

## Please return application to:

Anna Mathieu AnnaMathieu@Windermere.com 208-309-1329

## **HOME Community Land Trust Purchase Application**

This application is intended to be supplemental to the mortgage enders 1003 Loan Application, although some questions may appear on both. This should be completed by the applicant with the lender's assistance, or the assistance of the CLT/Nonprofit Accurate information is required for ALL occupants who will live in the home, as The Department of Housing and Urban Development ("HUD") requires household income, not just income of borrowers. Please answer ALL questions truthfully to the best of your knowledge and ability. If the question does not apply, please write "N/A" to verify that you have read the question, but it does not apply to your household.

| Borrower Name                          |  | Co-borrow   | Co-borrower Name   |  |  |  |  |
|--|--|---|--|--|--|--|--|
| orrow                                  | ver/Co-borrower Current Address  |   |  |  |  |  |  |
| urcha                                  | se Property Address  |   |  |  |  |  |  |
| >                                      | Please provide the total number of occupant children, adult children, significant others, o reside with you in your new home   | ther family membe   | rs, friends, or any other person who will  |  |  |  |  |
|  | specify name, age, and the how many months   |   |  |  |  |  |  |
| lease<br>arents,<br>custod             | ants are expected to live in the property. For no attach an extra sheet if necessary to list all occumust live in the home at least 50% of the time to be conly agreement, divorce decree, legal guardianship filing oust still be listedbelow even if custody is less than 50%.                     | upants. (* Note - Mii<br>unted as an occupant f<br>or some other form of c    | nor children who do not live with both biological othe income calculation. This must be corroborated by  |  |  |  |  |
| lease<br>arents,<br>custod<br>hild mu  | attach an extra sheet if necessary to list all occ<br>must live in the home at least 50% of the time to be co<br>ly agreement, divorce decree, legal guardianship filing<br>ust still be listedbelow even if custody is less than 50%.   | upants. (* Note - Mii<br>unted as an occupant f<br>or some other form of c    | nor children who do not live with both biological othe income calculation. This must be corroborated by  |  |  |  |  |
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| 4.      |   |                                |                                      |              |                               |
|---------|---|--------------------------------|--------------------------------------|--------------|-------------------------------|
|         | Other Occupant Name                                 |                                | Age                                  | Relatio      | nship to Borrower             |
|         | How many months of the y                            | e. Specify c                   | pecify custody agreements for minors |              |                               |
| 5.      |   |                                |                                      |              |                               |
|         | Other Occupant Name                                 |                                | Age                                  | Relatio      | nship to Borrower             |
|         | How many months of the y                            | e. Specify c                   | ustody agreements for minors         |              |                               |
| 6.      |   |                                |                                      |              |                               |
|         | Other Occupant Name                                 |                                | Age                                  | Relatio      | nship to Borrower             |
|         | How many months of the y                            | ear will this person resi      | de in the home                       | e. Specify c | ustody agreements for minors  |
| >       | Are any occupants 18 years                          | s of age or older enrolle      | ed in full time s                    | school?      |                               |
| >       | If yes, who and where enro                          | olled?                         |                                      |              |                               |
| 1.      | Borrower Name                                       |                                | Employer                             |              |                               |
|         | Total Yearly Gross Income                           | Hourly/Salary rate             | Avg. Week                            | ly Hours     | Start Date                    |
| 2.      | Co-Borrower or Other Occupant Name                  |                                | Employer                             | Employer     |                               |
|         | Total Yearly Gross Income                           | Hourly/Salary rate             | Avg. Week                            | ly Hours     | Start Date                    |
| >       | Does any occupant in your other kind of governmenta |                                | •                                    | •            | mployment, pensions or any    |
| rson r  | receiving benefits                                  |                                | Mon                                  | thly gross b | pefore taxes and withholdings |
| erson r | receiving benefits                                  |                                | Mon                                  | thly gross b | pefore taxes and withholdings |
| >       | Does any occupant in your                           | household <u>receive</u> child | d support payr                       | nents?       |                               |
|         |   |                                |                                      |              |                               |

| state assistance?  |   |                        |
|--|---|------------------------|
| Who receives benefits  | Type of assistance  | Monthly Amount         |
| Who receives benefits  | Type of assistance  | Monthly Amount         |
|  | ousehold receive any other type of income that was, alimony, annuities, investments, stocks, etc.)  | as not disclosed above |
| Who receives other income  | Type of income  | Monthly Amount         |
| Who receives other income  | Type of income  | Monthly Amount         |
| Occupant   | Financial Institution & type of account   | Balance                |
| Occupant   | Financial Institution & type of account   | Balance                |
| occupant   | Financial Institution & type of account   | Balance                |
| Occupant   | Financial Institution & type of account   | Balance                |
| Occupant   | Financial Institution & type of account   | Balance                |
| Occupant   | Other (Cash at home, etc.)  | Amount                 |
| Occupant   | Other (Cash at home, etc.)  | Amount                 |
| payments, including but not<br>sum that would not normall<br>f yes, please indicate who will receive | ny occupant who will reside in your home expect t limited to: sale proceeds, settlements, back pay or y be received?  the payment(s), what type of payment is expected, | any other kind of lar  |
| and what amount(s) below:  |   |                        |
| Occupant   | Payment Type When A   | mount                  |

| Do you or any occupant in your ho residence)? Where?   | > Do you or any occupant in your home currently own (wholly or partially) any other property (land or residence)? Where?                               |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Please provide contact information below for   | or our records:  |  |  |  |  |  |  |
| Borrower Phone Number  | Borrow   | ver Email Address                              |  |  |  |  |  |
| Co-Borrower Phone Number   | Co-Bor   | wer Email Address                              |  |  |  |  |  |
| Nearest relative who will not reside in your   | new home. Please provid  | de two (2).                                    |  |  |  |  |  |
| Relative Name and Relation to Borrower   | Phone Number   | Mailing Address                                |  |  |  |  |  |
| Relative Name and Relation to Borrower   | Phone Number   | Mailing Address                                |  |  |  |  |  |
| information supplied above is truthful and acc<br>omitted information or given misleading or ot<br>an ARCH home, or from any federal assistance<br>any information requested for underwriting an | urate to the best of my kno<br>herwise false statements al<br>that may be available. I u<br>nd approval purposes and I<br>Housing Trust, Inc. Any info | ormation collected by my lender or ARCH may be |  |  |  |  |  |
| Borrower Signature   | Co-Bor   | rower Signature                                |  |  |  |  |  |

## \*\*\*LENDERS - REQUIRED DOCUMENTS UPON SUBMISSION:

- Completed copy of HOME CLT Purchase Application.
- Two months of most recent pay stubs or other income verification. (i.e. social security or disability letters, etc.) Please do not send tax returns unless the income is from self-employment or they are specifically requested by the HOME Department.
- VOE if available. This can be collected later if necessary.
- Two months of most recent bank statements for all occupants 18+ and for all deposit accounts as outlined above
- 1003 loan application from 1<sup>st</sup> lender
- Credit Report
- Fully Executed Purchase and Sale Agreement
- Fully Executed VSD/URA Federal disclosures
- Homebuyer Acknowledgment of Loan Terms

\*\*\*The HOME Department will not begin file review until all items above have been submitted. Some other required file items may be collected later in the process. See HOME/NSP Checklist for a complete list of required documents.