

Sunflower Gardens Senior Residences
Preliminary Application
460 N. Emporia, Valley Center, Ks 67147
316-755-0404

THIS IS ONLY A PRELIMINARY APPLICATION that will be used to place your name on the above **WAITING LIST**. Once your name comes to the top of the waiting list, we will contact you regarding the next step in the application process. You can expect to receive a letter from us acknowledging receipt of your preliminary application and a preliminary determination of your eligibility.

1. Name: _____
 Current Address: _____ Apt # _____
 Apt. Name: _____ Date Lease Expires: _____
 City: _____ State: _____ Zip code: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Email: _____
 Date Apt is needed: _____ Occupant(s) _____ 1BR _____ 2BR _____
 How did you hear about us? _____

2. List yourself and each person who will be living with you. Be sure to list each family member and their relationship to you, i.e. self, wife, husband, etc.

| Last Name | First Name-MI | Birthdate | Sex | Relationship | Gross Monthly Income | Income Source |
|-----------|---------------|-----------|-----|--------------|----------------------|---------------|
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APPLICANT CERTIFICATION: I certify that the statements made on this application are true and complete to the best of my knowledge. I understand that false or incomplete information may result in denial of housing assistance. I certify that no member of the household or any guest engages, or will engage in violent or drug-related criminal activity.

Applicant's Signature: _____ **Date:** _____

MHRS Representative: _____ **Date:** _____