

# City of Lakes Community Land Trust Application

## APPLICANT & CO-APPLICANT INFORMATION

(Note: Co-Applicant is considered anyone over the age of 18 years. Signature and SSN required for anyone over 18.)

### APPLICANT

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

### CO-APPLICANT

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Primary Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

### PERSONAL INFORMATION

Gender:  Male  Female

Race:  American Indian / Alaskan Native  
 African  
 Asian  
 Black or African American  
 Black Hispanic  
 Hispanic  
 Native Hawaiian or Other Pacific Islander  
 White  
 Multiple Race (*Please list*)  
 \_\_\_\_\_  
 \_\_\_\_\_

Marital Status:  Married  Divorced  Single  Widow

Are you a female head of household?  Yes  No

Please check highest education level completed:

8<sup>th</sup> grade or less  Associate's degree  
 Some high school  Bachelor's degree  
 High School Diploma/GED  Graduate/professional degree  
 Trade/vocational training

### EMPLOYMENT / INCOME

Current Employment Status:  Full Time  
 Part Time: \_\_\_\_\_ hours per week

Total Income Before Taxes: \$\_\_\_\_\_ per  
 Hour  Week  2 Weeks  Twice per month  
 Month  Year

Other Sources of Income (interest, child support, SSI, trusts):

Source: \_\_\_\_\_

Monthly Amount: \$\_\_\_\_\_

Source: \_\_\_\_\_

Monthly Amount: \$\_\_\_\_\_

Liquid Assets:

Account: \_\_\_\_\_

Amount: \$\_\_\_\_\_

### PERSONAL INFORMATION

Gender:  Male  Female

Race:  American Indian / Alaskan Native  
 African  
 Asian  
 Black or African American  
 Black Hispanic  
 Hispanic  
 Native Hawaiian or Other Pacific Islander  
 White  
 Multiple Race (*Please list*)  
 \_\_\_\_\_  
 \_\_\_\_\_

Marital Status:  Married  Divorced  Single  Widow

Are you a female head of household?  Yes  No

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Other Sources of Income (interest, child support, SSI, trusts):

Source: \_\_\_\_\_

Monthly Amount: \$\_\_\_\_\_

Source: \_\_\_\_\_

Monthly Amount: \$\_\_\_\_\_

Liquid Assets:

Account: \_\_\_\_\_

Amount: \$\_\_\_\_\_

CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? [ ] Yes [ ] No
Have you gone through a foreclosure in the past seven (7) years? [ ] Yes [ ] No
Have you gone through a short sale in the past four (4) years? [ ] Yes [ ] No

Total Debt:

Credit Card / Loan: \_\_\_\_\_ Balance: \$ \_\_\_\_\_ Minimum Monthly Payment: \$ \_\_\_\_\_
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HOUSING INFORMATION

Current Housing: [ ] Rent [ ] Own [ ] Staying with family / friends
Current Housing Type: [ ] Apartment [ ] House [ ] Townhome [ ] Condo
Section 8 Subsidy: [ ] Yes [ ] No
Current Household Rent: \$ \_\_\_\_\_ per month

HOUSEHOLD INFORMATION

Are you a first-time homebuyer (have not owned a home in the last three years)? [ ] Yes [ ] No
Are you a first-generation homebuyer (your parents did not own a home)? [ ] Yes [ ] No
How many people will live in the house? \_\_\_\_\_
How many dependent children under 18 years of age will live in the house? \_\_\_\_\_
Ages of dependent children: \_\_\_\_\_
Have you applied for a mortgage loan with a lender? [ ] Yes [ ] No
Are utilities included? [ ] Yes [ ] No

AUTHORIZATION FOR RELEASE OF 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.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*With this application, please include:

- [ ] \$10 application fee;
[ ] Two months of most recent paycheck stubs for each in the household 18 years and older; and
[ ] A copy of most recent federal tax return for each person in the household 18 years and older.

Please return application to: CLCLT
Attn: Jennifer Sturtz
1930 Glenwood Avenue
Minneapolis, MN 55405

FOR OFFICE USE ONLY

Application Fee Paid: [ ] Cash [ ] Check # \_\_\_\_\_ [ ] Money Order # \_\_\_\_\_