**REQUIREMENTS FOR THE HOMES INC**

(FOR CO-SIGNER AS WELL)

-COMPLETE THE ENTIRE APPLICATION (attached). **FAILURE TO COMPLETE THE ENTIRE APPLICATION WILL DELAY RESULTS!**

-$40 Application Fee ($60 if co-signer is needed)

-18 Years of age

-Credit Score of 650 or better

-Debt to income must be 41% or less

-Social Security Card

(If you do not have a card you must go the Social Security Administration Office, 850 Nebraska Ave, Kansas City, KS 66101, and request a copy. Proof of the request must be submitted with the application)

-Driver’s License/State ID

(We do not accept expired documentation)

-6 months of employment verification

-12 months rental history

-Proof of Income - 2 most recent paystubs, and/or Federal taxes and/or a W-2, and/or Social Security benefit letter, and/or Pension benefit statement

**Monthly HOA Fees**

**1 Bedroom - $345.00 2 Bedroom - $350.00 3 Bedroom - $355.00**

**At the time of the closing/sale of a unit a deposit is required**

**1 Bedroom - $517.00 2 Bedroom - $525.00 3 Bedroom - $532.00**

**The seller and buyer should decide who will pay that months HOA fee.**

**If you need a loan you must complete an application from the Quindaro Homes Federal Credit Union. (Current interest rate is 15%)**

**At the time of the closing/sale a $25.00 account open fee is required for the credit union.**

**The Homes, Inc.**

**660 Manorcrest Dr. 913-321-2471/913-321-2482fax thehomesinc@thehomesinc.com**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | | | | | | | | | | | | | | | |
| INTEREST PRESENT MONTHLY OWED BY  CREDITOR NAME RATE BALANCE PAYMENT APPL. SPOUSE | | | | | | | | | | | | | | | | | | | | | | |
| Rent |  | | | | | | | | |  | $ | | | | | | $ | | | |  |  |
| 1st Mortgage |  | | | | | | | | |  | $ | | | | | | $ | | | |  |  |
| 2nd Mortgage |  | | | | | | | | |  | $ | | | | | | $ | | | |  |  |
| 1st Auto Loan |  | | | | | | | | |  | $ | | | | | | $ | | | |  |  |
| 2nd Auto Loan |  | | | | | | | | |  | $ | | | | | | $ | | | |  |  |
| Child-Care |  | | | | | | | | |  | $ | | | | | | $ | | | |  |  |
| Child Support |  | | | | | | | | |  | $ | | | | | | $ | | | |  |  |
| Credit Card |  | | | | | | | | |  | $ | | | | | | $ | | | |  |  |
| Credit Card |  | | | | | | | | |  | $ | | | | | | $ | | | |  |  |
| Other |  | | | | | | | | |  | $ | | | | | | $ | | | |  |  |
| Other |  | | | | | | | | |  | $ | | | | | | $ | | | |  |  |
|  | | | | | | | TOTALS | | | | $ | | | | | | $ | | | |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | |

IF THIS APPLICATION IS APPROVED THE APPROVAL WILL ONLY BE GOOD FOR 6 MONTHS

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| What you own | | | | | | | | | | | | |
| MARKET USED AS COLLATERAL OWNED BY  LIST PROPERTY LOCATION OR FINANCIAL INSTITUTION VALUE ON ANOTHER LOAN 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.  Y N | | | SPOUSE  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** | | | | | | | | | | | | |

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 (1) 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicants 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

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**MUST 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 Form***

**Stockholder Name 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to S/H: \_\_\_\_\_\_\_\_\_\_\_\_**

(If there is a 2nd or 3rd Stockholder, please list them)

**Stockholder Name 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to S/H: \_\_\_\_\_\_\_\_\_\_\_\_**

**Stockholder Name 3: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to S/H: \_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile #: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work #: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email (print clearly):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**List all Stockholders and Occupants**

|  |  |  |  |
| --- | --- | --- | --- |
| **Occupant(s) Name** | **Birthdate** | **Sex: M or F** | **Relationship to S/H** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to S/H\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State and Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mobile #:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #:( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FEDERAL LAW REQUIRES THE FOLLOWING: The Department of Housing and Urban Development’s RULES FOR THE NUMBER of people allowed LIVING in the unit**

|  |  |
| --- | --- |
| **# OF ROOMS** | **MAX. OCCUPANTS** |
| **1** | **2** |
| **2** | **4** |
| **3** | **6** |
| **4** | **8** |

|  |  |  |
| --- | --- | --- |
| **Pets Name** | **Cat or Dog** | **Friendly Y or N** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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 the release of this information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date

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**MUST BE COMPLETED BY LANDLORD**

Tenant’s Lease Dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Landlord (Please Print) Landlord Signature Date

**IF YOU OWN YOUR HOME THIS DOCUMENT DOES NOT APPLY**