



Application Number (assigned by GFCLT): _____

CLT Homebuyer Assistance Program (CHAP) Application

The NDHFA Community Land Trust Homebuyer Assistance Program (CHAP) provides downpayment assistance to eligible homebuyers for acquisition and closing costs for the purchase of a single-family home. Please review the accompanying brochure for further details and requirements of the program.

Please complete the application in its entirety. Incomplete applications will not be considered. Return the completed, signed and dated application, along with required documentation to: emily@gfclt.org, or call (218) 791-4668 for hand delivery or mail instructions.

APPLICANT AND CO-APPLICANT INFORMATION

Applicant Name: _____

Applicant's Address: _____ Zip: _____

SS # (Last 4): _____ Home phone: _____ Cell Phone: _____

E-mail Address: _____ Okay to Text Cell?: Yes No

Are you (check one) Married Divorced Separated Single Widowed

Primary Language: English Spanish Other: _____ Do you require a translator? Yes or No

If yes, translator's Name _____ Phone: _____

Co-Applicant* (if applicable)

**(Co-applicant is a spouse or any person to be listed on the mortgage/title who will be living in the home)*

Co-Applicant Name _____

Co-Applicant's Address: _____ Zip: _____

Check if same as above

SS # (Last 4) _____ Home phone: _____ Cell Phone: _____

E-mail Address: _____ Okay to Text Cell?: Yes No

APPLICANT REPRESENTATIVE

COMPLETE THIS SECTION TO NAME AN AUTHORIZED REPRESENTATIVE if anyone other than the applicant will correspond with the GFCLT about this application

Representative Name: _____ Phone: _____

Representative Address _____ City _____ State _____ Zip _____

By signing this application, I authorize this representative to discuss any matters of this application with GFCLT staff. This information may include income, credit reporting, bank statements, life insurance, and any other detailed information required to obtain assistance. If this section is not complete, GFCLT will not be permitted to discuss this application or any accompanying materials with anyone other than the applicant.



HOUSEHOLD INFORMATION

Enter all household member information below. Indicate if any member is or will be a part-time/full-time student in the next 12 months. Do not include live-in-aides, children of live-in-aides, foster children, or foster adults.

Household Member #	Name (Last, First, MI)	Relationship to the Head of Household (co-head, spouse, child, etc.)	Date of Birth (mm/dd/yyyy)	*Student -Part-time -Full-time -Neither	Pregnant (Y/N)
1		Self \ Head of Household			
2					
3					
4					
5					
6					

Please provide additional sheets of paper for more than six members in the household

*Note for Applicant: Adult students do not qualify for HOME assistance unless the individual meets one of the exemptions below. Check all that apply:

- Over age 24 Veteran of the US Military Married Has dependent child(ren)
- Member is part of a household that is low-income

Applicant must answer the following additional questions:

- Are any child(ren) in the household under the age of six (6)?: Yes or No
- Do any child(ren) in the household have Elevated Blood Lead Levels (EBLL)?: Yes or No

Optional Question: Do you or any members of your household have any accessibility requirements? If yes, please describe below:

ACCESSIBILITY NEEDS:



HOUSING COST & OTHER DEBT
Do not leave any sections blank on this page

CURRENT HOUSING COST

	<i>Current Monthly Payment</i>
Rent	
Gas	
Electric	
Water	
Other (if appl)	

Are your rent and utility payments current? Yes No If no, number of months behind: _____

OTHER DEBT – MONTHLY PAYMENTS

<i>Debt</i>	<i>Monthly Payment</i>
Car loans	
Student loans	
Credit cards	
Other consumer debt	
Child Support/Alimony	
Repairs/Maintenance	

OTHER INFORMATION

Have you ever gone through bankruptcy? Yes No If yes, year: _____ Discharged? Yes No

Have you had other legal action against you? Yes No If yes, year & type of action: _____

Any other real estate owned? Yes No

If yes, address(es) of other real estate owned: _____

How many people will live in your home? _____

Are you a public employee or public official? Yes No

Are you married to a public employee or public official? Yes No

Are you related to any public employee or public official? Yes No

If yes to any of these questions, please explain:



INCOME INFORMATION

Report all current income and expected income for the next 12 months for each household member below (HH Mbr#-see page 2). This includes long-term **unemployment compensation and all hazard pay**. Anticipate **annual income for the next 12 months** by converting current income to annual figures, see chart to the right. Leave blank those that do not apply. To determine the total income for the household, add up all columns on the last row of this chart in Section A.

PAY INCOME MULTIPLIER	
Weekly Gross Pay	X 52
Bi-weekly Gross Pay	X 26
2x a Month Gross Pay	X 24
Monthly Gross Pay	X 12

A full-time student, 18 years or older (excluding the head of household or spouse) should exclude earnings in excess of \$480 for annual income. **DO NOT INCLUDE:** IRS Economic Impact Payments (stimulus checks), Federal Pandemic Unemployment Compensation (the additional \$600 per week), income of a live-in-aide, children of live-in-aides, foster children, foster adults, or the income of minors.

Income Sources (ANNUAL FIGURES)	HH Mbr# 1	HH Mbr# 2	HH Mbr# 3	HH Mbr# 4	HH Mbr# 5	HH Mbr# 6
Employment Wages <i>salary, overtime, hazard pay, commissions, fees, tips, bonuses (before payroll deductions)</i>	\$	\$	\$	\$	\$	\$
Social Security <i>(include disability/Supplemental; include gross amount prior to any Medicare premiums)</i>	\$	\$	\$	\$	\$	\$
Disability or Death Benefits <i>(disability compensation)</i>	\$	\$	\$	\$	\$	\$
Recurring Income <i>(Retirement/Pension/Insurance policy/Annuities, etc.)</i>	\$	\$	\$	\$	\$	\$
Unemployment Compensation <i>(regular unemployment; exclude Federal Pandemic Unemployment Compensation)</i>	\$	\$	\$	\$	\$	\$
Business and Self-employment net income <i>(include income from independent contractors, Gig economy jobs such as Etsy, Amazon, eBay, Uber, Lyft, Instacart, Grubhub, etc.)</i>	\$	\$	\$	\$	\$	\$
Interest & dividends <i>(any other net income of any kind from real or personal property, including rental income)</i>	\$	\$	\$	\$	\$	\$
Worker's Compensation <i>(including Severance pay)</i>	\$	\$	\$	\$	\$	\$
Welfare Assistance Payments <i>(Temporary Assistance to Needy Families)</i>	\$	\$	\$	\$	\$	\$
Armed Forces Pay <i>(Regular Pay, special pay, and housing allowance; exclude military hazard pay)</i>	\$	\$	\$	\$	\$	\$
Veterans Administration (VA) Benefits <i>(exclude deferred disability benefits)</i>	\$	\$	\$	\$	\$	\$
Adoption Assistance Payments <i>(exclude amount in excess of \$480)</i>	\$	\$	\$	\$	\$	\$
Alimony or Child Support <i>(include only amounts expected)</i>	\$	\$	\$	\$	\$	\$
Recurring cash gifts <i>(from private/nonprofit/charity/friends/family not residing in the household)</i>	\$	\$	\$	\$	\$	\$
Other (please describe):	\$	\$	\$	\$	\$	\$
Total for each HH Member	\$	\$	\$	\$	\$	\$

Section A: Combined Total Income for Household:	\$ _____
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Notes regarding anything listed above:





ASSETS & INCOME FROM ASSETS

Annual income includes income derived from assets to which household members have access. Using the categories below; report the type of asset held by each member of the household, balance of asset, and the income derived from the assets (**report annual figures only**). If the asset does not generate income, report zero. If the household member does not have assets, leave blank. Calculate the totals on the last row of this chart.

Assets Categories: Enter the Household Member # in Gray Box (Left), then list each asset. <i>Example: HH Mbr #1 Gate City Checking</i>		Cash Value of Asset	Interest/Dividends Earned on the Assets <i>(GFCLT will enter)</i>
HH Mbr#		\$	\$
HH Mbr#		\$	\$
HH Mbr#		\$	\$
HH Mbr#		\$	\$
HH Mbr#		\$	\$
HH Mbr#		\$	\$
Disposed Assets: Assets given away for less than the fair market value in last 24 months with value > \$1,000		Cash Value of Disposed Asset	Income from Disposed Asset
HH Mbr#		\$	\$
HH Mbr#		\$	\$
HH Mbr#		\$	\$
HH Mbr#		\$	\$
HH Mbr#		\$	\$
HH Mbr# 6		\$	\$
		Total Value of Assets	Total Income from Assets <i>GFCLT will Enter</i>
		\$	\$

INCLUSIONS: The following are considered assets

- Cash held in Checking, Savings, safe deposit boxes, homes, etc.
- Mutual funds
- Money Market Acct.
- Equity in Rental Property
- Retirement and Pensions, 401(K)
- Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust
- Whole Life Insurance policy
- Lump sum- inheritance
- Lottery Winnings
- Insurance Settlements
-   Personal property held as an investment (e.g., antiques, gems, etc.)

EXCLUSIONS: The following are not considered assets

- Necessary personal property
- Interest in Indian trust lands
- Assets not effectively owned by the applicant
- Equity in cooperatives in which the family lives
- Assets not accessible to and that provide no income
- Term life insurance policies with no cash value
- Assets that are part of an active business. "Business" does not include rental of properties that are held as an investment and not a main occupation

RACIAL CHARACTERISTICS

Note: Please provide information on everyone living in the household at the time of application. More than one box can be checked. Applicant may decline to disclose. Disclosure is not required to be considered for assistance.

If you choose not to furnish this information, GFCLT is required to conduct a visual observation.

Race/Ethnicity	HH Mbr# 1	HH Mbr# 2	HH Mbr# 3	HH Mbr# 4	HH Mbr# 5	HH Mbr# 6
Hispanic (Check if Yes)	Yes	Yes	Yes	Yes	Yes	Yes
Select the race each person in the household identifies with below						
Black/African American						
White						
Asian						
Native Hawaiian/Other Pacific Islander						
American Indian/Alaska Native						
American Indian/Alaskan Native & White						
Asian & White						
Black/African American & White						
American Indian/Alaskan Native & Black/African American						
Other Multi-Racial						
Decline to disclose						

APPLICANT ACKNOWLEDGEMENT AND CERTIFICATION

I certify under penalty of perjury that the above information is complete and accurate to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to an agency of the US Government.

I authorize GFCLT and NDHFA to review this application, and to request, receive, and share information with lenders and others to verify its accuracy and completeness. I agree to provide any additional documentation required by the program administrator to document my/our household income.

APPLICANT AGREES TO AND ACKNOWLEDGES THAT IN SUBMITTING THIS APPLICATION, GFCLT HAS THE RIGHT TO OBTAIN AND ACCESS A PERSONAL CREDIT REPORT ON APPLICANTS AND CO-APPLICANTS AND VERIFY ANY INFORMATION PROVIDED ABOVE.

HEAD OF HOUSEHOLD		
Signature	Printed Name	Date
OTHER ADULT HOUSEHOLD MEMBERS		
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

Signature Note: Please insert an electronic signature if you are able.

If you are unable to insert an electronic signature, please type your name in the Signature line for your original submission. GFCLT will collect a physical signature from you at a later date.

Submit Completed Application via e-mail to: Emily@gfclt.org

If you would prefer another delivery method, please call or e-mail Emily for mail or hand delivery instructions at (218) 791-4668. Applications will be reviewed in the order that they are received.



APPLICATION MATERIAL CHECKLIST

GFCLT will respond to your application with a list of verification materials needed to confirm your eligibility for assistance. Eligibility will not be determined until all requested materials have been received by GFCLT. Please be prepared to submit the following materials to GFCLT as quickly as possible once requested.

- **DRIVER'S LICENSE:** Copy of, State identification, Passport, or other Photo Identification
- **INCOME (provide all that apply)**
 - **Pay Stubs:** Copy of your most recent six (6) pay stubs for all members of the household
 - **Pension Statement:** Copy of the most recent pension statement
 - **Social Security Award Letter:** Copy of the most recent Social Security/disability income award letter
 - **Social Security Benefit:** Copy of the SSI benefit for minors
 - **Tax Return Statement:** Copy of your most recent tax return
 - **Child Support Payments:** Copy child support payment history for the past six (6) months
 - **Additional sources** of income not listed above
- **ASSETS**
 - **Checking Account Statements:** Six (6) Months Checking Account Statements for everyone over the age of 18
 - **Savings Account Statements:** Six (6) Months Savings Account Statements for everyone over the age of 18
 - **Tax Return Statement(s):** Self-employment Federal Income Tax Return with appropriate Schedules (Schedules C and/or E)
 - **Life Insurance Statement:** Copy of a statement from your insurance company that reflect any cash value in your life policies before death (Whole Life and/or Universal Life)
 - **Investment Statements:** Copy of last two quarterly statements for any stocks, bonds, money market, IRA, 401K, Keogh accounts or any similar types of interest bearing accounts
- **MISCELLANEOUS**
 - **HOME Student Certification for all household members**

PENALTY FOR FALSE OR FRAUDULENT STATEMENT, U.S.C. Title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years or both."