

Terra Property Management Services

2139 Tapo St., Suite 219

Simi Valley, CA 93063

Toll Free 877 218-8900 Office 805 265-5423 Fax 805 435-1889

Each Applicant Must Complete Pages 1 and 2

Which property are you interested in:

Street Address:

Rent:

City:

Today's Date

Requested Move-in Date

Name (Last, First MI)

SSN

Driver's License

Date of Birth:

Current Address:

Street Address

Own or Rent

City, State, Zip

Owner's Name:

Owner's Phone:

If less than 2 years at current residence:

Previous Address

Own or Rent

City, State

Previous Owner's Name:

Phone

Current Employer:

Employer Phone:

Monthly Income:

(Please note that we may require proof of income)

Other Occupants

Name/Age_____

Name/Age_____

Name/Age_____

Will you have pets?

Yes

No

If yes, please describe:

Will you have water filled furniture?

Yes

No

If so, you will be required to obtain water furniture insurance.

Applicant represents that all of the above statements are true and correct and hereby authorizes verification of the above items and the obtaining of a credit report. Please note that additional credit references and/or cosigners may be required.

Applicant understands that no lease is final until such time as a lease has been signed by both the applicant and the Landlord. Applicant is cautioned to never assume that a lease approval is forthcoming.

Applicant understands and agrees that: (1) this is an application to rent only and does not guarantee that applicant will be offered the Premises; (2) Landlord or Manager or Agent may accept more than one application for the Premises and, using their sole discretion, will select the best qualified applicant, (3) Applicant will provide a copy of applicant's driver's license on request (4) Landlord may withdraw the property from the market at any time.

The undersigned also agrees to pay a NON-refundable processing fee in the amount of \$35 (for each applicant) at the time the application is submitted.

Applicant signature_____Date:_____

Phone:_____Email:_____