



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

APPLYING OR RECERTIFYING FOR  
RURAL DEVELOPMENT RENTAL ASSISTANCE?



THINK ABOUT THIS. . . IS **FRAUD** WORTH IT? . . . .

**Do You Realize. . . ?**

If you commit **Fraud** to obtain assisted housing from Rural Development, you could be:

- ✓ Evicted from your apartment
- ✓ Required to repay all overpaid rental assistance you received
- ✓ Fined up to \$10,000
- ✓ Imprisoned for up to five years
- ✓ Prohibited from receiving future assistance
- ✓ Subject to State and Local government penalties

**Do you know . . . ?**

You are committing **FRAUD** if you sign a form knowing that you provided false or misleading information. The information you provide on housing assistance application and recertification forms **will** be checked. The local housing agency or Rural Development **will** check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is **FRAUD**.

**So Be Careful . . .**

When you fill out your application or yearly recertification for housing; make sure your answers to the questions are accurate and honest. **All** boxes should be marked with a yes or no and if marked yes, all information requested should be filled in.

**You must include:**

- ✓ All sources of income and changes in income you or any members of the household receive; such as wages, welfare payments, social security, pensions, retirement, etc.
- ✓ Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.
- ✓ Any increase in income, such as wages from a new job or an expected pay raise or bonus
- ✓ All assets, such as bank accounts, savings bonds, CD's, stocks, real estate, etc., that are owned by you or any member of the household.
  
- ✓ All income from your assets such as interest from bank accounts, stock dividends, etc.
- ✓ Any business or asset (your home) that you sold in the last two years for less than fair market value.
- ✓ The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household

**ASK QUESTIONS . . .**

***If you don't understand something on the application or recertification forms always ask questions. It's better to be safe than sorry.***

**REPORT FRAUD! . . .**

**If you know of anyone who provided false information on a Rural Development assistance application or recertification or if anyone tells you to provide false information, report that person to our office. You can reach us toll free @ 800-736-8669 Monday through Friday from 8 a.m. to 5 p.m. Central Time. You can also fax information to 618-654-1480 or email to [mail@terra-properties.com](mailto:mail@terra-properties.com)**

**“Terra Properties is an equal opportunity employer and provider.”**





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 <b>TOTAL GROSS ANNUAL</b> INCOME FROM <b>ALL</b> HOUSEHOLD MEMBERS FROM <b>ALL</b> 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.	<b>TOTAL</b> \$
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**HOUSEHOLD ASSET INFORMATION**

APPROXIMATE <b>TOTAL GROSS</b> VALUE FROM <b>ALL</b> HOUSEHOLD MEMBERS ASSETS
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(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, OFFICE USE ONLY. Contains 4 rows of reference information.

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 FROM 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



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  <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Month</span> <span>Date</span> <span>Year</span> </div>
Do you currently hold a valid Illinois Driver's License?  <input type="checkbox"/> Yes <input type="checkbox"/> No    Driver's License #
Have you ever been issued a _____ State (s) _____ License # driver's license by a state other than Illinois? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

<b>Applicant's Signature</b>	<b>Date</b>
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P R O P E R T I E S

**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                      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 for an apartment managed by Terra Properties.

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



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  
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