

EVALUATION AGREEMENT

PURCHASE AREA DEVELOPMENT DISTRICT (PADD)
1002 Medical Drive
Mayfield, KY 42066

Each applicant should carefully **READ, INITIAL AND EXECUTE** each section and sign below.

I. Pre-Application Evaluation

I/We, _____
understand the information I/We have provided on the enclosed package is strictly for **EVALUATION PURPOSES ONLY** and I/We expect all information submitted to the Purchase Area Development District (PADD) to be held confidential.

The PADD is not legally required to provide funding upon its receipt of the "pre-application". I/We acknowledge the information provided is for planning and consulting purposes only, and that upon determination of eligibility, a program specific application package must be completed and submitted to the PADD for further review.

IN CASE OF A DETERMINED ELIGIBILITY, THE FORMS INCLUDED IN THIS EVALUATION PACKAGE WILL BECOME PART OF YOUR APPLICATION.

In consideration of the PADD's review of this "pre-application", I/We waive all claims against PADD and its personnel arising from their assistance.

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|----|-----------|-----|---------------|------|
| 1. | Applicant | SSN | Date of Birth | Date |
| 2. | Applicant | SSN | Date of Birth | Date |
| 3. | Applicant | SSN | Date of Birth | Date |
| 4. | Applicant | SSN | Date of Birth | Date |