

# Minot Area Community Land Trust

[www.minotclt.org](http://www.minotclt.org)

## HOME BUYER APPLICATION

February 2016

**APPLICANT**

*Please Print Clearly*

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street Apartment Unit

City State Zip Code

Home Phone Number Work Phone Number Cell Phone Number  
( ) - ( ) - ( ) -

Email Address: \_\_\_\_\_ Gender:  Male  Female

Social Security Number - - Birth Date (Month/Day/Year) / /

Marital Status:  
 Single  Married  Divorced  Separated  Widowed

Optional Questions:

Are you considered an individual with a disability?  
 No  Yes If Yes:  Physical  Mental  
Do you need Handicap Accessible accommodations in your housing?  No  Yes

Race (please select all that apply with a **X**):  
 American Indian/Alaskan Native  Asian  
 African American/Black  Caucasian  
 Hispanic  Native Hawaiian/Pacific Islander

Education (please indicate the highest education you've completed with a **X**):  
 Below High school Diploma  High School Diploma or GED  
 Associates (2 yr) Degree  Bachelors (4 yr) Degree  
 Master's Degree  Doctorate

Household size (including all adults and children): \_\_\_\_\_  
How many children: \_\_\_\_\_ Ages of children: \_\_\_\_\_  
Will there be other adults living in the home?  No  Yes  
If yes, please name: \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street

City State Zip Code

Home Phone Number Work Phone Number Cell Phone Number  
( ) - ( ) - ( ) -

Email Address: \_\_\_\_\_ Gender: \_\_ Male \_\_ Female

Social Security Number - - Birth Date (Month/Day/Year) / /

Marital Status:  
\_\_ Single \_\_ Married \_\_ Divorced \_\_ Separated \_\_ Widowed

Relation to Applicant (please mark with a X)  
\_\_ Spouse \_\_ Boyfriend \_\_ Girlfriend \_\_ Father \_\_ Mother \_\_ Brother \_\_ Sister  
\_\_ Son \_\_ Daughter \_\_ Other: \_\_\_\_\_

Optional Questions:

Are you considered an individual with a disability?  
\_\_ No \_\_ Yes If Yes: \_\_ Physical \_\_ Mental  
Do you need Handicap Accessible accommodations in your housing? \_\_ No \_\_ Yes

Race (please select all that apply with a X)  
\_\_ American Indian/Alaskan Native \_\_ Asian  
\_\_ African American/Black \_\_ Caucasian  
\_\_ Hispanic \_\_ Native Hawaiian/Pacific Islander

Education (please indicate the highest education you've completed with a X)  
\_\_ Below High school Diploma \_\_ High School Diploma or GED  
\_\_ Associates (2 yr) Degree \_\_ Bachelors (4 yr) Degree  
\_\_ Master's Degree \_\_ Doctorate

How did you hear about GFCLT? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Primary Employer:**

Address Street City State Zip Code  
Phone Number ( ) -  
Title Hire Date  
Part-time or Full-time (please circle)  
Gross Income (before taxes) \$  
Is this amount paid: hourly weekly every two weeks monthly annually

**Secondary Employer (if applicable):**

Address Street City State Zip Code  
Phone Number ( ) -  
Title Length of Employment  
Part-time or Full-time (please circle)  
Gross Income (before taxes) \$  
Is this amount paid: hourly weekly every two weeks monthly annually

**Previous Employer:**

Address Street City State Zip Code  
Phone Number ( ) -  
Title Length of Employment  
Part-time or Full-time (please circle)  
Gross Income (before taxes) \$  
Was this amount paid: hourly weekly every two weeks monthly annually

**CO-APPLICANT EMPLOYMENT - Last 2 Years** *Please Print Clearly*

**Primary Employer:**

Address Street City State Zip Code  
Phone Number ( ) -  
Title Hire Date  
Part-time or Full-time (please circle)  
Gross Income (before taxes) \$  
Is this amount paid: hourly weekly every two weeks monthly annually

**Secondary Employer (if applicable):**

Address - Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Title \_\_\_\_\_ Length of Employment \_\_\_\_\_

Part-time or Full-time (*please circle*)

Gross Income (*before taxes*) \$ \_\_\_\_\_

*Is this amount paid:* \_\_hourly \_\_weekly \_\_every two weeks \_\_monthly \_\_annually

**Previous Employer:**

Address - Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Title \_\_\_\_\_ Length of Employment \_\_\_\_\_

Part-time or Full-time (*please circle*)

Gross Income (*before taxes*) \$ \_\_\_\_\_

*Was this amount paid:* \_\_hourly \_\_weekly \_\_every two weeks \_\_monthly \_\_annually

**OTHER INCOME**

<b>Type of Income(monthly)</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Salary/Wages		
Alimony/Child Support		
Social Security		
Pension Payment		
Public Assistance		
Dependent SSI		
Disability Income		
Other		

	<i>Applicant</i>	<i>Co-Applicant</i>
<i>Can you document your child support/alimony income?</i>	Yes No	Yes No
<i>If yes, how long will it continue?</i>	_____	_____
<i>If your child or a family member receives SSI,</i>		
<i>how many more years will the payments continue?</i>	_____	_____
<i>If you receive disability income,</i>		
<i>is it for a permanent disability?</i>	Yes No	Yes No
<i>Regarding other employment, have you worked</i>		
<i>in this field for two years or more?</i>	Yes No	Yes No

**LIABILITIES/DEBT**

*Please Print Clearly*

Please list any debt you have, including credit card, student loan, auto loan, and child-care expenses. Do NOT include rent or utilities.

Paid To	Current Balance	Monthly Payment	Applicant = A Co-Applicant = C
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

	<i>Applicant</i>		<i>Co-Applicant</i>	
<i>Have your payments been made on time?</i>	Yes	No	Yes	No
<i>Are you currently in Chapter 13 bankruptcy?</i>	Yes	No	Yes	No
<i>If yes, when did it begin?</i>	_____		_____	
<i>If yes, when will it be paid out?</i>	_____		_____	
<i>If yes, how much is the payment?</i>	_____		_____	
<i>Have you had a Chapter 7 bankruptcy?</i>	Yes	No	Yes	No
<i>If yes, when was it discharged?</i>	_____		_____	

**LIQUID ASSETS**

*Please Print Clearly*

	<i>Applicant</i>	<i>Co-Applicant</i>
Checking Account		
Savings Account		
Cash		
CDs		
Securities (stocks, bonds)		
Retirement Account		
Other		
Other		

**Release of Information**

I hereby authorize the Minot Area Community Land Trust to obtain and/or release all records, reports, home ownership counseling evaluations and any other public information pertinent to my participation in the Home Ownership Program through the Minot Area Community Land Trust.

Agencies that I authorize the Minot Area Community Land Trust to release information to and obtain information from include, but are not limited to: Home Ownership Counseling Agencies, Debt Management Agencies, Lending Institutions, Real Estate Agents and Home Inspectors. Requests may involve, but are not limited to: information regarding financing terms, down payment, credit reports, participation and progress in home ownership counseling programs and the results of home inspections.

Minot Area Community Land Trust (Minot Area CLT) is a North Dakota non-profit corporation. By signing this release, I am granting unlimited communication that will not be terminated until I am no longer considering, applying to, or participating in the Minot Area Community Land Trust's Home Ownership Program. Your signature below authorizes the Minot Area Community Land Trust to share the information on this form with affordability investment funders of the Minot Area CLT.

Applicant Signature \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_