## THE HOMES, INC

### 660 MANORCREST DRIVE, K.C., KS 66101 913-321-2471

thehomesinc@thehomesinc.com

#### REQUIREMENTS TO QUALIFY TO RESIDE AT THE HOMES, INC.

Applicant must be at least 18 years old

U.S. Driver's License/State ID (We do not accept expired documentation)

**Social Security Card** (If you do not have a S.S. card you must request a replacement. Go online or go to a Social Security Office to request a copy. Proof of request documentation will be provided to you. Proof of request must be submitted with your application - Local Office, 850 Nebraska Ave, K.C., KS 66101)

**Employment Verification** - You must be at your employment for at least 6 consecutive months.

**Rental Verification** - You must reside at your current address for at least 12 months.

**Proof of Income** - Must provide - 4 most recent paystubs, and/or Federal 1040 taxes and/or a W-2, and/or Social Security benefit statement, and/or Pension benefit statement

Credit Score - 650 or better

**Debt to Income** - 41% or less (Your debt is divided by your income. This ensures you can afford your monthly common household expenses)

Number of Bedrooms to Occupants in a Unit -1-2 Occupants - 1 Bedrooms

3-4 Occupants - 2 Bedrooms

5-6 Occupants - 3 Bedrooms

# IF YOU MEET THESE REQUIREMENTS PLEASE COMPLETE THE ENTIRE APPLICATION.

Failure to complete the entire application and provide supporting documentation will delay results

# IF YOU NEED A LOAN, YOU MUST COMPLETE AN APPLICATION FOR THE QUINDARO HOMES FEDERAL CREDIT UNION.

(INTEREST RATE IS 15%)

(The Credit Union is a Federal Banking Institution. The Credit Union and The Homes, Inc. are two separate entities. Legal contracts, documentations, and financial obligations to each entity are separate)

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# REQIREMENTS AND DOCUMENTATION FOR SUBMITTING YOUR APPLICATION TO THE HOMES, INC.

- COMPLETED APPLICATION (CO-APPLICANTS/CO-SIGNERS MUST COMPLETE A SEPARATE APPLICATION)
- DRIVER'S LICENSE/STATE ID
- SOCIAL SECURITY CARD (OR REQUEST DOCUMENTATION)
- EMPLOYMENT VERIFICATION
- RENTAL VERIFICATION
- PROOF OF INCOME
- -\$40 APPLICATION FEE (\$20 FEE FOR EACH CO-APPLICANTS/CO-SIGNERS)
- IF YOU ARE APPLYING FOR A LOAN WITH THE QUINDARO HOMES FEDERAL CREDIT UNION YOU MUST COMPLETE THE CREDIT UNION APPLICATION.
  THE REQUIREMENTS ARE THE SAME FOR THE HOMES.

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

The seller and buyer must agree who will pay the current month's HOA fee.

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 from the buyer

1 Bedroom - \$517.00

2 Bedroom-\$525.00

3 Bedroom-\$532.00

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Phone #: Cell: Email:  Address: City: State: Zip:  OWN or RENT Monthly payment or rent: How long have you lived there:  (CITCLE ONE)  Previous Address: City: State: Zip:  OWN or RENT Monthly payment or rent: How long did you live there:  EMPLOYMENT  Employer: Address: State: Zip:  Phone #: Femail: Position:  Hourly Rate: Hours Worked Per Week: Mo. Salary if not hourly  If Self-Employed (Co. name, address, phone #)  Type of Business:  OTHER INCOME  Separate Income: (Alimony, Child Support, Retirement, Investment, Benefits)  f you do not want to disclose (prove) other income it will not be considered in your TOTAL income  Amount: Frequency of Income: Source of Income:  WHAT YOU OWE (Auto Loan, Credit Cards, Mortgage,	APPLICANT										
Address:  OWN or RENT Monthly payment or rent:  (CITY: State: Zip:  OWN or RENT Monthly payment or rent:  (CITY: State: Zip:  OWN or RENT Monthly payment or rent:  (CITY: State: Zip:  OWN or RENT Monthly payment or rent:  (CITY: State: Zip:  OWN or RENT Monthly payment or rent:  (CITY: State: Zip:  OWN or RENT Monthly payment or rent:  (CITY: State: Zip:  EMPLOYMENT  Employer: Address: State: Zip:  Phone #: Famil: Position:  Hire Date: Hourly Rate: Hours Worked Per Week: Mo. Salary if not hourly  If Self-Employed (Co. name, address, phone #)  OTHER INCOME  Separate Income: (Alimony, Child Support, Retirement, Investment, Benefits)  If you do not want to disclose (prove) other income it will not be considered in your TOTAL income  Amount: Frequency of Income: Source of Income:  WHAT YOU OWE (Auto Loan, Credit Cards, Mortgage,	Name:					DOB:		SS#:			
Address:  City: State: Zip:  OWN or RENT Monthly payment or rent:  (CITCLE ONE)  Previous Address:  City: State: Zip:  OWN or RENT Monthly payment or rent:  (CITCLE ONE)  OWN or RENT Monthly payment or rent:  (CITCLE ONE)  How long did you live there:  EMPLOYMENT  Employer: Address: State: Zip:  Phone #: Email: Position:  Hire Date: Hourly Rate: Hours Worked Per Week: Mo. Salary if not hourly  If Self-Employed (Co. name, address, phone #)  Type of Business:  OTHER INCOME  Separate Income: (Alimony, Child Support, Retirement, Investment, Benefits)  If you do not want to disclose (prove) other income it will not be considered in your TOTAL income  Amount: Frequency of Income: Source of Income:  WHAT YOU OWE (Auto Loan, Credit Cards, Mortgage,	Dhana #		Calle			oil.					
OWN or RENT (CIRCLE ONE)  Previous Address:  City:  State:  Zip:  OWN or RENT (CIRCLE ONE)  Whothly payment or rent:  (CIRCLE ONE)  Monthly payment or rent:  (CIRCLE ONE)  Address:  EMPLOYMENT  Employer:  Address:  Frequency of Income:  Amount:  Frequency of Income:  WHAT YOU OWE (Auto Loan, Credit Cards, Mortgage,	Phone #:		Cett:		Em	ait.					
Previous Address:  City:  State:  Zip:  OWN or RENT (CIRCLE ONE)  EMPLOYMENT  Employer:  Address:  Address:  State:  Zip:  Phone #:  Position:  Hire Date:  Hourly Rate:  Hourly Rate:  Hours Worked Per Week:  Mo. Salary if not hourly  If Self-Employed (Co. name, address, phone #)  Type of Business:  OTHER INCOME  Separate Income: (Alimony, Child Support, Retirement, Investment, Benefits)  f you do not want to disclose (prove) other income it will not be considered in your TOTAL income  Amount:  Frequency of Income:  WHAT YOU OWE (Auto Loan, Credit Cards, Mortgage,	Address:		<u> </u>			City:			State:		Zip:
OWN or RENT (CIRCLE ONE)    Monthly payment or rent:		nthly pa	ayment or rent:			How long have	e you liv	ed there:			
EMPLOYMENT  Employer: Address: State: Zip:  Phone #: Phone #: Hourly Rate: Hours Worked Per Week: Mo. Salary if not hourly  If Self-Employed (Co. name, address, phone #)  Type of Business:  OTHER INCOME  Separate Income: (Alimony, Child Support, Retirement, Investment, Benefits) If you do not want to disclose (prove) other income it will not be considered in your TOTAL income  Amount: Frequency of Income: Source of Income:  WHAT YOU OWE (Auto Loan, Credit Cards, Mortgage,	Previous Address:					City:			State:		Zip:
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WHAT YOU OWE (Auto Loan, Credit Cards, Mortgage,	-				will not l			OTAL inco	me		
	Amount:	Fred	quency of Income:			Source of Inc	come:				
Creditors Name Present Balance Monthly Payment	WHAT YOU OWE (	Auto Lo	an, Credit Cards, M	1ortga	ge,						
	Creditors Name						Pres	ent Balan	ce	Moi	nthly Payment

		MARKET VALUE	COL	JSED A LATERA OTHER I	AL ON LOAN
Home		MARKET VALUE		or Or	N
Auto				or	
Savings				or	
Checking			Υ	or	N
Other			Υ	or	N
OTHER INFORMATION ABOUT YOU  Are you a U.S. citizen or permanent resident	Y or N				
IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUI	(Circle Answer)	E GIVE DETAILS IN THE F	ΥΡΙ ΔΝΔΤ	ION	ΔΡΕΔ
Do you currently have any outstanding judgements?	Y or N (Circle Answer)	E OIVE BEIALOW ME	AI EANAI	1011	AILA
2. Have you ever filed for Bankruptcy?	Y or N (Circle Answer)				
3. Have you ever had a debt adjustment plan confirmed under Chapter 13?	Y or N (Circle Answer)				
4. Have you had property foreclosed/repossessed?	Y or N (Circle Answer)				
5. Are you a co-maker/co-signer/guarantor on any loan?	Y or N (Circle Answer)				
EXPLANATION AREA:					
You promise that everything you have stated in this applicate above information is a complete listing of what you owe. You information on the cover page. If there are any important of the Homes, Inc. to obtain credit reports in connection with extension of the credit received. You authorize the Homes You understand that the Homes, Inc. will rely on the inform decision. If you request, the Homes, Inc. will tell you the noredit report on you.	ou acknowledge changes you will this application , Inc. to obtain enation in this app	e that you have read and unotify us in writing immed for credit and for any upd mployment and rental/mobilication and your credit re s of any credit bureau from	nderstand liately. Yo late, renev ortgage ve eport to m	d the u aut wal or rifica ake it	thorize r ation. ts
SIGNATURE:		DATE:			
APPLICATION FEE \$40 CO-APPLI	CANT/CO-S	SIGNER APPLICA	TION F	EE	\$20

IF THIS APPLICATION IS APPROVED THE APPROVAL IS GOOD FOR SIX MONTHS

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# **EMPLOYMENT VERIFICATION**

#### TO BE COMPLETED BY APPLICANT

Applicant Name:			DOB:		SS#:			
Employer:		Address:	J <u>l</u>		<u>  </u>		State:	Zip:
Employer Phone #:	Employer Email:				Position	on:		
I HEREBY GIVE A	AUTHORIZATION FOI	R RELEAS	SE OF THE	REQU	ESTE	D INF	ORMAT	ION
Applicant Signature:						DATE:		
	MUST BE	COMPLE	ETED BY EN	1PLOY	⁄ER			
Employment Dates	MUST BE	COMPLE	ETED BY EN	1PLOY	⁄ER			
Employment Dates Hourly Rate:	MUST BE  - Hours Worked Per Wee		ETED BY EN		⁄ER			
	- Hours Worked Per Wee				⁄ER			
Hourly Rate:	- Hours Worked Per Wee	k:			⁄ER			
Hourly Rate: Pay Frequency (Circle C	- Hours Worked Per Wee One)	k:			<b>ER</b>			

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# **RENTAL VERIFICATION**

#### TO BE COMPLETED BY APPLICANT

Applicant Name:			Applicant Address:				
Owner/Landlord:		Owner/Landlord Address:					
Owner/Landlord Phone:	dlord Em	nail:					
I HEREBY GIVE AUTHORIZ	ATION FO	R RELE	ASE OF THE RI	EQUESTED INFO	RMATION		
Applicant Signature:				Date:			
MU	ST BE CO	MPLET	ED BY OWNER	/LANDLORD			
Tenants Lease Dates:			Rent Amount:				
Has tenant ever been late on rent	<b>Y</b> or (Circle Ar	How many times w	ras tenant late on ren	t:			
Name of Owner/Landlord (Please	Owner/I	_andlord Signature:	ndlord Signature: Date:				

IF YOU OWN YOUR HOME THIS DOCUMENT DOES NOT APPLY

# The Homes, Inc. Occupant Form

Stockholder Name 1:					Relat	ionship to S/H: _	
(List each applicant's name	as a Stock	holder)					
Stockholder Name 2:					Relat	ionship to S/H: _	
Stockholder Name 3:					Relat	ionship to S/H: _	
Address:(The address you will reside			_Mobile #:	( )		Work #: (	)
Email (print clearly):							
List the Stockholder a	nd Occu	pants tha	t will be liv	ving in the (	unit		
	ant(s) Na			Birthd		Sex: R M or F	elationship to S/H
Emergency Contact:					Relati	onship to S/H	
Address:							de:
Mobile #:( )				We	ork #:(		
Email: (print clearly)							
Pets Name	Cat or Dog	Friendly Y or N	Vaccines Y or N	Spayed/ Neutered Y or N		FOLLOWING: Housing and U RULES FOR THI allowed LI'	W REQUIRES THE The Department of rban Development's E NUMBER of people VING in the unit
						# OF BD ROOMS	
					1	1 2	2 4
						3	6
					J	4	8
Signature_					Da	ıta	

Signature of Stockholder living in unit

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# **VEHICLE REGISTATION**

#### LIST EACH VEHICLE THAT YOU AND YOUR OCCUPANTS HAVE

MAKE	MODEL		YEAR	LICENSE PLATE #
(EX: Toyota, Ford, Honda)	(EX: Corolla, F150, Civic)			(WY 000-000)
When residing in Wyando	otte County, Kansas there are f	ew spec	ific reasons you d	lo not have to register your
vehicle in the county sucl	h as military service, education	n, vehicl	e is owned by a ch	naritable organization, etc. If
these exceptions apply to	o your vehicle or any of your oc	cupants	a' vehicles, you mu	ust provide proof.
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	register my vehicle and my occ chase a vehicle it must be regi	•		
	vehicles currently registered a			iderstand that rand my
occupanto must koop att	vernotes currently registered c	ina mban	cu.	
ADDRESS: (The address you	u will reside at in at the Homes)	NAME:	(Please print)	
				1
SIGNATURE:				DATE: