

## KULSHAN COMMUNITY LAND TRUST HOUSING APPLICATION

*Please print neatly and respond to all of the questions. Keep a copy of this application for your own records. Please send original application, all additional verification of income and one complete copy of everything to KulshanCLT (see page 4 for a check list).*

Applicant Name(s) \_\_\_\_\_ / \_\_\_\_\_

*This should be your legal name(s). Please include your middle initial.*

Social Security #s \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Email \_\_\_\_\_ best time and method to reach you \_\_\_\_\_

How did you find out about KulshanCLT? \_\_\_\_\_

Married  Unmarried

### INCOME, EMPLOYMENT AND FAMILY SIZE

**Please list all household members, including those with and without income. Household members include borrowing and non-borrowing co-habitants who live with you currently and are planning on living with you in the future. Use another sheet of paper if you need additional space. Be sure to list all sources of income, include documentation, that your family may have including wages, tips, social security, interest, dividends, alimony, and/or child support. Please list (all) applicant's current employers' contact information.**

- Attach 2 copies of Federal Tax Returns from each of the past three years.*
- If you have been divorced, you receive alimony or child support, please attach 2 copies of the divorce decree and/or evidence of award amount.*
- If self-employed, indicate so; list name of business and gross income. Be sure to include the Schedule C with your Tax Return copies.*
- If on a fixed-income, please indicate so.*

Name	Date of Birth	Source(s) of income – include business name and address of where you go to work.	Annual total from each source (before taxes)
<b>Total annual income before taxes:</b>			

**OTHER FINANCIAL INFORMATION**

Have you been pre-qualified for a mortgage? \_\_\_\_\_ Amount? \_\_\_\_\_

Name of the bank and Contact name \_\_\_\_\_

(Please attach a copy of your pre-qualification letter)

List each asset and its value (estimate)

Type of Asset	Value	Do you have access to it now?
Savings account		
Checking Account		
Stocks and bonds		
IRA or 401(k)		
Other		
<b>Totals:</b>		

Do you have any additional money available to you for a down payment/closing costs (gift or loan from family or friends, etc.)? \_\_\_\_\_ How much? \_\_\_\_\_

List all household debt. This includes any payments with more than a 9-month repayment period, such as automobile loans, student loans, child support, personal debts, and credit cards. For credit cards, enter the “minimum due” under “monthly amount”.

Debt owed to:	Balance due:	Monthly Amount:
<b>Totals:</b>		

**GENERAL INFORMATION**

Please answer as best you can. 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.

How long have you been a resident of Whatcom County? \_\_\_\_\_ years and \_\_\_\_\_ months.

Are you currently receiving any housing subsidy? (Section 8 or other?) \_\_\_\_\_

Do you expect any changes in your household size within the next year? Yes \_\_\_\_\_ No \_\_\_\_\_

Explanation \_\_\_\_\_

Does anyone in your household have special needs? (optional)\* Yes \_\_\_\_\_ No \_\_\_\_\_

If yes then will you require a home that is ADA accessible? Yes \_\_\_\_\_ No \_\_\_\_\_

How much do you pay for rent? \$ \_\_\_\_\_ Other utilities? (rough estimates) \$ \_\_\_\_\_

If you currently have a lease, when is it up? \_\_\_\_\_

Do dependents\* in your household reside with you full-time? \_\_\_\_\_ Less than full-time? \_\_\_\_\_

Please explain:

\* Special needs can include elderly, mentally or physically disabled persons, persons recovering from physical abuse or alcohol or drug abuse, or person with HIV/AIDS.

Do you support (with time or money) any dependents residing outside your household? \_\_\_\_  
Please explain (& include details of your custodial agreement, if applicable):

The ethnicity of members of your household is:  
\_\_\_\_ Hispanic or Latino or  
\_\_\_\_ Not Hispanic or Latino

The race(s) of members of your household is/are:  
\_\_\_\_ American Indian or Alaska Native    \_\_\_\_ Asian  
\_\_\_\_ Black or African American            \_\_\_\_ White  
\_\_\_\_ Native Hawaiian or Other Pacific Islander

Have you attended a homebuyer education class? \_\_\_\_\_ Date \_\_\_\_\_

Agency that conducted the class: \_\_\_\_\_

Have you gone through any credit counseling? (Explain) \_\_\_\_\_

Have you owned a home within the last three years? (Explain) \_\_\_\_\_

Have you ever had a bankruptcy? (Circle one)            YES    NO

If yes, when was it cleared up? \_\_\_\_\_ (please provide a copy of the discharge papers)

**KulshanCLT's vision is:**

- A healthy, diverse community,
- A balanced distribution of housing types, sizes and prices,
- A strong local economy,
- Landscapes that are appreciated, conserved, and productive,
- Appropriate rural housing densities that allow for preserved farmland, habitats and open space,
- Appropriate urban density creating easy access to jobs, services and transportation choices, and
- A citizenry involved in and shaping its community.

Please articulate your own commitment to this vision and your understanding of the relationship between KulshanCLT and yourself, a potential KulshanCLT homeowner/lease holder.

Please explain why you feel that homeownership is the best choice for your household.

Is there any additional information that you would like us to know about you or your household? (Please use another piece of paper for additional information that does not fit.)

---

\* Dependents are those who meet the IRS definition of a dependent. Generally speaking, they are your relatives who you support, or members of your household who live with you year-round.

**SIGNATURE PAGE AND CHECKLIST**

I (we) affirm that all of the information given above is correct and made for the purpose of obtaining funding through KulshanCLT's *HomeBuyer Driven Program*. I authorize KulshanCLT to communicate with any person, firm, or corporation necessary to obtain financing for a home, including credit reports, and to obtain any information that KulshanCLT may need concerning the statements made in this application. I authorize the release of this information to City, State and Federal funding agencies in order to determine my eligibility for funds. I agree that the application shall remain the property of KulshanCLT whether or not the grant is approved.

Signature(s) of Applicant (s): \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

**Please indicate your preference as to which housing you are applying to (indicate number 1 is your first choice, use numbers for all you are considering):**

\_\_\_\_\_ HomeBuyer Driven Program – We give you downpayment assistance to shop on the open market for an existing single-family home

\_\_\_\_\_ New Homes – Currently we are building new homes at the corner of 15<sup>th</sup> and Harris (Matthei Place) and in Ferndale (Kulshan Commons).

\_\_\_\_\_ Condominiums

**Do you have everything to make your application complete?**

*We will not accept or process incomplete applications! And we will not make copies for you in the office.*

- Original application signed and all supporting documents and the income verification form (see note below)
- One full copy of the application (including copies of all supporting documents)
- KEEP a copy of the application and all supporting documents for your records – most of this information will be requested by the bank as well
- Only sections 1, 7 and 8 of part 1 of the Income Verification Form needs to be filled out by you. Then return it with your application to KulshanCLT BEFORE IT IS FILLED OUT BY YOUR EMPLOYER.
- Check or Money order for \$43.00 (includes fee for credit report)
- Membership fee of \$10 (If you're not currently a member)\*

\*You can write one check for \$53.00

Please send all of the above items to:      KulshanCLT,  
215 West Holly Street, Suite H-20,  
Bellingham, WA 98225.

Thank you.

*All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, age or national origin in compliance with the Fair Housing Act.*



~~~~~  
For office use only: RCV \_\_\_\_\_ Date \_\_\_\_\_

## Kulshan Community Land Trust's Request for Verification of Employment

### Part 1 - Request

|                                                             |                                                                                                                                          |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. To (Name and address of employer)</b><br><br><br><br> | <b>2. From (Name and Address of Lender)</b><br>Kulshan Community Land Trust<br>215 West Holly Street, Suite H-20<br>Bellingham, WA 98225 |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

I certify that this verification has been sent directly to the employer and has not passed through the hands of the applicant or any other interested party

|                               |                           |                |                            |
|-------------------------------|---------------------------|----------------|----------------------------|
| <b>3. Signature of Lender</b> | <b>4. Title</b>           | <b>5. Date</b> | <b>6. Lender's phone #</b> |
|                               | HomeOwnership Coordinator |                | 360-671-5600 ext 3         |

I have applied for assistance from Kulshan Community Land Trust and stated that I am employed by you. My Signature below authorizes verification of this information.

|                                                     |                                              |
|-----------------------------------------------------|----------------------------------------------|
| <b>7. Name and Address of Applicant</b><br><br><br> | <b>8. Signature of Applicant</b><br><br><br> |
|-----------------------------------------------------|----------------------------------------------|

### Part 2 - Verification of Employment

|                                   |                      |                                         |
|-----------------------------------|----------------------|-----------------------------------------|
| 9. Applicant's Date of Employment | 10. Present Position | 11. Probability of Continued Employment |
|                                   |                      |                                         |

#### 12A. Current Gross Base Pay (enter amount and Check period)

|                                                                                                                          |                                         |                                         |                                                        |                               |    |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|--------------------------------------------------------|-------------------------------|----|
| \$                                                                                                                       | ___ Annual<br>___ Monthly<br>___ Weekly | ___ Hourly<br>___ Other (specify) _____ | <b>13. For Military Personnel Only</b>                 |                               |    |
|                                                                                                                          |                                         |                                         | Pay Grade                                              |                               |    |
|                                                                                                                          |                                         |                                         | Type                                                   | Monthly Amount                |    |
| <b>12B. Gross Earnings</b>                                                                                               |                                         |                                         | Base Pay                                               | \$                            |    |
| Type                                                                                                                     | Year to Date<br>Thru ___ 20__           | Past year<br>20__                       | Past Year<br>20__                                      | Rations                       | \$ |
| Base Pay                                                                                                                 | \$                                      | \$                                      | \$                                                     | Flight or Hazard              | \$ |
| Overtime                                                                                                                 | \$                                      | \$                                      | \$                                                     | Clothing                      | \$ |
| Commissions                                                                                                              | \$                                      | \$                                      | \$                                                     | Quarters                      | \$ |
| Bonus                                                                                                                    | \$                                      | \$                                      | \$                                                     | Pro Pay                       | \$ |
| Total                                                                                                                    | \$                                      | \$                                      | \$                                                     | Overseas or<br>Combat         | \$ |
| <b>14. If overtime or Bonus is Applicable is its continuance likely?</b>                                                 |                                         |                                         |                                                        | Variable Housing<br>Allowance | \$ |
| Overtime ___yes ___no                                                                                                    |                                         |                                         |                                                        |                               |    |
| <b>15. If paid hourly what is the average hours worked per week?</b> _____                                               |                                         |                                         |                                                        |                               |    |
| <b>16. Date of applicant's next pay increase</b> _____                                                                   |                                         |                                         | <b>18. Date of applicant's last pay increase</b> _____ |                               |    |
| <b>17. Projected amount of next pay increase \$</b> _____                                                                |                                         |                                         | <b>19. Amount of last pay increase \$</b> _____        |                               |    |
| <b>20. Remarks (if employee was off work for any length of time, please indicate time period and reason)</b><br><br><br> |                                         |                                         |                                                        |                               |    |

### Part 3. Employer's Verification

|                                    |                                 |                    |
|------------------------------------|---------------------------------|--------------------|
| <b>21. Signature of employer</b>   | <b>22. Title (please print)</b> | <b>23. Date</b>    |
|                                    |                                 |                    |
| <b>24. Print name signed above</b> | <b>25. Phone number</b>         |                    |
|                                    |                                 | <b>Thank You !</b> |