



Dear Applicant:

Thank you for inquiring about our apartments.

With in this document, you will find a two-page application for you to fill out and return to our office. There is a **\$15.00 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 \$15.00 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 on page two.

Also enclosed please find an income verification checklist and an authorization form, which must be **INDIVIDUALLY** completed and signed by **EACH** member of your household 18 years of age and older. If the correct number of checklists and authorizations are not included for all who are 18 years of ages and older, you may photocopy a checklist and authorization or call our office so more can be sent to you. These forms will allow your income sources and references to release information to us that will be necessary to complete your application process.

On the verification checklist, please check the appropriate source(s) of your income and supply all names, addresses and telephone numbers so that an income verification form can be mailed to that source. It is a requirement of Housing and Urban Development and/or Rural Development for all income sources to be verified independently by the Landlord.

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.**

While your application is on our waiting list, it is essential that you **immediately** inform our office of any change 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. Hearing impaired individuals can contact us by calling (800) 526-0844 for relay service.

Sincerely,
Terra Properties.
Enc.

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



Rental Application: _____ Apartments

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

Equal Housing Opportunity

FULL NAME (first, middle initial last)		BIRTH DATE	DOES APPLICANT CURRENTLY RENT OWN	OFFICE USE ONLY
STREET ADDRESS (including apt. #)		HOME TELEPHONE NUMBER		
CITY		WORK TELEPHONE NUMBER	FOR HOW LONG?	
STATE	ZIP CODE	SOCIAL SECURITY NUMBER	MONTHLY PAYMENT	
REASON FOR MOVING:			DRIVER'S LICENSE NUMBER	APPLICANT'S E-MAIL ADDRESS

LANDLORD REFERENCES *(Information regarding Head of Household)*

NAME OF PRESENT LANDLORD	OFFICE USE ONLY
PRESENT LANDLORD'S TELEPHONE NUMBER	
NAME OF PREVIOUS LANDLORD	
PREVIOUS LANDLORD'S TELEPHONE NUMBER	

INCOME SOURCE INFORMATION *(Information Regarding Head of Household)*

EMPLOYER/INCOME SOURCE'S NAME	SUPERVISOR'S NAME	OFFICE USE ONLY
EMPLOYER'S STREET ADDRESS	SUPERVISOR'S TELEPHONE NUMBER	
CITY	STATE ZIP CODE	
POSITION	LENGTH OF EMPLOYMENT	

CO-APPLICANT'S INFORMATION *(Information regarding persons other than Head of Household and his/her children)*

FULL NAME (first, middle initial, last)	BIRTH DATE	SOCIAL SECURITY NUMBER	OFFICE USE ONLY
EMPLOYER/INCOME SOURCE'S NAME	SUPERVISOR'S NAME		
EMPLOYER'S STREET ADDRESS	SUPERVISOR'S TELEPHONE NUMBER		
CITY	STATE	ZIP CODE	
POSITION	LENGTH OF EMPLOYMENT		

CHILDREN'S INFORMATION *(Complete only for children who will occupy unit)*

CHILD'S FULL NAME (first, middle initial, last)	BIRTH DATE	OFFICE USE ONLY
CHILD'S FULL NAME (first, middle initial, last)	BIRTH DATE	
CHILD'S FULL NAME (first, middle initial, last)	BIRTH DATE	

HOUSEHOLD INCOME INFORMATION

APPROXIMATE TOTAL GROSS ANNUAL INCOME FROM ALL HOUSEHOLD MEMBERS FROM ALL SOURCES (INCLUDE WAGES, RENT, PUBLIC ASSISTANCE, UNEMPLOYMENT AND WORKER'S COMPENSATION, ALIMONY, CHILD SUPPORT, INTEREST, DIVIDENDS, SOCIAL SECURITY, PENSION BENEFITS, AND ANY OTHER HOUSEHOLD INCOME.	TOTAL \$
---	-----------------

HOUSEHOLD ASSET INFORMATION

APPROXIMATE TOTAL GROSS VALUE FROM ALL HOUSEHOLD MEMBERS ASSETS

(INCLUDE CHECKING, SAVINGS, TRUST ACCOUNTS, CD'S SAVINGS BONDS, REAL PROPERTY, AND ANY OTHER HOUSEHOLD ASSET)

TOTAL \$

REFERENCE INFORMATION (Relatives may NOT be used)

Table with 3 columns: PERSONAL REFERENCE NAME (For Applicant/Co-Applicant), DAYTIME TELEPHONE NUMBER, and OFFICE USE ONLY. It contains four rows for personal references.

ADDITIONAL INFORMATION

- HAS THE HEAD OF HOUSEHOLD OR CO-APPLICANT EVER RENTED FROM TERRA PROPERTIES BEFORE?
• HAS THE HEAD OF HOUSEHOLD OR CO-APPLICANT EVER BEEN EVICTED FROM ANY RESIDENCE?
• HAS THE HEAD OF HOUSEHOLD OR CO-APPLICANT EVER BEEN CONVICTED OF OR PLEADED GUILTY OR "NO CONTEST" TO A FELONY...
• HAS THE HEAD OF HOUSEHOLD OR CO-APPLICANT EVER BEEN CONVICTED OF OR PLEADED GUILTY OR "NO CONTEST" TO A MISDEMEANOR INVOLVING SEXUAL MISCONDUCT...
• HAS THE HEAD OF HOUSEHOLD OR CO-APPLICANT EVER BEEN CONVICTED OF SALE, DISTRIBUTION, OR POSSESSION OF ILLEGAL DRUGS?
• IS THE HEAD OF HOUSEHOLD A STUDENT?
• IS THE CO-APPLICANT A STUDENT?
• DO YOU REQUEST A HANDICAP/DISABILITY ADJUSTMENT TO YOUR INCOME?
• DO YOU REQUEST A SPECIAL HANDICAPPED ACCESSIBLE UNIT?
• HOW DID YOU LEARN ABOUT THESE APARTMENTS?
• WHEN WOULD YOU LIKE TO MOVE INTO A UNIT?
• DO YOU HAVE A PET?

TERMS AND REQUIREMENTS

- APPLICANT CERTIFIES ALL INFORMATION PROVIDED IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE.
• APPLICANT UNDERSTANDS THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW.
• APPLICANT GRANTS PERMISSION TO VERIFY ANY INFORMATION DEEMED NECESSARY FOR THE EVALUATION OF THE APPLICATION FROM ALL APPLICABLE SOURCES.
• APPLICANT GRANTS PERMISSION TO VERIFY CREDIT THROUGH CREDIT BUREAU.
• APPLICANT HAS NO OBLIGATION TO RENT UNIT IF APPLICATION IS ACCEPTED AND APPROVED.
• APPLICANT CERTIFIES THAT UNIT APPLIED FOR WILL BE PERMANENT RESIDENCE AND HE/SHE WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.
• APPLICANT AGREES TO NOTIFY TERRA PROPERTIES OF ANY CHANGES IN ADDRESS, PHONE NUMBER, FAMILY NUMBER, OR FAMILY INCOME.
• ALL INFORMATION ABOVE OR RECEIVED FORM OTHER SOURCES WILL REMAIN CONFIDENTIAL

APPLICANT'S SIGNATURE

CO-APPLICANT'S SIGNATURE

DATE OF APPLICATION

RACE, NATIONAL ORIGIN AND SEX DESIGNATION OF APPLICANT (Head of Household ONLY)

The Information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Development, that federal laws prohibiting discrimination against tenant applicants on the basis of race, color, or national origin, religion, sex, familial status, age, and handicap are complied with.

- ___ White ___ Black Non-Hispanic ___ Asian, Pacific Islander ___ Male
___ American Indian/Alaskan Native ___ Hispanic ___ Other ___ Female

RETURN FULLY COMPLETED



PROPERTIES

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

APPLICATION TO:



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



P R O P E R T I E S

APPLICANT

PERSONAL HISTORY

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		
List all of the States you have lived in since 1996		

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.

Applicant's Signature	Date
------------------------------	-------------



PROPERTIES

CO-APPLICANT

PERSONAL HISTORY

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 driver's license by a state other than Illinois? () Yes () No		State (s) License #
List all of the States you have lived in since 1996.		

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 for an apartment managed by Terra Properties.

Applicant's Signature	Date
------------------------------	-------------



PROPERTIES

VERIFICATION CHECKLIST

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

Applicant/Resident Name _____ Apt # _____

Current Address _____

Current Phone Number _____

List all members, including yourself, who will be residing in your apartment:

Name: (First - Last)

Birthdate:

Social Security #:

Are you or any members of your household full-time students carrying a full course load (as defined by the educational institution) 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: _____ Relationship: _____

Check all sources of income that apply and provide requested information:

1. Yes No Employment Income (List **ALL** places of employment below)

Name _____	Name _____
Address _____	Address _____
City,State,Zip _____	City,State,Zip _____
Supervisor _____	Supervisor _____
Telephone _____	Telephone _____

Name _____	Name _____
Address _____	Address _____
City,State,Zip _____	City,State,Zip _____
Supervisor _____	Supervisor _____
Telephone _____	Telephone _____

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)

Caseworker's Name _____
Telephone Number _____
Office Address _____
City, State, Zip _____

4. Yes No Social Security Income (If yes, please include current benefit statement from SS Office)

Check type(s) of Benefits:

A. Social Security Retirement _____
Disability _____ Widow(er) _____ Child(ren) _____

B. Supplemental Security Income, including State Supplement
Old Age _____ Disability _____ Blind _____

5. Yes No Pension(s) (If yes, please include a copy of statement of benefits from company issuing pension)

Source(s) _____
Monthly Amount(s) _____
Institution Name _____
Address _____
City, State, Zip _____

Source(s) _____
Monthly Amount(s) _____
Institution Name _____
Address _____
City, State, Zip _____

6. Yes No

Assets: ***THIS INCLUDES ALL ASSETS FOR ALL HOUSEHOLD MEMBERS.***
 (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)

Institution _____ Institution _____
 Type of account _____ Type of account _____
 Address _____ Address _____
 City,State,Zip _____ City,State,Zip _____

Institution _____ Institution _____
 Type of account _____ Type of account _____
 Address _____ Address _____
 City,State,Zip _____ City,State,Zip _____

Yes No

Do you own any type of Real Estate ?(Examples: house, trailer, land, etc.)

Type of Real Estate Owned _____
 Name of Mortgage Holder _____
 Address _____
 City, State, Zip _____

If mortgage is paid, please list market value of property. _____

Yes No

Do you have a safe deposit box?

If yes, please provide a detailed list of items stored in the safe deposit box.

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 \$ _____

(We must count court-ordered support whether or not its received unless legal action has been taken to remedy. We must also count support that is not court-ordered rather received directly from payor.)

<u>Eligible Child</u>	<u>Payor</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

How is the support received? (check all that apply)

Name of Agency: _____

Child Support Enforcement Agency

Court of law

Name of Court: _____

Directly from individual

Name of Person: _____

Other

Explain: _____

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

8. Yes No Child Care Expenses Is this expense necessary for you to work? _____
To go to school full time? _____

9. Yes No Medical Expenses (Check this only if you are 62 years of age or older, handicapped, or disabled)

10. Yes No Recurring Gifts from Family/Friends

Is this gift necessary for you to go to school full time? _____

Name of source _____

Address _____

City, State, Zip _____

Amount of gift _____ Weekly _____ Monthly _____

10A. Yes No Scholarship or grant money

If yes, what school _____

How much _____

11. Yes No Workers' Compensation Benefit

Monthly Amount(s) _____

Institution Name _____

Address _____

City, State, Zip _____

12. Yes No Rental Income

Monthly amount received _____

Name of Tenant _____

Address of property _____

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

Amount received _____ Source _____

Address _____

14. 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)? _____

I certify that the information provided on this verification checklist is accurate.

Signature of Resident/Applicant

Date



P R O P E R T I E S

Verification Authorization

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 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 recertifications 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

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