



Grand Forks Community Land Trust

1405 1st Avenue North
Grand Forks, ND 58203
701-795-6307
www.gfclt.org

HOME BUYER APPLICATION

February 2016

APPLICANT

Please Print Clearly

Name _____
First Middle Last

Address _____
Street Apartment Unit (if applicable)

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 (other than co-applicant)? 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? _____

Employment information begins on the next page

Current Primary Employer:

Address Street City State Zip Code

Phone Number () - Person to contact for Income Verification

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 () - Person to contact for Income Verification

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

Previous Employer:

Address Street City State Zip Code

Phone Number () - Person to contact for Income Verification

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

Current Primary Employer:

Address Street City State Zip Code

Phone Number () - Person to contact for Income Verification

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

Co-applicant employment history continued on the next page

Secondary Employer (if applicable):

Address Street _____ City _____ State _____ Zip Code _____

Phone Number (____) _____ - _____ Person to contact for Income Verification _____

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

Previous Employer:

Address Street _____ City _____ State _____ Zip Code _____

Phone Number (____) _____ - _____ Person to contact for Income Verification _____

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

INCOME SUMMARY

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

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

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

LIQUID ASSETS

Please Print Clearly

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

Release of Information

I hereby authorize the Grand Forks 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 Grand Forks Community Land Trust.

Agencies that I authorize the Grand Forks 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.

Grand Forks Community Land Trust (GFCLT) 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 Grand Forks Community Land Trust's Home Ownership Program. Your signature below authorizes the GFCLT to share the information on this form with affordability investment funders of the GFCLT.

Applicant Signature _____ Co-Applicant Signature _____

Date: _____

Date: _____