

For Staff Use Only:
 Date/Time rec'd _____
 Date/Time complete _____
 Staff Member's Initials _____
 AMI % _____
 HH: #Adults _____ #Children _____
 Preferences _____

COMMUNITY LAND TRUST

Homeowner Application

Please submit this application with COPIES of the required documents to:
 Brunswick Housing Authority P.O. Box 1118 Brunswick, GA 31521-1118

Part I. Applicant Information

Name of applicant: _____ Social Security Number: _____
 Name of co-applicant: _____ Social Security Number: _____
 Address: _____ E-Mail: _____
 Home Phone: _____ Work Phone: _____
 How did you hear about the Community Land Trust Program? _____

Part II. Type of Home Requesting

- Single Family Home
- Townhome
- Condominium
Number of bedrooms desired _____

Part III. Financial –Eligibility Criteria

How much do you currently have saved to purchase a home? \$ _____

Sources: (cash in savings, retirement, etc.) _____ \$ _____

_____ \$ _____

_____ \$ _____



Part IV. Background Information

Not all of the following questions relate to eligibility for the program. But your responses will assist us in making future changes to our program. Please answer as best you can, but do not spend too much time on any one question. Give reasonable estimates when records of information are not readily available. Do not leave answers blank. If questions are not applicable to your situation, write "N/A" in the answer space.

Are you a <input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien	
Are you currently a full-time resident of the City of Brunswick: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you as the applicant currently employed in the City of Brunswick or have a bona fide offer*: <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ # of hours per week	Employer: _____
Job Title: _____	
Is the co-applicant currently employed in the City of Brunswick or have a bona fide offer*: <input type="checkbox"/> Yes <input type="checkbox"/> No	
_____ # of hours per week	Employer: _____
Job Title: _____	
*Please provide a copy of your employment offer if you have not yet started working in XXX.	

Do you currently: <input type="checkbox"/> Rent <input type="checkbox"/> Own a home	If renting, what is the term of your lease? _____ (for example – 1-year, month-to-month)		
How many bedrooms? _____	Number of Bathrooms? _____		
Are you at risk of being displaced? _____	How long have you lived at your current residence? _____		
Would you describe your current <i>living situation</i> as:	<input type="checkbox"/> very good	<input type="checkbox"/> adequate	<input type="checkbox"/> poor
Please explain (e.g.: too small, need another bedroom; house is for sale; no lease; etc.):			
Would you describe the <i>physical condition</i> as:	<input type="checkbox"/> very good	<input type="checkbox"/> adequate	<input type="checkbox"/> poor
Please explain (e.g.: poor maintenance, etc.):			

How much do you pay monthly in:	Rent or Mortgage? \$ _____	Heat? \$ _____	Other Utilities? \$ _____	Other home-related costs? \$ _____ <i>Please list:</i> _____ _____ _____
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By signing here, I certify that all information contained in this application is true and correct, to the best of my knowledge. I further understand that misrepresentation of certain information in the application could result in disqualifying me from owning a CLT home.

Applicant signature _____ print name _____ date _____

Co-applicant signature _____ print name _____ date _____

Information on Privacy

Information on your finances will be reviewed separately from information on your background (housing situation, needs, and other personal information). CLT staff will review the financial information. A CLT committee may review the personal information. Your name will only be associated with the personal and housing information for the interviewers. For evaluation purposes, your financial information will always be kept separate from your personal identification.

The information requested on the application is authorized to be collected by the ____ Community Land Trust (“the agency”) as a 501(c)(3) nonprofit organization.

Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Identification Number, may result in a delay in the processing of an application or its rejection. Information provided may be used outside of the agency for the following purposes:

1. Disclosures may be made to consumer reporting agencies as defined in the Fair Credit Reporting Act or the Federal Claims Collection Act.
2. Referral of names, home addresses, social security numbers, and financial information to a collection or servicing contractor, financial institution, or a local, State, or Federal agency, when the agency determines such referral is appropriate for servicing or collecting the borrower’s account or as provided for in contracts with servicing or collection agencies.
3. Referral of name, home address, and financial information for selected borrowers to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, when the agency determines such referral is appropriate or necessary for refinancing a debt.



4. Referral to private attorneys under contract for the purpose of closing the purchase or of foreclosure and possession actions and collection of past due accounts, in connection with the agency.
5. Referral of names, home addresses, social security numbers, and financial information to Federal, state, and local agencies, as well as those responsible for verifying information furnished to qualify for Federal benefits, to conduct wage and benefit matching through manual or automated means, for the purpose of determining compliance with Federal regulations and appropriate servicing actions against those not entitled to program benefits, including possible recovery of improper benefits.
6. When a record on its face, or in conjunction with other records, indicates a violation or potential violation of law, whether civil, criminal or regulatory in nature, and whether arising by general statute or particular program statute, or by regulation, rule or order issued pursuant thereto, disclosure may be made to the appropriate agency, whether Federal, foreign, state, local, or tribal, or other public authority responsible for enforcing, investigating or prosecuting such violation or charged with enforcing or implementing the statute, or rule, regulation, or order issued pursuant thereto, if the information disclosed is relevant to any enforcement, regulatory, investigative, or prosecutive responsibility of the receiving entity.
7. Records may also be disclosed to a Member of Congress or Congressional staff members; to a Court of Law or adjudicative body; and to various U.S. government agencies; or to state and local agencies and staff, including the Brunswick Housing Authority; provided that records are both relevant and necessary and that in each case the agency determines that disclosure of the specific information is a use of the information contained in the records that is compatible with the purpose for which the agency collected the records.

EMPLOYER VERIFICATION FORM
XXX COMMUNITY LAND TRUST

(Applicant: Fill out shaded area only)	
Applicant's Name _____	Employer's Name _____
Address (City, State, Zip Code) _____ _____	Address (City, State, Zip Code) _____ _____
Phone _____ Fax _____	Phone _____ Fax _____
I authorize you to release the following information to XXX Community Land Trust staff.	
Signature _____	Date _____



TO BE COMPLETED BY EMPLOYER

Note To Employer: *The above named person has applied to buy a home. Please provide the following information and return it to XXX Community Land Trust **as soon as possible** by faxing it to (xxx)xxx-xxxx or mail it to XXXCLT, PO Box xxx, Brunswick, GA 31520. Thank you for your cooperation.*

Position Held: _____ Employment Location: _____ <small>(if different from employers address)</small>	Please calculate the Total Annual Income below: <i>Rate of pay per hour</i> \$ _____ <i># of hours worked per week</i> _____
Date hired _____	Base Annual Salary (Gross) \$ _____
Please note any changes in wages that may occur in the next twelve months.	Overtime rate per hour \$ _____ # overtime hours per year # _____
	Bonuses per year \$ _____
	Commissions (estimate) earned per year \$ _____
What is the probability of applicant's continued employment?	Tips (estimate) Earned per year \$ _____
	Total Annual Income \$ _____
Signature of Employer <hr/> Signature _____ Date _____ <hr/> Print Name _____ Title _____ Phone Number _____	

