

**New Horizon Scholar House**  
**1303 Glass Ave**  
**Hopkinsville, KY 42240**  
**Phone/Fax: 270-632-6805**  
**newhorizonscholar@homelandinc.com**

Thank you for your interest in our property. We have two and three bedroom apartments. We are currently working off a waiting list. **Please answer the bottom question and complete the attached two forms.** Return the completed forms to our office at 1303 Glass Ave. Applications are considered incomplete without the \$20 (per adult) application fee to run the criminal background check. We only accept money orders made payable to New Horizon Scholar House.

**Our waiting list goes by the following preferences:**

1. Single Parent in school full time with daycare eligible children
2. Single parent in school full time with eligible children
3. Couple, where both members of the couple are enrolled in school full time with daycare eligible children
4. Couple where both members of the couple are enrolled in school full time with eligible children
5. Couple where only one member of the couple is in school full time with daycare eligible children
6. Couple where only one member of the couple is in school full time with eligible children
7. Single Parent enrolled in school part time with daycare eligible children
8. Single Parent enrolled in school part time with eligible children
9. Couple where both members of the couple are enrolled in school part time with daycare eligible children
10. Couple where both members of the couple are enrolled in school part time with eligible children
11. Couple where only one member of the couple is in school part time with daycare eligible children
12. Couple where only one member of the couple is in school part time with eligible children
13. Single Parent NOT enrolled in school (but interested in obtaining secondary education) with daycare eligible children
14. Single Parent NOT enrolled in school )but interested in obtaining secondary education) with eligible children
15. Couple who are NOT enrolled in school (but interested in obtaining secondary education) with daycare eligible children
16. Couple who are NOT enrolled in school (but interested in obtaining secondary education) with eligible children

**\*Please Answer the question below when returning your application\* (information will be verified)**

**NAME:** \_\_\_\_\_  
**Preference Number that applies to my Household (1-16)** \_\_\_\_\_



**Pre-Application**



Property Name: NEW HORIZON SCHOLAR HOUSE

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 displaced 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: Maleah Carr

SITE MANAGERS SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_



# Verification Authorization Form



Project Name:	NEW HORIZON SCHOLAR HOUSE	Applicant/Tenant:	
Project Address:	1303 Glass Avenue	Application ID:	
City:	Hopkinsville	State:	KY
		Zip:	42240
Office Number:	Ph / Fax: 270-632-6805	Property Email:	newhorizonscholar@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 may be 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)

\_\_\_\_\_  
Social Security#

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
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.