



Pre-Application



Property Name: FOSTER SENIOR HOMES

Paid Date _____ Time _____ R# _____ Owes _____

First Name	MI	Last Name	Social Security Number	Sex M or F	Date of Birth

Email Address: _____ Primary Phone: _____ Alternate Phone: _____
 Current Address: _____ City: _____ State: _____ Zip: _____

If you are handicapped or disabled, you may request a handicap accessible unit. Do you wish such unit? Yes No
 Do you meet the following HUD Definition of Displaced: Yes No
 (Families or single persons who have been displace due to a presidential declared disaster.)

Estimated Annual Household Income: Household Size:

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

RACE: _____ ETHNICITY: _____
 Race codes: (1) American Indian or Alaskan Native (2) Asian (3) Black or African American (4) Native Hawaiian or Pacific Islander (5) White Ethnicity codes: (a) Hispanic / Latino (b) Non-Hispanic Latino

NOTICE - APPLICATION FEE

EFFECTIVE October 29, 2007 a \$20.00 NON-REFUNDABLE APPLICATION FEE WILL BE COLLECTED FROM ANY APPLICANT AGES 18 OVER THAT WISHES TO APPLY FOR AN APARTMENT.

YOUR APPLICATION CANNOT BE DEEMED COMPLETE WHEN RETURNED TO US UNLESS YOU HAVE INCLUDED THE APPROPRIATE FEE IN THE FORM OF A MONEY ORDER (NO CHECKS OR CASH).

APPLICANTS SIGNATURE: _____ DATE _____ TIME _____

CO-APPLICANTS SIGNATURE: _____ DATE _____ TIME _____

SITE MANAGERS NAME: **Amanda Robertson**

SITE MANAGERS SIGNATURE: _____ DATE _____ TIME _____



Verification Authorization Form



Project Name:	FOSTER SENIOR HOMES	Applicant/Tenant:	
Project Address:	1390 W. 7th St.	Application ID:	
City:	Hopkinsville	State:	KY Zip: 42240 Date:
Office Number:	Ph / Fax: 270-707-4274	Property Email:	fosterseniorhomes@homelandinc.com

To: Whom It May Concern

RE: Verification Authorization Form

I hereby authorize the Manager of the apartment complex listed above to verify any or all of my income, employment, criminal, landlord or personal references necessary to determine my eligibility for residency in the above government-financed project.

I further understand that requested information is only for the purpose of determining the eligibility of my household and will not be used for any other purpose.

There by authorize my employer, landlord (past and present), bank or other financial institution, or other income source or personal reference to release the requested information.

I hereby authorize all persons or entities listed herein above to release any information in their possession known to them, concerning me. A copy of this application shall serve as the authority for the release of any of said information. I further authorize VeriRent, Inc., its employees and agents to make such inquiries as maybe deemed necessary for action and determination upon this application.

Has any applicant been convicted of any criminal offense? YES NO

If yes, who and explain _____

A photo static copy shall be considered equivalent to an original signature.

(Signature of Applicant)

SocialSecurity#

(PrintName)

Date of Birth

Address _____ City _____ State _____ Zip _____

Home # _____

Cell # _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willfully statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.