



P R O P E R T I E S

Dear Applicant:

Thank you for inquiring about our apartments.

Within this document you will find the necessary forms you need to fill out and return to our office. There is a **\$20.00 application fee for each applicant 18 years of age and over**, which you must pay before we will process your application. Please make your check payable to Terra Properties and send it along with your application to the address listed below. Please note that your application will **NOT** be processed without the \$20.00 fee. When filling out the application, please take the time to either type or print clearly **all** the information requested. Should any of the information not apply to you, please enter "N/A" (not applicable) in the appropriate box so we do not mistake it as missed information. Using these two tips will then save both you and us the hassle of returning your application for missing information. Also, please remember to sign and date the application.

Once we receive your completed application and fee, we will run a credit and criminal check. When the checks have been completed you will be notified by mail about the status of your application. **Please do not call the office as it slows the process down.**

If you would like to call to make sure we received your application that is acceptable. However, due to our waiting list changing almost daily, we cannot provide you with a specific number as to where you stand on that list. Furthermore, while your application is on our waiting list, it is essential that you **immediately** inform our office of any changes in your address or telephone number. If you have any other questions about the application, please feel free to call the number listed below, Monday through Friday, 8:00 a.m. to 5:00 p.m.

Sincerely,  
Terra Properties

110 Executive Drive  
Highland, IL 62249  
618-654-7033  
Fax: 618-654-1480  
E-Mail: [mail@terra-properties.com](mailto:mail@terra-properties.com)

# Rental Application: \_\_\_\_\_ Apartments



Equal Housing Opportunity

## APPLICANT

FULL NAME		BIRTHDATE	CURRENTLY LIVING IN <input type="checkbox"/> APT <input type="checkbox"/> RENTED <input type="checkbox"/> OWN HOME <input type="checkbox"/> HOME	HOW LONG \$	PAYMENT PER MONTH	OFFICE USE ONLY
STREET ADDRESS			NAME OF PRESENT LANDLORD OR APT MGR			
CITY	STATE	ZIP CODE	TEL NO OF PRESENT LANDLORD OR APT MGR			
TEL NUMBER WHERE YOU MAY BE REACHED HOME _____ WORK _____			NAME OF PREVIOUS LANDLORD OR APT MGR			
WHY ARE YOU MOVING?			TEL NO OF PREVIOUS LANDLORD OR APT MGR		APPLICANTS E-MAIL ADDRESS	

## APPLICANT

EMPLOYED BY/COMPANY NAME	WEEKLY GROSS EARNINGS \$	POSITION	HOW LONG EMPLOYED	OFFICE USE ONLY:
EMPLOYERS STREET ADDRESS		NAME OF SUPERVISOR		
CITY	STATE	TEL NO OF SUPERVISOR		

## SPOUSE AND CHILDREN

NAME OF SPOUSE	BIRTHDATE	NO OF CHILDREN	IF HAVE CHILDREN, COMPLETE	CHILDREN WHO WILL BE LIVING WITH YOU NAME _____ BIRTHDATE _____ _____ _____ _____
EMPLOYED BY COMPANY NAME	WEEKLY GROSS EARNINGS \$	POSITION	HOW LONG EMPLOYED	
EMPLOYERS STREET ADDRESS		NAME OF SUPERVISOR		
CITY	STATE	TEL NO OF SUPERVISOR		

## ADDITIONAL OCCUPANTS WHO WILL OCCUPY UNIT OTHER THAN SPOUSE AND CHILDREN

NAMES	BIRTHDATE	EMPLOYER & SUPERVISOR	TEL NO	GROSS EARNINGS
NAMES	BIRTHDATE	EMPLOYER & SUPERVISOR	TEL NO	GROSS EARNINGS

## CREDIT REFERENCE

NAME OF YOUR BANK	BRANCH	TEL.NO.	TYPE OF ACCT <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	OFFICE USE ONLY:
	CITY			
PERSONAL REFERENCE NAME (NO RELATIVE)	TEL NO	STREET ADDRESS, CITY, STATE		
PERSONAL REFERENCE NAME (NO RELATIVE)	TEL NO	STREET ADDRESS, CITY, STATE		
HOW MANY VEHICLES WILL YOU HAVE? _____ AUTO <input type="checkbox"/> PICK-UP <input type="checkbox"/> RV <input type="checkbox"/> MOTOR-CYCLE <input type="checkbox"/> OTHER <input type="checkbox"/> _____ TYPE	YOUR DRIVERS LIC. NO.	YOUR SOCIAL SEC. NO.		
	SPOUSES DRIVERS LIC. NO.	SPOUSES SOCIAL SEC. NO.		

## ADDITIONAL INFORMATION

HOW DID YOU LEARN ABOUT THESE APARTMENTS? <input type="checkbox"/> NEWSPAPER <input type="checkbox"/> DRIVE BY <input type="checkbox"/> PHONE BOOK <input type="checkbox"/> RESIDENT (NAME) _____ <input type="checkbox"/> OTHER _____	TYPE OF RENTAL UNIT YOU WISH TO RENT <input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR
WHEN WOULD YOU LIKE TO MOVE INTO THE UNIT? _____	DO YOU HAVE PETS? <input type="checkbox"/> YES <input type="checkbox"/> NO TYPE _____
ADDITIONAL OBSERVATIONS:	

## TERMS AND REQUIREMENTS

<ul style="list-style-type: none"> <li>• APPLICANT HAS NO OBLIGATION TO RENT UNIT IF APPLICATION IS ACCEPTED AND APPROVED.</li> <li>• APPLICANT HEREBY GRANTS PERMISSION TO VERIFY ANY INFORMATION CONTAINED HEREIN.</li> <li>• APPLICANT GRANTS PERMISSION TO VERIFY CREDIT THROUGH A CREDIT BUREAU.</li> <li>• ALL INFORMATION ABOVE, OR RECEIVED FROM SOURCES WILL BE CONFIDENTIAL.</li> </ul>	SIGNATURE OF APPLICANT _____ DATE
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PROPERTIES

110 EXECUTIVE DRIVE  
HIGHLAND, IL 62249

For additional information call:  
(618) 654-7033



P R O P E R T I E S

APPLICANT SCREENING VERIFICATION

APPLICANT'S NOTE: Please list any address(es) (current and previous) where you live(d) and the name(s), address(es) and phone number(s) of your landlord(s) below. You must also sign this form at the bottom of the page. DO NOT FORWARD THIS FORM TO YOUR LANDLORD(S) It must be returned, signed, with your application before it will be processed.
Date: Applicant's Name:
Address: Address:
Landlord's Name: Landlord's Name:
Address: Address:
Are you related to the Landlord? YES NO If YES, in what way?

Dear Sir or Madam:

Our tenant selection policy obliges us to verify certain information about all members of families applying for occupancy at our apartments. To comply with this requirement, we ask your cooperation in supplying information on the tenant history of the family named above. 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, a self-addressed stamped envelope is enclosed.

Should you have any questions, Please feel free to call 1-800-736-8669

Sincerely,
Terra Properties

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.

Signature of Applicant

110 Executive Drive
Highland, IL 62249
618-654-7033
Fax: 618-654-1480
E-Mail: mail@terra-properties.com



PROPERTIES  
PERSONAL HISTORY

APPLICANT

Name in Full (Last, First, Middle)
List all other names you have used including nicknames
Current Address
Previous Address
Social Security Number
Place of Birth (City, State, County)
Date of Birth Month                      Date                      Year
Do you currently hold a valid Illinois Driver's License? ( ) Yes      ( ) No                      Driver's License #
Have you ever been issued a                      State (s)                      License # driver's license by a state other than Illinois?      ( ) Yes                      ( ) No

AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, hereby authorize a review of and full disclosure of all records concerning myself by any local or county police department, or County Clerks office or reliable public agencies, whether the said records are of public, private, or confidential nature. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, will be considered in determining my eligibility as a caretaker for any complex managed by Terra Properties.

<b>Applicant's Signature</b>	<b>Date</b>
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110 Executive Drive  
Highland, IL 62249  
618-654-7033  
Fax: 618-654-1480  
E-Mail: mail@terra-properties.com



PROPERTIES  
PERSONAL HISTORY

CO-APPLICANT

Name in Full (Last, First, Middle)
List all other names you have used including nicknames
Current Address
Previous Address
Social Security Number
Place of Birth (City, State, County)
Date of Birth
Month                      Date                      Year
Do you currently hold a valid Illinois Driver's License?
( ) Yes      ( ) No                      Driver's License #
Have you ever been issued a                      State (s)                      License # driver's license by a state other than Illinois?      ( ) Yes                      ( ) No

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<b>Applicant's Signature</b>	<b>Date</b>
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