



Office: 816.561.9210  
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 Kansas City, MO 64111  
 www.terramgmt.com

**Please fill out this form completely or it will  
 Seriously delay completion of this application.**

Date of desired occupancy: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Marital Status:  Married  Divorced \_\_\_\_\_  Separated \_\_\_\_\_  Single  
 Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_ Maiden Name (If married less than two years): \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Number of adults occupying residence: \_\_\_\_\_ Number of children occupying residence: \_\_\_\_\_  
 Description of pets: \_\_\_\_\_

Number of vehicles (including company cars):

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_  
 Vehicle #1 Make and Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Number: \_\_\_\_\_  
 Vehicle #2 Make and Model: \_\_\_\_\_ Year: \_\_\_\_\_ License Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_  
 Emergency Contact Address: \_\_\_\_\_

**Residence History**

Present Address: \_\_\_\_\_ From: \_\_\_\_\_ To: Present  
 Landlord Name: \_\_\_\_\_ Full Address: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Landlord Name: \_\_\_\_\_ Full Address: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Landlord Name: \_\_\_\_\_ Full Address: \_\_\_\_\_ Landlord Phone: \_\_\_\_\_

**Employment and Bank References**

Employed By: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_ Approx. Monthly Income \_\_\_\_\_

Spouse Employed By: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_ Approx. Monthly Income \_\_\_\_\_

Bank Reference: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Account Number: \_\_\_\_\_  Checking Account  Savings Account

**APARTMENT INFORMATION (MUST BE FILLED OUT 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 the 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 \$ \_\_\_\_\_ Reservation Deposit For Pets \$ \_\_\_\_\_ Total Deposit with Application: \$ \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_