



CLCLT HOMEBUYER APPLICATION FORM

Last Name: _____ Date: _____

This is an authorization to release information.

The City of Lakes Community Land Trust (CLCLT) is a Minnesota non-profit corporation. Your signature below authorizes the CLCLT to share the information on this form with affordability investment funders of the CLCLT. In addition, you are authorizing information to be shared with your lender to verify home purchases.

The CLCLT will use this information to evaluate the CLCLT's program and to find out the characteristics of who the program is serving. Personally identifying information, such as your name and social security number, will never be shared. All information collected will be treated with confidentiality.

✓ _____

Signature

Date

Individual #1

Name: _____
(Please print) First MI Last

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

Social Security #: _____

Please check if you DO NOT wish to become a CLCLT member
(All CLCLT applicants will become members of the CLCLT for the
one year following application date.).

Individual #1 (only) please continue:

1. How did you hear about the City of Lakes CLT?

- Agency / Organization
- Mailer / Flyer / Brochure
- Friend / Relative
- Lender / Mortgage company
- Newspaper
- Internet
- Someone who bought a CLCLT home
- Realtor
- Other: _____

2. Please check **IF** one of the following describes you:

- Cambodian Mexican
- Chinese Somali
- Hmong Vietnamese
- Korean Arab Speaking
- Laotian Russian Speaking

3. Gender: Male Female

✓ _____

Signature

Date

Individual #2

Name: _____
(Please print) First MI Last

Address: _____

City/State/Zip: _____

Home Phone: _____

Work Phone: _____

Email: _____

Social Security #: _____

Relationship to Individual #1: _____

Please check if you DO NOT wish to become a CLCLT member
(All CLCLT applicants will become members of the CLCLT for the
one year following application date.).

4. Race:

- American Indian / Alaskan Native
- Asian
- Black or African American
- Black Hispanic
- Hispanic
- Native Hawaiian or Other Pacific Islander
- White
- Multiple Race: (Please select from the following:)
- American Indian /Alaskan Native and White
- American Indian and Hispanic
- Asian and White
- Asian and Hispanic
- Black or African American and White
- Black or African American and Hispanic
- Native Hawaiian or Other Pacific Islander
and Black or African American
- Native Hawaiian or Other P.I. and Black Hispanic
- Other multiple race

Please complete other side of this form, too.

OVER →

5. Date of Birth: _____
6. Are you a female-headed household? Yes No (tax filing status as single female household with dependent children)
7. Marital Status: Married Divorced Single Widow
8. Please check the highest education level you completed:
 8th grade or less High school diploma / GED Associates degree Graduate/professional degree
 Some high school Some college or trade school Bachelor's degree
9. Current employment: Individual #1 : Full Time Part Time: _____ hours / week
 Individual #2 : Full Time Part Time: _____ hours / week
10. Total income before taxes (Please total individual #1 & individual #2 incomes from all sources):
 Hour
 Week
 \$ _____ / 2 Weeks
 Twice a month
 Month
 Year
11. Other Income: please list all other monthly income in addition to wages (interest, child support, SSI, trusts)
 Source: _____ Monthly Amount: \$ _____. Source: _____ Monthly Amount: \$ _____.
12. Liquid Assets: please list all liquid assets (funds in checking, savings, tin can, etc.).
 Account: _____ Amount: \$ _____. Account: _____ Amount: \$ _____.
13. Total Debt: please list all monthly payments (car loans, school loans, credit cards, personal loans, child support, etc.)
 Loan Type: _____ Total Amount Due: \$ _____ Minimum Monthly Payment: \$ _____.
 Loan Type: _____ Total Amount Due: \$ _____ Minimum Monthly Payment: \$ _____.
 Loan Type: _____ Total Amount Due: \$ _____ Minimum Monthly Payment: \$ _____.
 Loan Type: _____ Total Amount Due: \$ _____ Minimum Monthly Payment: \$ _____.
 Loan Type: _____ Total Amount Due: \$ _____ Minimum Monthly Payment: \$ _____.
14. Have you completed a Home Stretch Workshop? No Yes: Location & Dates: _____
15. Current housing: Rent Own Staying with family / friends
16. Current household rent / mortgage payment: \$ _____ / month.
17. Are you a first time home buyer (you have not owned a home for the past three years.)? Yes No
18. Are you a first generation home buyer (your parents did not own a home.)? Yes No
19. How many people will live in the house? _____
20. How many dependent children under 18 years of age will live in the house? _____
 Please tell us the ages of the dependent children: _____
21. Have you ever applied for a mortgage loan with a lender? Yes No

Please return this form with a copy of your most recent Federal tax return, copies of paystubs for Individual #1 and Individual #2 from the past 30 days, and \$10 Application Fee to:

CLCLT, 2017 East 38th St, Minneapolis, MN 55407