

Office: (816) 561-9210
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www.terramgmt.com



Please fill out completely
or it will seriously delay
completion of this application

Date of desired occupancy: _____ 20 ____ Date: _____ 20 ____

Name: _____ Married Divorced _____ Separated _____ Single

Date of Birth: ____ / ____ / ____ Social Security #: ____ - ____ - ____ Phone: (____) _____

Email Address: _____

Spouse's Name: _____ Maiden Name (if married less than 2 years): _____

Date of Birth: ____ / ____ / ____ Social Security #: ____ - ____ - ____ Phone: (____) _____

Email Address: _____

of people who will occupy → Adults (over 18) ____ Children and ages (thru 18) _____

Description of Pets: _____

Number of Cars (Incl. Co. Cars): ____ Driver's Licence #: _____ State: _____

Make & Model: _____ Year: ____ Licence: _____

Make & Model: _____ Year: ____ Licence: _____

Emergency Contact Name: _____ Phone: (____) _____

Emergency Contact Address: _____

PART I - RESIDENT HISTORY

A. Present Address: _____ From: ____ / ____ / ____ To: ____ / ____ / ____

Present Landlord (City, State, Zip): _____ Phone: (____) _____

B. Previous Address: _____ From: ____ / ____ / ____ To: ____ / ____ / ____

Present Landlord (City, State, Zip): _____ Phone: (____) _____

C. Previous Address: _____ From: ____ / ____ / ____ To: ____ / ____ / ____

Present Landlord (City, State, Zip): _____ Phone: (____) _____

PART II - EMPLOYMENT & BANK REFERENCES

- A. Employed by: _____ From: ___ / ___ / ___ To: ___ / ___ / ___
Address: _____ Phone: () _____
Department or Position: _____ Approx. Mo. Income: _____
- B. Spouse's Employment: _____ From: ___ / ___ / ___ To: ___ / ___ / ___
Address: _____ Phone: () _____
Department or Position: _____ Approx. Mo. Income: _____
- C. Bank Reference: _____ From: ___ / ___ / ___ To: ___ / ___ / ___
Address: _____ Phone: () _____
Account #: _____ Checking Account Savings Account

APARTMENT INFORMATION (Must be completed by the owner)

Address of Apartment Rented: _____

Adult Occupants: _____ Children Occupants: _____ Children's Ages: _____ Pets: _____

Length of Lease (Months): _____ Notice Required (Days): _____

Apartment Description _____

Move in Date: _____ Monthly Rent: _____ Rent includes: _____

A processing charge of \$ _____ will be retained by the Landlord.

This application must be signed by all adults who will occupy the apartment before it can be considered by the Landlord. Acceptance of this application, and any monies deposited herewith, is not binding upon Landlord until approved by Landlord in writing. If approved, all monies deposited with this application, will be held as a reservation deposit to be either returned to applicant, or credited toward any deposit which may be required of applicant at the time a rental agreement is executed. **If the apartment is held for applicant for more than three (3) days, all monies deposited shall be forfeited to Landlord as liquidated damages.**

By signing, the applicant recognizes that an investigative report may be prepared whereby information is obtained through interview. This inquiry includes information as to your character, general reputation, credit, and mode of living. This application may be disapproved as a result of any misrepresentations or insufficient information as a result of an incomplete application. You have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of this investigation.

Reservation Deposit with application: \$ _____ Signature: _____

Reservation Deposit for pets (if allowed): \$ _____

Total Deposit with application: \$ _____ Signature: _____