

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:	

Spouse

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:	

Spouse 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. SPOUSE	
Rent			\$	\$		
1 st Mortgage			\$	\$		
2 nd Mortgage			\$	\$		
1 st Auto Loan			\$	\$		
2 nd 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.	SPOUSE
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.		SPOUSE	
	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.

X		X	
APPLICANT SIGNATURE	DATE	SPOUSE SIGNATURE	DATE

SINGLE APPLICATION FEE - \$40
JOINT APPLICATION FEE - \$60

IF THIS APPLICATION IS APPROVED THE APPROVAL WILL ONLY BE GOOD FOR 60 DAYS.

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

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



THE HOMES, INC OCCUPANT INFORMATION SHEET

2021

SHAREHOLDER (S/H) 1: _____ RELATION: _____

SHAREHOLDER (S/H) 2: _____ RELATION: _____

SHAREHOLDER (S/H) 3: _____ RELATION: _____

ADDRESS: _____, KANSAS CITY, KS 66101

MOBILE: () _____ WORK: () _____ OTHER: () _____

EMAIL: _____

OCCUPANT'S NAME	SEX: M / F	BIRTHDATE	RELATIONSHIP TO S/H
			SHAREHOLDER (S/H)

EMERGENCY CONTACT: _____ RELATION: _____

MOBILE: () _____ WORK: () _____ OTHER: () _____

ADDRESS: _____

PET'S NAME	TYPE	FRIENDLY: Y/N

FEDERAL LAW REQUIRES FOLLOWING THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT'S RULES FOR THE NUMBER OF PEOPLE ALLOWED LIVING IN EACH UNIT:

# OF ROOMS	MAX.
1	2
2	4
3	6
4	8

S/H Signature: _____ Date: _____



The Homes, Inc. is an Equal Opportunity Housing Participant

The Homes, Inc.

660 MANORCREST

KANSAS CITY, KANSAS 66101

(913) 321-2471

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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

TO BE COMPLETED BY LANDLORD

Tenant's Lease Dates _____ to _____

Rent Amount _____ Number of Late Payments _____

Landlord (Please Print)

Landlord Signature

Date

