

**KULSHAN COMMUNITY LAND TRUST**  
**HOME BUYER PROGRAM APPLICATION**

Please print neatly and respond to all of the questions. Keep a copy of this application for your own records. Please send the original application and all additional verification of income.

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

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

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

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

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

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_ Best time and method to reach you \_\_\_\_\_

Married  Unmarried  Primary language spoken \_\_\_\_\_

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

**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, and 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 1 copy of Federal Tax Returns including all schedules & W-2s from each of the past three years.
- Attach 2 months of all bank account statements.
- If you have been divorced, you receive alimony or child support, please attach a copy 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, indicate so and provide documentation of that income source. For example, an SSA letter, VA benefits letter, or disability award letter.

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

**OTHER FINANCIAL INFORMATION**

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

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

**\*\*Please remember to attach a copy of your pre-approval 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? \_\_\_\_\_

**\*\*Please remember to attach copies of 2 months bank statements and the completed budget worksheet.**

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.

How much do you pay for rent? \$ \_\_\_\_\_ If you currently have a lease, when is it up? \_\_\_\_\_

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, will you require a home that is ADA accessible? Yes \_\_\_\_\_ No \_\_\_\_\_ Are you a veteran? \_\_\_\_\_

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

Do you support (with time or money) any dependents residing outside your household? \_\_\_\_\_  
Please explain, including 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,
- Rural housing densities that allow for preserved farmland, habitats and open space,
- Urban density creating easy access to jobs, services and transportation choices, and
- People who are involved in 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):**

- \_\_\_\_\_ Birchwood
- \_\_\_\_\_ Telegraph Townhomes \_\_\_\_\_ 2 bdrm home \_\_\_\_\_ 3 bdrm home
- \_\_\_\_\_ Resale

**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.*

- Completed original application, budget worksheet, and counseling agreement and copies of all supporting documents, 2 months bank statements and the income verification form
- KEEP a copy of the application and all supporting documents for your records – most of this information will be requested by the lender 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 \$45.00\*
- Membership fee of \$10 (if you're not currently a member)\*

\*You can write one check for application and membership fees for \$55.00 (or call the office to pay via credit card)

Please send all of the above items to:   KulshanCLT  
1715 C St, Suite 201  
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.*



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



**KulshanCLT**  
a community land trust

Kulshan Community Land Trust (KulshanCLT) is a Housing Counseling Agency that provides financial education and counseling to homebuyers and homeowners solely for educational purposes, in order to assist them improving their housing conditions and in meeting the responsibilities of homeownership. KulshanCLT is a sub-grantee of the Washington State Housing Finance Commission and all services are in accordance with the requirements of HUD.

**KulshanCLT acts as a neutral third party and does not endorse or recommend any particular product of lender. We are not affiliated with any lender and/or mortgage broker. Although KulshanCLT may have resources and/or programs available to assist you in meeting your housing needs you are under no obligation to utilize such services nor are you obligated to use any of the services or programs that we may suggest or refer you to.**

The primary mission of KulshanCLT is to strengthen community by holding land in trust for permanently affordable homeownership and other community needs, and by offering financial and educational services to people of limited means.

KulshanCLT provides budget and credit counseling, financial education classes both in the classroom and online, pre-purchase housing counseling, foreclosure prevention counseling and post-purchase housing counseling. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will seek the assistance of a legal professional.

I understand that KulshanCLT may need to discuss information on my financial situation, employment or credit delinquencies with other institutions. This information will be treated as totally confidential and no information will be divulged to any party who is not directly involved in my situation. I authorize KulshanCLT to release credit, financial, employment and other information to other agencies or firms as may be essential in the solution of my housing situation. I also authorize these firms and agencies to release information to KulshanCLT.

The undersigned accepts full responsibility for their own decisions in these matters and acknowledges the role of KulshanCLT as merely a provider of objective information. I further knowingly and intelligently waive any rights or claims against KulshanCLT and hereby fully release and discharge KulshanCLT from any liability.

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Client Signature / Name

Date

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Client Signature / Name

Date

**Kulshan Community Land Trust**  
**Request for Verification of Employment**

**Part 1 - REQUEST (to be filled out by applicant)**

|                                                            |                                                                              |
|------------------------------------------------------------|------------------------------------------------------------------------------|
| 1. To (Name, address, phone and email address of employer) | 2. From (Name and Address of Lender)                                         |
|                                                            | Kulshan Community Land Trust<br>1715 C St, Suite 201<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*

|                        |          |         |                     |
|------------------------|----------|---------|---------------------|
| 3. Signature of Lender | 4. Title | 5. Date | 6. Lender's phone # |
|                        |          |         | 360-671-5600 ext. 1 |

*I have applied for assistance from KulshanCLT and stated that I am employed by you. My Signature below authorizes verification of this information.*

|                                  |                           |
|----------------------------------|---------------------------|
| 7. Name and Address of Applicant | 8. Signature of Applicant |
|                                  |                           |

**Part 2 - VERIFICATION OF EMPLOYMENT (to be filled out by employer)**

|                                                                                                                                                                                                             |                                                                                                                                                                                       |                                                 |          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------|
| 9. Applicant's Date of Employment                                                                                                                                                                           | 10. Present Position                                                                                                                                                                  | 11. Probability of Continued Employment         |          |
|                                                                                                                                                                                                             |                                                                                                                                                                                       |                                                 |          |
| 12A. Current Gross Base Pay (enter amount and check period)                                                                                                                                                 |                                                                                                                                                                                       | <b>(13. For Military Personnel Only)</b>        |          |
| \$ _____                                                                                                                                                                                                    | <input type="checkbox"/> Annual <input type="checkbox"/> Hourly<br><input type="checkbox"/> Monthly <input type="checkbox"/> Other (specify) _____<br><input type="checkbox"/> Weekly |                                                 |          |
| 12B. Gross Earnings                                                                                                                                                                                         |                                                                                                                                                                                       |                                                 |          |
|                                                                                                                                                                                                             |                                                                                                                                                                                       | Pay Grade                                       |          |
|                                                                                                                                                                                                             |                                                                                                                                                                                       | Type                                            |          |
|                                                                                                                                                                                                             |                                                                                                                                                                                       | Monthly Amount                                  |          |
| Base Pay                                                                                                                                                                                                    | \$ _____                                                                                                                                                                              | Base Pay                                        | \$ _____ |
| Overtime                                                                                                                                                                                                    | \$ _____                                                                                                                                                                              | Rations                                         | \$ _____ |
| Commissions                                                                                                                                                                                                 | \$ _____                                                                                                                                                                              | Flight or Hazard                                | \$ _____ |
| Bonus                                                                                                                                                                                                       | \$ _____                                                                                                                                                                              | Clothing                                        | \$ _____ |
| Total                                                                                                                                                                                                       | \$ _____                                                                                                                                                                              | Quarters                                        | \$ _____ |
|                                                                                                                                                                                                             |                                                                                                                                                                                       | Pro Pay                                         | \$ _____ |
|                                                                                                                                                                                                             |                                                                                                                                                                                       | Overseas or Combat                              | \$ _____ |
|                                                                                                                                                                                                             |                                                                                                                                                                                       | Variable Housing Allowance                      | \$ _____ |
| 14. If overtime or bonus is applicable, is its continuance likely?<br>Overtime <input type="checkbox"/> yes <input type="checkbox"/> no      Bonus <input type="checkbox"/> yes <input type="checkbox"/> no |                                                                                                                                                                                       |                                                 |          |
| 15. If paid hourly, average hours worked per week _____                                                                                                                                                     |                                                                                                                                                                                       |                                                 |          |
| 16. Date of applicant's next pay increase _____                                                                                                                                                             |                                                                                                                                                                                       | 17. Date of applicant's last pay increase _____ |          |
| 18. Projected amount of next pay increase \$ _____                                                                                                                                                          |                                                                                                                                                                                       | 19. Amount of last pay increase \$ _____        |          |
| 20. Remarks (e.g., if employee was off work for any length of time, please indicate time period and reason)                                                                                                 |                                                                                                                                                                                       |                                                 |          |
|                                                                                                                                                                                                             |                                                                                                                                                                                       |                                                 |          |

**Part 3. EMPLOYER'S VERIFICATION (to be filled out by employer)**

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



# Make a Budget

Use this worksheet to see how much money you spend this month. Then, use this month's information to help you plan next month's budget.

Some bills are monthly and some come less often. If you have an expense that does not occur every month, put it in the "Other expenses this month" category.

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

## My income this month

| Income                                                           | Monthly total  |
|------------------------------------------------------------------|----------------|
| Paychecks (salary after taxes, benefits, and check cashing fees) | \$             |
| Other income (after taxes) for example: child support            | \$             |
| <b>Total monthly income</b>                                      | <b>\$ 0.00</b> |

Income

## My expenses this month

|                | Expenses                                     | Monthly total |
|----------------|----------------------------------------------|---------------|
| HOUSING        | Rent or mortgage                             | \$            |
|                | Renter's insurance or homeowner's insurance  | \$            |
|                | Utilities (like electricity and gas)         | \$            |
|                | Internet, cable, and phones                  | \$            |
|                | Other housing expenses (like property taxes) | \$            |
| FOOD           | Groceries and household supplies             | \$            |
|                | Meals out                                    | \$            |
|                | Other food expenses                          | \$            |
| TRANSPORTATION | Public transportation and taxis              | \$            |
|                | Gas for car                                  | \$            |
|                | Parking and tolls                            | \$            |
|                | Car maintenance (like oil changes)           | \$            |
|                | Car insurance                                | \$            |
|                | Car loan                                     | \$            |
|                | Other transportation expenses                | \$            |



# Make a Budget

|                                                      | Expenses                                                          | Monthly total  |
|------------------------------------------------------|-------------------------------------------------------------------|----------------|
| <b>HEALTH</b>                                        | Medicine                                                          | \$             |
|                                                      | Health insurance                                                  | \$             |
|                                                      | Other health expenses (like doctors' appointments and eyeglasses) | \$             |
| <b>PERSONAL AND FAMILY</b>                           | Child care                                                        | \$             |
|                                                      | Child support                                                     | \$             |
|                                                      | Money given or sent to family                                     | \$             |
|                                                      | Clothing and shoes                                                | \$             |
|                                                      | Laundry                                                           | \$             |
|                                                      | Donations                                                         | \$             |
|                                                      | Entertainment (like movies and amusement parks)                   | \$             |
| Other personal or family expenses (like beauty care) | \$                                                                |                |
| <b>FINANCE</b>                                       | Fees for cashier's checks and money transfers                     | \$             |
|                                                      | Prepaid cards and phone cards                                     | \$             |
|                                                      | Bank or credit card fees                                          | \$             |
|                                                      | Other fees                                                        | \$             |
| <b>OTHER</b>                                         | School costs (like supplies, tuition, student loans)              | \$             |
|                                                      | Other payments (like credit cards and savings)                    | \$             |
|                                                      | Other expenses this month                                         | \$             |
| <b>Total monthly expenses</b>                        |                                                                   | <b>\$ 0.00</b> |

**Expenses**

$$\begin{array}{ccccccc}
 \$ & 0.00 & - & \$ & 0.00 & = & \$ & 0.00 \\
 \text{Income} & & & \text{Expenses} & & & & 
 \end{array}$$

Maybe your income is more than your expenses. You have money left to save or spend.  
 Maybe your expenses are more than your income. Look at your budget to find expenses to cut.

**Print Form**