

Terrace Apartments Qualification Guidelines

Applicant's Name:	Date:
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Qualified applicants should have the following:

- Proof of monthly gross income approximately 3 times the monthly rental amount.
- A satisfactory credit rating or history.
- Good rental and/or mortgage history.
- Good employment and landlord references.
- Valid photo identification (driver's license, military I.D. or state I.D.)
- No conviction(s) of a felony within the last five (5) years or served time in a penal institute within the last (5) years.
- **No pets.** Terrace Apartments is a No Pet community unless the animal is necessary for disability. (Proof of certification will be required.)

Each **adult** (18 years or older) and any co-signer **MUST** complete and sign a separate application and pay an application fee. Processing will not begin until the application is complete and the fee has been paid.

Maximum Occupancy:

1 Bedroom: Four (4) Persons 2 Bedrooms: Six (6) Persons

Application Fee: \$25.00 per adult (18 years or older.) This fee is nonrefundable.

Security Deposit: Shall be equivalent to one months rent.

Application Fees & Deposits **must** be paid in a cashier's check or money order. Personal Checks or Cash will not be accepted.

Make your payments payable to:

The Terrace Apartments, 2207 SW 29th Terrace, Topeka, KS 66611

TERRACE APARTMENTS INFORMATION

1BR: 704 sq ft. \$535 - \$545 per month	2BR: 992 sq ft. \$600 - \$625 per month
W/D hook-ups (for 24" stackable in unit)	24 hour emergency maintenance
FREE Reserved covered carports	Free storage unit
Clubroom	On-site Manager
On-site Laundry Facilities	Pool
No pets community	Water, trash & sewage paid
Public Schools: Avondale West, Jardine, & Topeka High	Wood burning fireplaces
	Minutes from Wanamaker and I-470

APPLICANT RELEASE AND CONSENT

I, _____ the undersigned, hereby authorize all persons or companies in the categories listed below to release, without liability, information regarding employment, income, and assets to TERRACE APARTMENTS, for purposes of verifying application eligibility.

INFORMATION COVERED

I understand that depending on Qualification Policies and Requirements, previous and current information regarding me and my household members may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Personal Identity	Credit & Criminal Activity
Employment, Income & Assets	Residential & Rental Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility qualifications for residency.

GROUPS OR INDIVIDUALS THAT MAY BE CONTACTED

The groups or individuals that may be asked to release the above information include, but are not limited to (Depending on Qualification Policies):

Past and Present Employers	Previous Landlords
Veterans Administration	Retirement Systems
State Unemployment Agencies	Social Security Administration
Welfare Agencies	Support and Alimony Providers
Banks/Other Financial Institutions	Law Enforcement Agencies

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose(s) stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I understand I have a right to review this file and correct any information that is incorrect.

Applicant (Signature)

Date

Co-Applicant (Signature)

Date



The Terrace Apartments

PERSONAL DATA					
Last Name	First Name	Middle Name	Date of Birth		Social Security Number
			Month	Day	Year

List other occupants who will be residing in the household and the relationship to above (Spouse, son, daughter, friend, etc).

Last Name	First Name	Middle Name	Date of Birth		Social Security Number
			Month	Day	Year

ADDRESS DATA						
Present Mailing Address			City and State		Area Code	Your Phone
					()	
If apartment: name of property; if rental home: state who leased from. If owned: mortgage lender:			From		To	
			Mo	Yr.	Mo	Yr.
					()	
Previous Mailing Address			City and State		From	To
			Mo	Yr.	Mo	Yr.

Has anyone in the household been convicted of a criminal offense or been released from a correctional institution within the last 5 years? _____ Filed Bankruptcy? _____ Broken a lease? _____
 Been evicted? _____ If yes to any, please explain:

EMPLOYMENT RECORD			
Employer's Name	Your Position	Supervisor	Income
Employer's Address	From		To
	Mo	Yr.	Mo Yr.
			Company Phone
			()
Previous Employer Name and Address	From		To
	Mo	Yr.	Mo Yr.
			Company Phone
			()

BANK RECORD				
Bank Name	Branch	City/State	Account Number	Type Acct.

AUTO RECORD					
Make of Auto & Color	Year	License Plate #	State	Driver's License #	State

EMERGENCY DATA			
In Case of Emergency, Contact – Name and Address	Relationship	Area Code	Phone
		()	
		()	

YOUR EMAIL ADDRESS _____ (REQUIRED)

Applicant has deposited herewith the sum of \$_____, receipt of which is hereby acknowledged, as a non-interest bearing earnest deposit. In the event the application is approved and applicant fails or refuses to enter into the contemplated lease, owner shall retain said deposit to cover the cost of taking and processing this application, as well as rent losses.

In the event this application is disapproved, or for any reason for which owner is responsible the lease agreement is not consummated, this deposit will be returned to applicant. This application is made with the understanding that it is subject to acceptance by the owner and subject to execution by a legal representative of said Company and delivery of a lease covering said premises. Therefore, applicant authorizes credit and security checks necessary for approval of this application.

Applicant Signature

Date

For Office Use Only

Amount of Security Deposit: _____	Term of Lease: _____
Address: _____	Move-in date: _____
Apartment Number: _____	Comments: _____
Apartment Type: _____	_____