

APPLICATION FOR THE COMMUNITY LAND TRUST AFFORDABLE HOMEOWNERSHIP PROGRAM

INSTRUCTIONS: Fill-in each section of this application as completely as possible. If a question does not apply to you, write N/A in the blank space provided. The application consists of the (1) Application, (2) Eligibility Release Form, (3) Request for Verification of Employment Forms, (4) Request for Verification of Asset Forms, and (5) Race and Ethnic Data Reporting Form. Additionally, you must submit the following with this application:

- (1) **Income Documentation** (see below for a list of documents depending on your situation) and
- (2) **Annual Credit Report** dated within 6 months and showing a credit score (you are entitled to a free credit report per year from each of the three credit reporting agencies)

Complete this form electronically or by hand. If by hand, print and use blue or black ink. Submit completed application by mail or in person. Please call 707-826-7312 x-144 to set an appointment.

Income Verification Documents: Depending on your situation, attach the documents indicated below to your completed application: (check when complete)

- If your employment is consistent throughout the year, submit copies of:
 - Pay stubs for most recent three (3) months
 - Bank statements: 6 months of most recent checking account(s), current savings account(s) statement
 - Signed and complete Federal Tax Returns of previous three (3) years
 - Statements documenting any other sources of income: child support, alimony, mutual funds, parental contributions
- If your employment income varies throughout the year, submit copies of:
 - Pay stubs for most recent six (6) months
 - Bank statements: 6 months of most recent checking account(s), current savings account(s) statement
 - Signed and complete Federal Tax Returns of previous three (3) years
 - Statements documenting any other sources of income: child support, alimony, mutual funds, parental contributions
 - Month-by-month projection of your income for a full calendar year
- If your income is non-employment derived, submit copies of:
 - Statement of any and all benefits you receive
 - Bank statements: 6 months of most recent checking account(s), current savings account(s) statement
 - Signed and complete Federal Tax Returns of previous three (3) years
 - Statements documenting any other sources of income: child support, alimony, mutual funds, parental contributions
- If you are self employed, submit copies of:
 - A letter describing your employment situation
 - Bank statements: 6 months of most recent checking account(s), current savings account(s) statement
 - Signed and complete Federal Tax Returns of previous three (3) years
 - Quarterly taxable income projections or Profit and Loss statements

Reasonable Accommodation

Humboldt Bay Housing Development Corporation (HBHDC) is committed to providing reasonable accommodations to applicants with disabilities. Reasonable accommodations are available upon request to assist an applicant in assuring equal opportunity in the application process. If you need reasonable accommodation for any part of application process, please notify the Program Manager at (707) 826-7312.



Humboldt Bay Housing Development Corporation (HBHDC)

www.housinghumboldt.org

Mailing Address: PO Box 4655, Arcata, CA 95518

Phone: (707) 826-7312 x-144 * Fax: (707)826-7319



APPLICATION FOR THE COMMUNITY LAND TRUST AFFORDABLE HOMEOWNERSHIP PROGRAM

SECTION 1: APPLICANT INFORMATION

The Applicant is the primary contact for the household. A Co-Applicant may be contacted in the event that we are unable to contact the primary Applicant. The Co-Applicant should be authorized to make housing decisions for the applicant household. Note: it is not necessary to list a Co-Applicant.

I. Applicant Contact Information

Name

Address

City State Zip Code

Daytime Phone Number

Evening Phone Number

Cell Phone Number

Email

Email is a great way to community with me! Please send me future notification of future vacancies.

2. Co-Applicant Contact Information

Name

Address

City State Zip Code

Daytime Phone Number

Evening Phone Number

Cell Phone Number

Email

Email is a great way to community with me! Please send me future notification of future vacancies.

3. What is the relationship of the Co-Applicant to the Applicant?

4. Marital Status of Applicant: Married Unmarried Separated

5. Please check all that apply: Single Head of Household Female Head of Household First-Time Home Buyer
 US Veteran Owned a Home in Last 3 Years

6. Have you completed a Homebuyer Education seminar? Yes No

*If yes, please indicate the agency that provided the seminar and attach a copy of your Certification of Completion to this application:

7. How did you hear about the Community Land Trust?

- City of Arcata
- City of Eureka
- Humboldt County
- Office Visit
- Referral
- Current CLT Homeowner
- Television
- Radio
- Newspaper
- Lender
- Other

SECTION 2: HOUSEHOLD INFORMATION

Enter household information as it pertains to the household that will be living in the home.

1. Number of people in your household: 2. Number of bedrooms in the home you are applying for:

3. What is the name or address of the home you are applying for?:

4. List all members of the applicant's household (including yourself).

Name	Birth Date	Gender	Social Security No.	Relationship to Applicant
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

*List additional household members on a separate sheet and attach.

(Indicate one ethnic category per household member and as many racial categories per household member as applicable.)

5. How many people living in the household are:

Ethnic Categories: Hispanic or Latino Not-Hispanic or Latino

Racial Categories: American Indian or Alaska Native White Native Hawaiian or Other Pacific Islander
 Black or African American Asian Other

*This information is requested solely for funding purposes. It does not affect your eligibility for housing.

6. Does any member of the household need a home with accessible features and/or structural modifications?

Yes No

7. List all residences within the last 18 months:

Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	How Long?	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	How Long?	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	How Long?	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>	State	<input type="text"/>	Zip Code	<input type="text"/>	How Long?	<input type="text"/>

8. Use the field below to add or explain any information about your household composition that you feel is necessary:

SECTION 3: FINANCIAL INFORMATION

Enter financial information as it pertains to the household.

I. List employment for all adult members of the household:

Household Member Name Employer Start Date
Employer Address Phone Position/Title
Pay Cycle: Bi-Monthly Monthly Other Gross Monthly Income

Household Member Name Employer Start Date
Employer Address Phone Position/Title
Pay Cycle: Bi-Monthly Monthly Other Gross Monthly Income

Household Member Name Employer Start Date
Employer Address Phone Position/Title
Pay Cycle: Bi-Monthly Monthly Other Gross Monthly Income

Household Member Name Employer Start Date
Employer Address Phone Position/Title
Pay Cycle: Bi-Monthly Monthly Other Gross Monthly Income

Additional employment? if you have additional employment, please check the box and list on a separate sheet.

2. List other income for all members of the household. Please include SSI, SSDI, child support, dividend interest income, alimony, etc.

Household Member	Source	Gross Mo. Income
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3. Total Gross Annual Household Income for Current Year:

4. Total Gross Annual Income From Last Year's Tax Return:

5. Evidence of Household Annual Income:

Federal Regulations require us to verify Household Annual Income as defined in 24 CFR Part 5. The Part 5 definition of annual income is the gross amount of income of all adult members that is anticipated to be received during the coming 12-month period. To verify your household income we are required to obtain income documentation. Please attach income documentation as specified in the instructions to this application. We will conduct third party verification of annual household income, which requires your authorization. Please complete the HOME Program Eligibility Release Form and the Request for Verification of Employment and Assets forms attached to this application.

6. Please indicate type of assets and amounts for all adult members of the household.

(Select from drop-down list or write-in asset type(s): cash, checking, savings, retirement, gift, downpayment, money market, mutual fund, inheritance, or other.)

Type of Asset	Current Balance	Name of Institution	Phone Number

Additional assets? If you have additional assets, please check the box and list on a separate sheet.

7. Amount available for down payment:

SECTION 4: CREDIT INFORMATION

Enter credit information as it pertains to the applicant and co-applicant.

I. Please indicate debts and amounts for applicant and co-applicant.

(Select from drop-down list or write-in debt type(s): credit card, lease payments, school loans, store accounts, medical, or other.)

Type of Liability	Outstanding Balance	Monthly Payment	Delinquent (Yes or No)	Name of Institution

Additional debt? If you have additional debt, please check the box and list on a separate sheet.

2. Primary Loan Pre-qualification:

Under State HOME regulations First-Time Homebuyers are required to obtain financing from a primary lender in addition to HOME financing. The loan must have a 30 year term except for USDA 502 loans, which may have terms of 33 or 38 years. No temporary interest rate buy-downs are permitted; and the loan must be fully amortizing and have a fixed rate that does not exceed the current market rate, as established by the 90-day "posted yield" for thirty year fixed rate loans, as established by Fannie Mae plus 100 basis points. To qualify for a Community Land Trust home you must apply for, qualify for and obtain a primary loan. Please submit preliminary evidence of financing in the form of a Pre-qualification Letter from a primary lender. Note: Approved Lenders listed at the end of this application are willing to loan on Community Land Trust homes. If your lender is not listed, please have your loan consultant contact the CLT at (707)826-7312.

SECTION 5: CERTIFICATION OF INFORMATION

This section to be completed by all adult members of the household.

Under penalties of perjury, I/We certify that the information presented in this Application is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information will result in the denial of the Application.

_____ Signature	_____ Date
_____ Applicant Name (Printed)	
_____ Signature	_____ Date
_____ Co-Applicant Name (Printed)	

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

SECTION 6: APPLICATION CHECKLIST:

Finally, please take a moment to review and make sure this Application is complete. A checklist of items is provided below. Incomplete applications may be returned to the applicant for additional information before they are processed. Please feel free to contact the Community Land Trust staff at (707) 826-7312 if you have any questions about this application or if you would like assistance completing it.

Application Checklist:

- Homeownership Application Form (all sections complete or N/A inserted where applicable).
- Income Documentation. This should be in the form specified in the instructions.
- Signed Eligibility Release Form(s). All adult members of the household (who are 18 years of age or older) need to sign this form.
- Signed Request for Verification of Employment Form(s). Complete a form for each employer of all adult members of the household. Please make copies of the blank form if there is more than one employer for each adult.
- Signed Request for Verification of Assets Form(s). Complete a form for each asset of each adult members of the household. Please make copies of the blank form if there is more than one employer for each adult.
- Annual Credit Report
- First-Time Homebuyer Seminar Certificate of Completion (if any)

APPROVED LENDERS: Umpqua Bank and Redwood Capital are willing to loan on CLT homes. If you would like to work with another lender, please have your loan consultant call the CLT at (707) 826-7312.

HOMEOWNERSHIP PROGRAM ELIGIBILITY RELEASE

Humboldt Bay Housing Development Corporation
Community Land Trust (CLT) Program
PO Box 4655
Arcata, CA 95518
Phone: (707) 826-7312
Fax: (707) 826-7319

INSTRUCTIONS: Each adult (18 years of age or older) member of the household must sign this Homeownership Program Eligibility Release Form.

PURPOSE: Your signature on this Homeownership Program Eligibility Release Form, and the signature of each adult member of the household, authorizes the above-named organization to obtain information from a third party relative to your eligibility in the program.

Privacy Act Notice Statement: The Department of Housing and Urban Development (HUD) is requiring the collection of information relevant to determine an applicant's eligibility in a federally funded program and the amount of assistance necessary. This information will be used to establish level of benefit; to protect the government's interest; and to verify the accuracy of the information furnished. It may be released to appropriate Federal, State, and to local agencies when relevant to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in a delay or rejection of your eligibility approval. The Department is authorized to ask for this information by the National Affordable Housing Act of 1990.

INFORMATION COVERED: Inquiries may be made about information that is pertinent to eligibility for participation in the Homeownership Program. Information and inquires about income and asset sources, credit report, primary loans, home insurance, and title insurance may be obtained.

AUTHORIZATION: I authorize the above-named organization to obtain information about me and my household that is pertinent to eligibility for participation in the Homeownership Program. I also authorize the reporting agency to release to the above-named organization information pertinent to my eligibility for participation in the Homeownership Program.

I acknowledge that:

- (1) A photocopy of this form is valid as the original.
- (2) I have the right to review the file and the information received using this form.
- (3) I have the right to copy information from this file and to request correction of information I believe inaccurate.
- (4) All adult household members will sign this form and cooperate with the owner in this process.

Applicant Printed Name

Co-Applicant Printed Name

Other Adult Member Printed Name

Signature

Signature

Signature

Date

Date

Date

*Copy the blank form for additional adult members of the household.

REQUEST FOR VERIFICATION OF ASSETS

SECTION 1: This section to be completed by Applicant and Program Operator

Current Date

Asset Name:

Address

City State Zip Code

Re:

Applicant Name Social Security Number

Return Form To:
 HBHDC, CLT Program
 PO Box 4655
 Arcata, CA 95518
 Phone: (707) 826-7312
 Fax: (707) 826-7319

I have applied for a Community Land Trust housing program. To qualify for this program, the Program Operator must verify my sources of income. My signature below authorizes the release of any assets on deposit as requested by the owner.

Signature of Applicant Date

The individual named directly above is an applicant of a housing program that required verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Signature of Program Operator Date

SECTION 2: This section to be completed by Asset Manager.

<u>Type of Account</u>	<u>Account Number</u>	<u>Account Information</u> <small>(6 month average balance)</small>	<u>Interest Rate</u>
Checking	<input type="text"/>	<input type="text"/>	<input type="text"/>
Checking	<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Type of Account</u>	<u>Account Number</u>	<u>Current Balance</u>	<u>Interest Rate</u>
Savings	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings	<input type="text"/>	<input type="text"/>	<input type="text"/>
CD	<input type="text"/>	<input type="text"/>	<input type="text"/>
CD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trust Fund	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trust Fund	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Name of Asset Manager or Authorized Representative	Title
Signature	Date

REQUEST FOR VERIFICATION OF ASSETS

SECTION 1: This section to be completed by Applicant and Program Operator

Current Date

Asset Name:

Address

City State Zip Code

Re:

Co-Applicant Name Social Security Number

Return Form To:
 HBHDC, CLT Program
 PO Box 4655
 Arcata, CA 95518
 Phone: (707) 826-7312
 Fax: (707) 826-7319

I have applied for a Community Land Trust housing program. To qualify for this program, the Program Operator must verify my sources of income. My signature below authorizes the release of any assets on deposit as requested by the owner.

Signature of Co-Applicant Date

The individual named directly above is an applicant of a housing program that required verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Signature of Program Operator Date

SECTION 2: This section to be completed by Asset Manager.

<u>Type of Account</u>	<u>Account Number</u>	<u>Account Information</u> <small>(6 month average balance)</small>	<u>Interest Rate</u>
Checking	<input type="text"/>	<input type="text"/>	<input type="text"/>
Checking	<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Type of Account</u>	<u>Account Number</u>	<u>Current Balance</u>	<u>Interest Rate</u>
Savings	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings	<input type="text"/>	<input type="text"/>	<input type="text"/>
CD	<input type="text"/>	<input type="text"/>	<input type="text"/>
CD	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trust Fund	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trust Fund	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT

Name of Asset Manager or Authorized Representative	Title
Signature	Date

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.