



HOME-BUYER APPLICATION

THANK YOU FOR YOUR INTEREST IN OUR HOUSING PROGRAM

Living in a community land trust neighborhood is different from renting or owning a home in a typical neighborhood. Continued participation is important for the smooth operation of the community land trust. You and your neighbors share responsibility for maintaining common lands and for abiding by the rules and regulations governing the property. Managing these shared responsibilities involves cooperation and a continued commitment to participate in a group decision-making process.

PLEASE COMPLETE EACH SECTION OF THIS APPLICATION. IF A QUESTION DOES NOT APPLY TO YOU, PLEASE WRITE "N/A" IN THE SPACE PROVIDED.

If you have any questions about this application, please call 407.643.9111, email Info@HannibalSquareCLT.org, or check our website at www.HannibalSquareCLT.org.

CONTACT INFORMATION

The co-applicant listed below may be contacted in the event that HSCLT is unable to reach the primary applicant. By signing this application, both applicants acknowledge that the co-applicant is authorized to make housing decisions on behalf of the household. Please note: It is not necessary to list a co-applicant.

| | |
|---|---|
| Applicant Name: | Co-Applicant Name: |
| Current Mailing Address | Current Mailing Address |
| City State Zip | City State Zip |
| Daytime Phone | Daytime Phone |
| Mobile Phone | Mobile Phone |
| Email Address | Email Address |
| <input type="checkbox"/> Email is a great way to communicate with me! | <input type="checkbox"/> Email is a great way to communicate with me! |

Please indicate the specific address or name of the house you are applying for with this application.

If you do not have a specific address, please indicate the minimum number of bedrooms you desire?

One-Bedroom Two-Bedroom Three-Bedroom



CURRENT RESIDENTIAL INFORMATION

Beginning with current address, please provide a minimum of five (5) years or two (2) landlords residential history. You may go back further than 5 years, but you must give an address for all the time during that period. If you were not on a lease, indicate who allowed you to reside at the address in the LANDLORD NAME column. This must be completed for all household members over the age of 18.

Rent Own Monthly Payment \$ _____

How long have you lived at your present address? _____

Does any adult in the household currently own a home? _____

Has any adult in the household owned a home in the past three years? _____

If you rent, Current Landlord Name:

Address: _____ State: _____ Zip: _____

Phone # _____

ADDITIONAL RESIDENTIAL HISTORY

| <u>Household Member</u> | <u>From-To (month/year)</u> | <u>Address (Street, City, State, Zip)</u> | <u>Landlord Name, Address & Phone</u> |
|-------------------------|---------------------------------|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |



HOUSEHOLD INFORMATION

| <u>Name</u> | <u>Social Security #</u> (if over 18) | <u>DOB</u> | <u>Gender</u> (M/F) | <u>Relationship to Applicant</u> |
|-------------|--|------------|------------------------|----------------------------------|
| | | | | |
| | | | | |
| | | | | |

| <u>Children</u> | <u>School Name</u> | <u>DOB</u> | <u>Gender</u> | <u>Relationship to Applicant</u> |
|-----------------|--------------------|------------|---------------|----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(All household members over the age of 18 must be included above.)

TELL US MORE ABOUT YOUR FAMILY

Please describe your current housing (ex., number of bedrooms/bathrooms, location, length of residency, whether a lease is in effect, when lease will terminate, whether you are at risk of being displaced, etc.).
What's good and what's bad about it?

Have you ever lived in a co-op, collective, or property located in a homeowners' association? _____

Please describe your current neighborhood. What's good and what's bad about it?

Are you a part of any community organization? _____ If so, tell us about it?

Tell us why you are moving.



FAMILY INFORMATION (Continued)

If you or any member of your household participate in any community volunteer activities that you would like to tell us about, please use the space below or check here and describe on another sheet.

What skills would you be willing to offer as part of a work exchange?

- Child Care Accounting/Bookkeeping Clerical/Data Entry
 Gardening Carpentry/Minor Repairs Landscaping/Lawn Work
 Event Planning/Hosting Cooking/Baking for Fundraising Other _____

How did you learn about Hannibal Square Community Land Trust?

What is your understanding of the community land trust model for owning a home?

What do you and your family like about the possibility of living in a community land trust home?

What are your concerns or reservations about living in a community land trust home?

Do you currently reside or have you previously resided within the Winter Park or another Community Redevelopment Area? _____ If so, please provide the address and length of time you resided there.

Please list at least three references. One should be a landlord and two should be employers or supervisors of volunteer work:

| | Name/ Affiliation/Time Known | Phone Number |
|------------|------------------------------|--------------|
| Landlord: | | |
| Employers: | | |
| | | |
| Other: | | |



FINANCIAL INFORMATION

List all household members over 18 years of age who are employed (include previous employment if less than one year).

| | |
|---|--|
| Name: _____ | |
| Employer: _____ | Position/Title: _____ |
| Employer Contact: _____ | Contact Phone #: _____ |
| Street: _____ | City: _____ State: _____ Zip: _____ |
| Date(s) of Employment: _____ | Years Employed in this line of work: _____ |
| Gross Monthly Income: _____ Pay Cycle: <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other | |
| Name: _____ | |
| Employer: _____ | Position/Title: _____ |
| Employer Contact: _____ | Contact Phone #: _____ |
| Street: _____ | City: _____ State: _____ Zip: _____ |
| Date(s) of Employment: _____ | Years Employed in this line of work: _____ |
| Gross Monthly Income: _____ Pay Cycle: <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other | |
| Name: _____ | |
| Employer: _____ | Position/Title: _____ |
| Employer Contact: _____ | Contact Phone #: _____ |
| Street: _____ | City: _____ State: _____ Zip: _____ |
| Date(s) of Employment: _____ | Years Employed in this line of work: _____ |
| Gross Monthly Income: _____ Pay Cycle: <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other | |
| Name: _____ | |
| Employer: _____ | Position/Title: _____ |
| Employer Contact: _____ | Contact Phone #: _____ |
| Street: _____ | City: _____ State: _____ Zip: _____ |
| Date(s) of Employment: _____ | Years Employed in this line of work: _____ |
| Gross Monthly Income: _____ Pay Cycle: <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other | |
| Annual Gross Household Income: \$ _____ Previous Year's Gross Household Income: \$ _____ (Include all sources of wage income and non-wage income, i.e., social security, alimony, child support, etc. Add additional sheets if necessary.) | |



ASSETS Please indicate type of assets and amounts for all adult members of the household.

| Type of Asset | Total Value | Available Funds | Institution Name |
|--------------------------|-------------|-----------------|------------------|
| Cash on Hand | \$ | \$ | |
| Checking Account | \$ | \$ | |
| Savings Account | \$ | \$ | |
| Retirement Account | \$ | \$ | |
| Gift | \$ | \$ | |
| Down Payment Assistance | \$ | \$ | |
| Money Market/Mutual Fund | \$ | \$ | |
| Inheritance | \$ | \$ | |
| Other: | \$ | \$ | |

Additional assets? Please check here and list on a separate sheet.

Amount currently available for down payment: _____

How much money (avg./month) does your household put toward down payment savings, if any? _____

LIAIBILITIES Please indicate debts and amounts for applicant and co-applicant only.

| Type of Liability | Monthly Payment | Outstanding Balance | Creditor Name | Delinquent (Y/N) |
|-----------------------------|-----------------|---------------------|---------------|------------------|
| Auto | \$ | \$ | | |
| Credit Card | \$ | \$ | | |
| Credit Card | \$ | \$ | | |
| Lease Payment | \$ | \$ | | |
| Student Loan | \$ | \$ | | |
| Medical Bills | \$ | \$ | | |
| Other (Please List): | \$ | \$ | | |
| | \$ | \$ | | |
| | \$ | \$ | | |

Additional debt? Please check here and list on a separate sheet.



Do you know of any issues in your credit history that may make it difficult for you to obtain a mortgage (i.e. bankruptcy, loan default, late payments, etc.)?

Yes* No Not Sure

*Answering "YES" to this question will not disqualify you from our program. There may be services available to help you resolve these issues before you approach a lender, and we are happy to refer you to them. On a separate sheet, please feel free to describe any circumstances that would help us understand your credit situation.

In order to purchase a home through Hannibal Square CLT, it will be necessary for you to obtain mortgage from a lender who finances community land trust homes. Have you received PRE-APPROVAL for a mortgage loan within the past two years? Yes No

If yes, please attach a copy of your approval letter to this application or indicate the lender, loan consultant's name and amount approved below.

**Hannibal Square CLT has lenders who are experienced with the community land trust model and ground leases. The list of these lenders is available on our website.

FINALLY, PLEASE TAKE A MOMENT TO MAKE SURE THAT THIS APPLICATION IS COMPLETE. Incomplete applications may be returned to the applicant for additional information before they are processed. Please feel free to contact us at (407) 643-9111 if you have any questions about this application.

EVERY HOUSEHOLD MEMBER OVER THE AGE OF 18 MUST SIGN BELOW

The information I (we) have provided here is true and correct to the best of my (our) knowledge. I (we) give permission for reference checks and income verification from my (our) sources named in this application. I (we) understand that more detailed information about my (our) finances, employment and/or housing situation may be required before my (our) eligibility for any home can be determined. I (we) give permission for HSCLT to obtain information about any household member from credit bureau services. If the application is approved, I (we) give permission for HSCLT to obtain or report information from or to credit bureau services. Further, my (our) signature below indicates my (our) support and commitment to the Hannibal Square Community Land Trust.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____