

# EVALUATION AGREEMENT

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

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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.

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