

Expert Knowledge - Exceptional Service

Dear Applicant,	Date:	(Keep this page for your records.)
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Thank you for inquiring about our apartments.

Points to remember when completing our application:

- We will run a background check of credit and criminal, which includes a national sex offender search. In order to process your application; there is a \$20 Fee (per person over the age of 18)
 - o Application **WILL NOT** be processed without the background check fee.
 - Application <u>WILL NOT</u> be processed if credit is on "HOLD" or "FREEZE.
 - o 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. A list for reference is included with this application
 - o 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;

3. Destruction of property;

5. Criminal activity;

2. Disturbances of neighbors;

4. Drug-related criminal activity;

6. Prior evictions or poor landlord reference(s)

- Please attach a copy of the <u>SOCIAL SECURITY CARDS</u> (for all people listed on the application) and <u>DRIVER's LICENSES</u> or <u>PHOTO ID</u> (for everyone over the age of 18).
- ➤ Please SUBMIT / RETURN all completed applications to:
 - 110 EXECUTIVE DRIVE HIGHLAND, IL 62249
- You will receive a letter within <u>10 BUSINESS DAYS</u> regarding if you have been accepted or denied.
- > Our office **WILL NOT** verify the following by phone:
 - o Estimated time until your application receives approval/denial
 - Your place on the waiting list
- > Please DO NOT call the office about the status (this slows down the application process).
- ➤ Once your application has been added to the waitlist, it is <u>VERY IMPORTANT</u> 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.





Terra Properties' Residential Portfolio

Multi-Family Complexes-Income Based Apartments

AVA APTS -302 S RUSSELL & 301 S. 5^{TH} ST. COULTERVILLE APTS. -7^{TH} & CEDAR STS

GIRARD HERITAGE NORTH – 114 W MOUND

GIRARD HERITAGE WEST – (1), 213/ (2), 215 BRENDA LANE

HIGHLAND DAFFODIL – (1-8) 1330 DAFFODIL, (9-24) 1340 DAFFODIL LANE

HIGHLAND SOUTHWEST APTS – 701 & 705 13TH ST

HIGHLAND TOWN & COUNTRY APTS – 1410 & 1510 30TH ST NEW BADEN COUNTRY PLACE I – 407-425 EAST POOS DRIVE

NEW BADEN COUNTRY PLACE II – 412-422 POOS DRIVE

PINCKNEYVILLE ORCHARD APTS. - 705 VIRGINIA CT.
ST JACOB WESTGLEN APTS – 215 JACOB STREET
TRENTON OAKLAND APTS – 116 N. OAK STREET

TROY SILVERCREEK APTS – 402, 408, 414, 420, 424 MEADOW DRIVE

VANDALIA VANDALIA HEIGHTS APTS –

1928, 1922, 1916, 1910, 1904 W. RANDOLPH, & 220 N. ADAMS

Restricted 62+, Handicap, Disabled only. (Must meet 1 of the 3 restrictions). Income Based Apartments

CARLYLE WESTLAKE APTS – 2110 WEST LAKE DRIVE
HIGHLAND NORTHTOWN EAST – 85 SUPPIGER LANE
HIGHLAND PLAZA GARDEN APTS – 200 SUPPIGER LANE
HIGHLAND SENIOR PLAZA APTS – 2676 EAGLE WAY

OKAWVILLE SENIOR APTS – 302 & 304 N. MILL STREET

PATOKA PATOKA SENIOR APTS – NORTH OAK STREET TROY IDLEWOOD – 601 & 527 LOWER MARINE RD

VALMEYER VALMEYER SENIOR APTS –

100, 104, &112 EAST WOODLAND RIDGE

Rev. 10-11-19 lr Page **2** of **7**



What rental units and/or locations are you applying for? Please write on the top line.

full Name (First Mide	lact)			Date of Birth				
Full Name (First, Middle, Last)				Date of Billi	For Office U	For Office Use ONLY:		
Street Address				Social Security #				
City		State	Zip Code	Driver's License #	Date Receive	ed:		
ліу		State	Zip Code	Driver's Licerise #				
lome Phone #		Cell Phone		State Issuing License	Time Receive	ed:		
Applicant's E-mail Ad	dress				Amount Paid	<u> </u>		
Gender (optional)		Hisponio/L	atino (optional)	Marital Status (optional)		tiolo.		
Male or Fema	ale		s or No	Single or Marrie		tials:		
Race (optional)	Black or	African		American Indian	Native Hawaiian	0.1		
White	Amer		Asian	or Alaskan Native	or Other Pacific Islander	Other		
Full Name (First, Midd					Date of Birth			
Street Address (<i>if diffe</i>	erent from ap	oplicant)			Social Securi	ty #		
City		State	Zip Code	Driver's License #	State Issuing	License		
Applicant's E-mail Ad	dress			Home Phone #	Cell Phone #			
Gender (optional) Male or	Female		Hispanic/Latino (optional) es or No	Marital Status (option Single o	nal) r Married		
Race (optional)	Black or	African	٨٥٠٠	American Indian	Native Hawaiian	Other		
White	Amei	rican	Asian	or Alaskan Native	or Other Pacific Islander	Other		
hildren and/or A	dditional	Occupant	's Information	Complete only for children	who will occupy unit)	·		
Child's Full Name (Fir			Date of Birth	Social Security #	Gender (<i>M/F</i>)	Race		
Child's Full Name (Fir	st, Middle, L	ast)	Date of Birth	Social Security #	Gender (<i>M/F</i>)	Race		
Child's Full Name (Fir	st, Middle, L	ast)	Date of Birth	Social Security #	Gender (<i>M/F</i>)	Race		
Child's Full Name (Fir	st, Middle, L	ast)	Date of Birth	Social Security #	Gender (<i>M/F</i>)	Race		
o you anticipate	a change	e in your h	ousehold comp	oosition within the nex	tt 6 months? Yes	sNo		
ill any of the ab	ove hous	ehold mer	nbers live anyw	here except in the apa	artment? Yes	No		
ill any OTHER p	ersons li	ve in the a	partment on a l	ess than full-time bas	is? Yes	sNo		
re any househo	ld membe	ers a full-ti	me/part-time st	udent at an institute o	f higher learning?	YesNo		
you answered "	Yes" to a	ny of the a	above, please e	xplain:				

Background Information

Elderly/Handicapped/Disabled Verification (Please realize that your eligibility for restricted properties must be verified; if this does not apply please skip write N/A and skip to next section.)

Are you or the co-applicant applying for status as an "elderly Household", where the resident or co-resident is 62 or

older, handicapped, or disabled as defined by Rural Development?

		YesNo	D			
Do you require any	special accommoda	ations or modification	ns to the living unit bas	sed on a disability?		
		YesNo)			
E det						
1973, and regulatio financial or adminis	ns implemented the	ereunder at the barrow asonable Accommoda	der Fair Housing Act, wer's expense unless ation Request should	์ to do so would caเ	ıse an un	due
Miscellaneous In	formation (circle " Yes " or " No ")				
If answered "Yes", cr	edit check cannot be		or "FREEZE" has been	ı removed.	Yes	No
•		ed from Terra Propert &			Yes	No
		& evicted from any res		<u>.</u>	Yes	No
Inc. or any other or	nnerty?		erty managed by Terr		Yes	No
			& When?:		Yes	No
II, "Yes", Who: Has any household	Explain: member been conv	/icted?		 -		
•			convictions pending a		Yes	No
		y have any charges/o		gainst them?	Yes	No
Are any household	members 18 or olde	er listed on a state or	federal sex offender in since 1996:	9	Yes	No
Has any household related or criminal a	member ever been activity?	evicted from any sul	bsidized housing prog	gram for drug	Yes	No
	wed at <u>any</u> Rural I		rty (income based p alth care professiona		ervice/co	mpanio
·		<u>.</u>	\$300 refundable pet			in a pet.
How did you he	ar about our pro	perties/apartment	s? (Circle the answe	r that applies to you	ı.)	
Word of mouth	Newspaper	Brochure/Other Paper Advertisement	Internet/Facebook /Social Media	1800rentnow.net Website	(Other

Rev. 10-11-19 lr Page **4** of **7**



Landlord/Mortgage Lender Release

(Last 5 years of residency history; **SIGN & DATE** at the bottom.)

	Applicant's Name	Date of Birth
	Co-Applicant's Name	Date of Birth
	Additional Occupant over the age of 18	Date of Birth
ı	Additional Occupant over the age of 18	Date of Birth

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 <u>DO NOT forward this form to your landlord(s)</u> 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:(over the age of 18)	Date:		
Additional Occupant Signature:(over the age of 18)	Date:		



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

Terra Properties Inc. is an equal opportunity provider.



Personal Information

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

Applicant Residential Histo	ory (<u>Last 5)years o</u>	of address	s history;		<i>OWN fill out t</i> low long?		ine and sk age Lender	tip to the next sectio
Currently do you Rent or d	o you Own ? (circle v	which appl	ies to you)	,	_			
Applicant's Current Address:	·		Landlord's	_		Comn	nents:	
Current Landlord:	Current Landlord	s Address	(include (City, State	e, and Zip Code)		
Residency Dates:	Are you related to the la	ındlord?	Yes		No			
Applicatant's Previous Address:			Landlord's	s #		1		
Previous Landlord	Previous Landlord	d's Address	s (include	City, Sta	te, and Zip Cod	e)		
Residency Dates:	Are you related to the la	ndlord?	Yes		No			
Co-Applicant Residential H	listory (Last 5 years o	of residen	ncy histor	v.)		'		
Currently do you Rent or d	• ,			For H	ow long?	Mortga	age Lender?	
Co-Applicant's Current Address:			Landlord's	s #		Comm	<u>ents</u>	
Current Landlord	Current Landlord's	s Address	(include C	City, State	e, and Zip Code)		
Residency Dates:	Are you related to the la	indlord?	Yes		No			
Co-Applicant's Previous Address:			Landlord's	s #		1		
Previous Landlord	Previous Landlord's	s Address	(include C	City, State	e, and Zip Code))		
Residency Dates:	Are you related to the la	ndlord?	Yes	s	No			
Emergency Contact Name of Contact	(Emergency Contact C	ANNOT b		the hou		ers listed Dayti		oplication.)
Cambanta Address (include City Co	of and Tim Code					- Francis	· #	
Contact's Address (include City, Sta	ite, and zip Code)					Eveni	ing #	
Household Income Informa (If any of the below does not ap		ou are rec	guired to	have i	ncome to live	in inco	me based	housina)
Applicant's Employment Income Wage:	SSI/SSD Amount (monthly)		(monthly)		Support	Other (m		Total Gross monthly Income:
# of Hours Weekly: Co-Applicant's Employment Income	SSI/SSD Amount	Pension	(monthly)	Child	Support	Other (m	onthly)	Total Gross
Wage:	(monthly)	. 61161611	((mont)			oy)	monthly Income:
# of Hours Weekly:								
Applicant Income Source I		u are on S	SSI/SSD	please	note that in the	e first line	e, and mov	ve onto the next section
Employer's/Company's Name/ Sour	ce of Income			Supervi	sor's Name		Work / Su	pervisor #
Employers Address (include City, S	tate, and Zip Code)			Employ	ment Position		Length of	Employment
Co-Applicant Income Source		u are on S	SSI/SSD	-		e first line		
Employer's/Company's Name/ Sour	ce of Income			Supervi	sor's Name		vvork / Su	pervisor #
Employers Address (include City, S	tate, and Zip Code)			Employ	ment Position		Length of	Employment

Rev. 10-11-19 lr Page **6** of **7**





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

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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 dangers, 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.

SIGNATURES (ALL household member's over the age of 18)

Applicant's Signature:	Date:
Co-Applicant's Signature:	Date:
Additional Occupant Signature:	Date:
Additional Occupant Signature:	Date:

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applications on the basis of visual observation or surname.

Head of Household (census information, **circle** all that applies to you)

Race	White/ Caucasian	Black/ African American	American Native/Alaskan Native	Native Hawaiian/ Pacific Islander	Asian	Other	
Ethnicity	Hispanic or Latino			Not Hispanic or Latino			
Marital Status	Married			Single			
Gender	ender Male			Female			



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