

The Homes, Inc.

660 Manorcrest Dr.

913-321-2471 / 913-321-2482

www.thehomesinc.com

Applicant			
Name:	D.O.B:	SSN:	
Current address:	City:	State:	Zip:
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous address:	City:	State:	Zip:
Owned Rented (Please circle)	Monthly payment or rent:	How long?	
Phone:	Cell:	Email:	

Employment			
Current employer:	Employer address:		
Phone:	E-mail:	Fax:	
Position:	Hourly Salary (Please circle)	Annual income:	
Start Date:	If self employed, type of business:		
Previous employer name & address:			

Emergency Contact			
Name of a person not residing with you:			
Address:	City:	State:	Zip:
Phone:	Cell:	Relationship:	

Other Income		
Separate income (alimony, child support, etc.) need not be revealed if you do not choose to have it considered.		
Amount:\$	Frequency of income:	Source:

Co-applicant (spouse or domestic partner)			
Name:	D.O.B:	SSN:	
Current address:	City:	State:	Zip:
Own Rent (Please circle)	Monthly payment or rent:	How long?	
Previous address:	City:	State:	Zip:
Owned Rented (Please circle)	Monthly payment or rent:	How long?	
Phone:	Cell:	Email:	

Co-applicant Employment			
Current employer:	Employer address:		
Phone:	E-mail:	Fax:	
Position:	Hourly Salary (Please circle)	Annual income:	
Start Date:	If self employed, type of business:		
Previous employer name & address:			

What you owe					
	CREDITOR NAME	INTEREST RATE	PRESENT BALANCE	MONTHLY PAYMENT	OWED BY APPL. OTHER
Rent			\$	\$	
1 <sup>st</sup> Mortgage			\$	\$	
2 <sup>nd</sup> Mortgage			\$	\$	
1 <sup>st</sup> Auto Loan			\$	\$	
2 <sup>nd</sup> Auto Loan			\$	\$	
Child-Care			\$	\$	
Child Support			\$	\$	
Credit Card			\$	\$	
Credit Card			\$	\$	
Other			\$	\$	
Other			\$	\$	
			TOTALS	\$	\$

Continue on to back of page...

**What you own**

LIST PROPERTY LOCATION OR FINANCIAL INSTITUTION	MARKET VALUE	USED AS COLLATERAL ON ANOTHER LOAN		OWNED BY	
		Y	N	APPL.	OTHER
Home	\$	Y	N		
Auto	\$	Y	N		
Savings	\$	Y	N		
Checking	\$	Y	N		
Other	\$	Y	N		

**Other Information about you**

IF YOU ANSWER "YES" TO ANY QUESTION OTHER THAN #1, EXPLAIN BELOW	APPL.		OTHER	
	Y	N	Y	N
1. Are you a U.S. citizen or permanent resident alien?				
2. Do you currently have any outstanding judgments or have you ever filed for Bankruptcy, had a debt adjustment plan confirmed under chapter 13, had property foreclosed upon or repossessed in the last 7 years, or been a party in a lawsuit.				
3. Is your income likely to decline in the next two years?				
4. Are you a co-maker, co-signer or guarantor on any loan not listed above? For whom (Name of others obligated on loan): _____ To whom (Name of creditor): _____				

Explanation area:

You promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is a complete listing of what you owe. If there are any important changes you will notify us in writing immediately. You authorize the Homes, Inc. to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. You authorize the Homes, Inc. to obtain employment and rental/mortgage verification. You understand that the Homes, Inc. will rely on the information in this application and your credit report to make its decision. If you request, the Homes, Inc. will tell you the name and address of any credit bureau from which it received a credit report on you.

<b>X</b>	<b>X</b>
APPLICANT SIGNATURE	OTHER SIGNATURE
DATE	DATE

**SINGLE APPLICATION FEE - \$30**  
**JOINT APPLICATION FEE - \$40**

**CRITERIA FOR RESIDENCY IN THE HOMES, INC.**  
As amended and approved by the Board of Directors June 26, 2008

For health reasons, the number of people allowed to live in each unit is as follows:

Number of Bedrooms	Maximum Persons in Household
1	2
2	4
3	6
4	8
5	10

Federal Law to abide by these rules mandates us.

Applicant must meet the following criteria:

1. 18 (eighteen) years of age or older
2. 12 (twelve) months rental history
3. 6 (six) months consecutive employment and provide proof of income

For proof of income:

1. If you are an employee of a company, retired, or receiving Social Security, you must provide your most recent paycheck stub with year-to-date amount OR last four (4) months bank statements showing direct deposit of income.
2. If you are self employed, you must provide the last two (2) years tax returns, plus a profit and loss statement of the current year.

For proof of identification:

1. Current driver's license or other Government issued picture id
2. Social Security Card

Applicant's credit history will be obtained and considered as part of the criteria.

Applicant must be approved by The Homes, Inc. before financing will be considered. Applicant requesting financing must complete an application with the Quindaro Homes Federal Credit Union (on-site).

Applicant authorizes The Homes, Inc. and Quindaro Homes Federal Credit Union to share and disclose to each other any and all information and records concerning my tenancy and loan.

Applicant has read and understands the Criteria for Residency in The Homes, Inc.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse signature

\_\_\_\_\_  
Date

# The Homes, Inc.

660 MANORCREST

KANSAS CITY, KANSAS 66101

(913) 321-2471

(913) 321-2482 FAX

## RENTAL VERIFICATION TO BE COMPLETED BY APPLICANT

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Landlord's Phone No \_\_\_\_\_ Landlord's Fax No \_\_\_\_\_

I hereby give authorization for release of this information.

\_\_\_\_\_  
Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

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## TO BE COMPLETED BY LANDLORD

Tenant's Lease Dates \_\_\_\_\_ to \_\_\_\_\_

Rent Amount \_\_\_\_\_ Number of Late Payments \_\_\_\_\_

\_\_\_\_\_  
Landlord (Please Print) \_\_\_\_\_ Landlord Signature \_\_\_\_\_ Date \_\_\_\_\_

4  
(Shared data/Stock Transfers/The Homes Application/Rental verification)



The Homes, Inc. is an Equal Opportunity Housing Participant

# The Homes, Inc.

660 MANORCREST

KANSAS CITY, KANSAS 66101

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## EMPLOYMENT VERIFICATION TO BE COMPLETED BY APPLICANT

Applicant's Name \_\_\_\_\_

Applicant's Social Security Number \_\_\_\_\_

Applicant's Position or Department \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

Employer's Phone No \_\_\_\_\_ Employer's Fax No \_\_\_\_\_

I hereby give authorization for release of this information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## TO BE COMPLETED BY EMPLOYER

Employment Dates \_\_\_\_\_ to \_\_\_\_\_

Gross Base Pay \_\_\_\_\_ Hours worked per pay period \_\_\_\_\_

Pay Period \_\_\_\_\_ Weekly \_\_\_\_\_ Bi-Weekly \_\_\_\_\_ Monthly

\_\_\_\_\_  
Employer (Please Print)

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

3

(Shared data/Stock Transfers/The Homes Application/Employment verification)



The Homes, Inc. is an Equal Opportunity Housing Participant

# Occupant Information Sheet

## Forma de Informacion de Ocupante

Stockholder #1. \_\_\_\_\_

Stockholder #2. \_\_\_\_\_

Stockholder #3. \_\_\_\_\_

Address/Direccion: \_\_\_\_\_ Kansas City, Ks 66101

Phone/Telefono # Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupant's Name Ocupante Nombre	Sex: M or F Sexo H or M	Birthdate Fecha de nacimiento	Relationship To Stockholder
			<b>Stockholder</b>

**EMERGENCY Contact (Name)/Contacto (nombre #) de EMERGENCIA:** \_\_\_\_\_

Address, City, State, Zip, Phone #/Direccion, Ciudad, Estado,Codigo postal, Telefono #

**The Department of Housing and Urban Development dictates the number of people allowed to live in each unit is as follows:**

Number of Bedrooms	Maximum Persons in Household
1	2
2	4
3	6
4	8
5	10

Federal Law to abide by these rules mandates us.

Pets Name	Dog or Cat	Friendly or not

Signature/Firma \_\_\_\_\_ Date/Fecha \_\_\_\_\_