	Date of Birth	Social Security #
Additional Occupant over the age of 18	Date of Birth	Social Security#
Additional Occupant over the age of 18	Date of Birth	Social Security#

To whom it may concern:

Our tenant selection policy obliges us to verify the residential history of all household members applying for occupancy at our rental locations. To comply with this requirement, we ask for your cooperation in supplying information on the prospective residents' residential history. This information will be used only in determining whether the family can be accepted for occupancy.

Your prompt return of this information is appreciated. For your convenience we accept phone conversations, e-mails, faxes, and/or U.S Postal service returns of the forms requested.

Should you have any questions, Please feel free to call 1-800-736-8669, or e-mail at mail@terra-properties.com.

Sincerely,

Terra Properties Inc.

Applicants DO NOT forward this form to your landlord(s) it must be returned, signed, with your application for the application to be processed.

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 evaluation any tenant application submitted by the undersigned. A photocopy of this authorization may be deemed to be equivalent of the original and may be used as a duplicate original.

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

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____

Additional Occupant Signature: _____ **Date:** _____
(over the age of 18)

Additional Occupant Signature: _____ **Date:** _____
(over the age of 18)

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Authorization Release

Signatures: (all household member's over the age of 18)

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Applicant Personal Reference

Name (No Relatives)	Relation	Contact #
Name (No Relatives)	Relation	Contact #

Co-Applicant Personal Reference

Name (No Relatives)	Relation	Contact #
Name (No Relatives)	Relation	Contact #

Emergency Contact (Emergency Contact **CANNOT** be any of the household members listed on this application.)

Name of Contact	Relationship	Daytime #
Contact's Address (include City, State, and Zip Code)		Evening #

I/We authorize the owner/management to verify all information provided on this application and my/our signature(s) is our consent to obtain such verification. I/We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine eligibility.

I/We authorize any person, or credit checking agency having any information on me/us to release any and all such information to the owner/management or their agents or credit checking agents. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through a credit bureau contracted with the apartment community. I understand that a check will be made of the sex offender registry in states in which I have resided.

WARNING: "Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the verification forms is restricted to the purposes cited thereon. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (f) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 f, g, and h."

All contents of this application and information received from other sources will remain confidential.

PLEASE READ THE STATEMENT BELOW CAREFULLY BEFORE SIGNING THIS COMPLETE APPLICATION:

BACKGROUND CHECK – I/we understand that a background, including both criminal and credit, check will be conducted. Rejection of the application may occur due to a history/conviction exists of any of the following:

- 1. Sex offender;
- 2. Disturbances of neighbors;
- 3. Destruction of property;
- 4. Drug-related criminal activity;
- 5. Criminal activity;
- 6. Prior evictions or poor landlord reference(s)

Applicant's Signature: _____ Date: _____

Co-Applicant's Signature: _____ Date: _____

Additional Occupant Signature: _____ Date: _____

Additional Occupant Signature: _____ Date: _____

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