Application Checklist

All documents must be submitted for SCHLT to process your application

Along with a completed and signed application, please include the following information and documentation for both the Applicant and Co-Applicant:

□ Copies of your last two months' pay stubs for all W-2 employment
OR
□ Previous 2 years federal Tax returns for all non W-2 income (This year's and last year's). To
obtain copies, call 1- 800-829-1040 and request a free copy of past tax returns.
□ For all that apply, submit a copy of the most recent two months:
□ Bank account statements for all accounts (checking, saving, etc.).
□ Retirement account statements for all accounts (IRA's, pensions, etc.)
□ All other statements including child support statements, alimony statements, copy of
marriage license or divorce decree (if applicable).
□ Signed letter of Borrower's Certification and Authorization.

Please remember! Submit the original FULL application and photocopies of all other documentation. If you have applied previously, you must resubmit all documentation. Failure to comply with providing these documents will result in disqualification from the SCHLT Homeownership Program.

Borrower's Certification and Authorization

This borrower-signed document gives Sheridan County Housing Land Trust blanket authorization to request the information needed to document the borrower's creditworthiness. I hereby authorize Habitat for Humanity of the Eastern Bighorns dba Sheridan County Housing Land Trust (SCHLT) to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my SCHLT housing application. It is understood that a photocopy of this form also will serve as authorization. The information the SCHLT obtains is only to be used in the processing of my application for income/asset verification.

Name	Date
Signature	
Name	Date
Name	Date
Signature	<u>_</u>

Housing Land Trust Application

<u>Applicant</u>

First Name:		Last	Last Name:		
Email:					
Home Phone	e:Mo	bile Phone:	Work Phone:		
Preferred Ph	one 🗆 Home 🗆	Mobile □ Work			
Mailing Addr	ess <u>:</u>		Date moved to address:		
City:		State:	Postal Code:		
Date of Birth	:	Primary Lan	guage:		
Marital Statu	s: □ Single □ Divorced	☐ Married/Domestic☐ Widowed	c Partnership □ Separated		
Gender:	□ Male	□ Female	□ Other		
Race:	□ Black or Africar	can Indian AND White n American AND White	□ Native Hawaiian or Pacific Islander□ Asian AND White		
Ethnicity:	□ Hispanic	□ Not Hispanic	□ Choose Not to Respond		
•	Corps, Navy, Air Force, S	tly serving, in the United Space Force, Coast Guard, Re			
□ Cu (mm/ □ Cu □ On	dd/yyyy) rrently retired, disch	arged, or separated fron	expiration date of service/tour// n service member of the Reserve or National Guard		

Educational Attainment
□ Less than HS Diploma
□ High school diploma or equivalent
□ Some post-secondary education
□ Certification from a vocational or technical training program
□ Associate's Degree
□ Bachelor's Degree
□ Master's or other graduate degree
Employment Status
□ Self-employed
□ Work full-time for employer
□ Work part-time for employer
□ Homemaker
□ Full-time student
□ Permanently unable to work
□ Unemployed and seeking work
How long have you been employed in Sheridan County?
Them long have you been employed in enematin bounty.
How long have you lived in Sheridan County?

Co-Applicant

First Name:		Last	Name:	
Email:				
Home Phone	: Mo	bile Phone:	Work Pho	one:
	one Home			
Mailing Addre	ess <u>:</u>		Date moved to a	ddress:
City:		State:	P	ostal Code:
Date of Birth:		Primary Lan	guage:	
Marital Status	s: Single	□ Marriod/Domostic	Partnership	□ Sonarated
Marital Status	□ Divorced	☐ Married/Domestic☐ Widowed	raitheiship	□ Separated
Gender:	□ Male	□ Female	□ Other	
Race:	☐ Black or African☐ White ☐ Americ	can Indian AND White	□ Native Hawaiia□ Asian AND WI	
	□ Black or African□ Other multiple r	n American AND White ace	☐ American India☐ Chose Not to I	
Ethnicity:	□ Hispanic	□ Not Hispanic	□ Choose Not to	Respond
•	orps, Navy, Air Force, S	tly serving, in the United pace Force, Coast Guard, Re		
	rently serving on ac	ctive duty with projected	expiration date of s	ervice/tour//
•	ld/yyyy)	argad or congreted from	n convice	
	•	arged, or separated from was as a non-activated n		erve or National Guard
	viving spouse			
Educational A	Attainment			
□ Less than I				
□ High school	ol diploma or equiva	lent		
□ Some post	-secondary educati	on		
□ Certification	n from a vocational	or technical training prog	gram	

□ Associate's Degree
□ Bachelor's Degree
□ Master's or other graduate degree
Employment Status
□ Self-employed
□ Work full-time for employer
□ Work part-time for employer
□ Homemaker
□ Full-time student
□ Permanently unable to work
□ Unemployed and seeking work
How long have you been employed in Sheridan County?
Tiow long have you been employed in chandan bounty:
How long have you lived in Sheridan County?

Additional Household Member #1

First Name:	Last Name:			
Date of Birth	:			
Gender:	□ Male	□ Female	□ Other	
Race:	☐ Black or Africa☐ White ☐ Ame	rican Indian AND White an American AND White	□ Native Hawaiian or Pacific Islander□ Asian AND White	
Ethnicity:	□ Hispanic	□ Not Hispanic	□ Choose Not to Respond	
□ Yes □ No	•	he Applicant and/or Co-Apuse more than 50% of the		
	lousehold Membe	er #2		
First Name:		Last	Name:	
Date of Birth	:			
Gender:	□ Male	□ Female	□ Other	
Race:	 □ American Indian or Alaska Native □ Black or African American □ White □ American Indian AND White □ Black or African American AND White □ Other multiple race 		 □ Asian □ Native Hawaiian or Pacific Islander □ Asian AND White □ American Indian AND Black □ Chose Not to Respond 	
Ethnicity:	□ Hispanic	□ Not Hispanic	□ Choose Not to Respond	
Is this person ☐ Yes ☐ No	n a dependent of tl	he Applicant and/or Co-Ap	pplicant?	
Does this pe □ Yes □ No	rson live in the hou	use more than 50% of the	time?	

Additional Household Member #3

First Name:_	Last Name:			
Date of Birth	:			
Gender:	□ Male	□ Female	□ Other	
Race:	□ Black or Africa□ White □ Amer	ican Indian AND White an American AND White		
Ethnicity:	□ Hispanic	□ Not Hispanic	□ Choose Not to Respond	
Is this persor ☐ Yes ☐ No	n a dependent of th	ne Applicant and/or Co-Ap	oplicant?	
Does this pe □ Yes □ No	rson live in the hou	use more than 50% of the	time?	
Additional H	lousehold Membe	er #4		
First Name:_		Last	Name:	
Date of Birth	:			
Gender:	□ Male	□ Female	□ Other	
Race:	☐ Black or Africa☐ White ☐ Amer	rican Indian AND White an American AND White	 □ Asian □ Native Hawaiian or Pacific Islander □ Asian AND White □ American Indian AND Black □ Chose Not to Respond 	
Ethnicity:	□ Hispanic	□ Not Hispanic	□ Choose Not to Respond	
Is this persor ☐ Yes ☐ No	n a dependent of th	ne Applicant and/or Co-Ap	pplicant?	
Does this pe □ Yes □ No	rson live in the hou	use more than 50% of the	time?	

Additional Household Member #5

First Name: Las		Last	Name:	
Date of Birth:				
Gender:	□ Male	□ Female	□ Other	
Race:	ce: □ American Indian or Alaska Native □ Black or African American □ White □ American Indian AND White □ Black or African American AND White □ Other multiple race		 □ Asian □ Native Hawaiian or Pacific Islande □ Asian AND White □ American Indian AND Black □ Chose Not to Respond 	
Ethnicity:	□ Hispanic	□ Not Hispanic	□ Choose Not to Respond	
Is this person ☐ Yes ☐ No	a dependent o	f the Applicant and/or Co-A	pplicant?	
Does this per ☐ Yes ☐ No	son live in the h	nouse more than 50% of the	time?	

Financial History
How many times have you been late with your bill payments in the last year?
□ Never
□ Once
□ 2-3 times
□ 4 or more times
How much do you typically pay on your monthly credit card bill?
□ No credit cards
□ The full balance
□ Less than the full balance, more than the minimum required
□ The minimum required
□ Less than the minimum required
If you've been involved in the foreclosure process, what was the date of your first notice of foreclosure? $\hfill\Box$ / /
□ Does not apply
If you've declared bankruptcy in the past 7 years, what was the date of your bankruptcy discharge?
□ Does not apply

Assets:

Please list the current value of all household Assets.

Checking accounts, Savings accounts, Retirement accounts, Investments, CDs (Certificate of Deposit), Others

Type of Asset & Name of Institution	Address	City, State	ZIP	Account #	Current balance/value/ vested amount
					\$
					\$
					\$
					\$
					\$
					\$
					\$

Debts:

Please list all household Debts.

Credit cards, Education loans, Auto loans, Lines of Credit, Mortgages, Others

Account/Institution	Monthly Payment	Unpaid Balance	Months Left to Pay
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

Employment / Income Source Information

Include each income source any household member receives. Sources of income include earned income from employment as well as benefits, social security and child support.

Income Source #1			
Wage Earner □ Applicant	□ Co-Applicant □ Other Household Mem		
Gross Annual Income:\$			
Income Type			
☐ Full-time Employment	□ Investment income	□ Part-time Employment □ Pension	
□ Self-Employment	□ Social Security	□ Spousal Support □ SSI / SSDI	
□ Child Support	□ Other		
Date of Hire:	Occupation Description:		
Income Source #2			
Wage Earner □ Applicant	□ Co-Applicant	□ Other Household Member	
Gross Annual Income:\$			
Income Type			
□ Full-time Employment	□ Investment income	□ Part-time Employment □ Pension	
□ Self-Employment	□ Social Security	□ Spousal Support □ SSI / SSDI	
□ Child Support	□ Other		
Date of Hire:	Occupation Description:		
Income Source #3			
Wage Earner □ Applicant	□ Co-Applicant	□ Other Household Member	
Trage Lame: / pp.ioa.it			
Gross Annual Income:\$			
Income Type			
□ Full-time Employment	□ Investment income	□ Part-time Employment □ Pension	
□ Self-Employment	□ Social Security	□ Spousal Support □ SSI / SSDI	
□ Child Support	□ Other		
Date of Hire:	Occupation Description:		
Income Source #4	0 4 11 1		
Wage Earner □ Applicant	□ Co-Applicant	□ Other Household Member	
Gross Annual Income:\$			
Income Type			
☐ Full-time Employment	□ Investment income	□ Part-time Employment □ Pension	

□ Self-Employment	□ Social Security	□ Spousal Support □ SSI / SSDI		
□ Child Support	□ Other			
Date of Hire:Occupation Description:				
Income Source #5				
Wage Earner □ Applicant	□ Co-Applicant	□ Other Household Member		
Gross Annual Income:\$				
Income Type				
□ Full-time Employment	□ Investment income	□ Part-time Employment □ Pension		
□ Self-Employment	□ Social Security	□ Spousal Support □ SSI / SSDI		
□ Child Support	□ Other			
Date of Hire:Occupation Description:				
Current Living Situation What best describes your co	urrent living situation?			
□ Rent □ Ow	n □ Live with Parent	s / Relatives / Friends □ Lease Purchase		
□ Work Housing □ Oth	ner			
How many bedrooms are in	your current home?			
□ Studio □ 1 □ 2 □	3 🗆 4 🗆 5 🗆 6			
Current Monthly Rent:\$				
Monthly Utilities (gas, water	, electricity, etc):\$			
		required by your household.		
For example, "one-level on	ly" or "at least one ADA-acc	essible bathroom required."		

Homeownership Goals			
Will you be a first-time homebuyer?	□ Yes	□ No	
What is your primary reason for wan	ting to purchas	e a home?	
$\hfill\Box$ Desire to own a home of my own			
□ Desire for larger home			
□ Change in family situation			
☐ Affordability of homes			
□ Desire for a home in a better area			
□ Desire to be closer to job/school/tr	ansit		
□ Financial security			
□ Provides stability for children			
☐ High rental costs in relation to inco	ome		
□ Other			
Which of the following are barriers to	huving a home	2	
□ Residency □ Insufficient i		e : □ Over income	□ Too many assets
□ Poor credit history □ Insufficient s			□ Debt
•		•	
□ Lack of references□ Pending div□ None	orce	□ Pets	□ Own existing home
L Notie			
In how many months do you expect	to be financially	ready to purchase a	home?
□ Less than 1 month			
□ 2-4 months			
□ 5-7 months			
□ 7-9 months			
□ 10 or more months			
Harry was also de come a thick as a second		for booking a book of	
How much do you currently have sa	ved specifically	for buying a nome (do	own payment, closing costs, etc)?
\$	_		
What is most important to you about Choose your top 3.	the neighborho	ood in which you purch	nase a home?
□ Schools □ Safety/crime□ Prox	imity to work/s	chool □ Proximity to	amenities
□ Proximity to family/friends	•	•	of the shared equity program
a rozimity to raminy/menus		mig mantet — i alt	or the original equity program
How many bedrooms would you like	in your new ho	ome?	
□ Studio □ 1 □ 2 □ 3	□ 4 □ 5		

AUTHORIZATION, AGREEMENT AND RELEASE

I understand that by filing this application, I am authorizing SCHLT to evaluate my Income and Assets for the SCHLT homeownership program.

I understand that the evaluation will include income/employment verification, and asset verification. I have answered all the questions on this application truthfully and accurately, and if any of the information provided changes after I submit this application, I will supplement this application, as applicable. I understand that if I have not answered the questions truthfully, accurately or completely, or fail to supplement this application as necessary to maintain its accuracy and completeness, my application may be denied, and that even if I have already been selected to receive a SCHLT home, I may be disqualified from the program and forfeit any rights or claims to a SCHLT home. The original or a copy of this application will be retained by SCHLT even if the application is not approved.

If this application is created as (or converted into) an "electronic application," I consent to the use of "electronic records" and "electronic signatures" as the terms are defined in and governed by applicable federal and/or state electronic transaction laws. I intend to sign and have signed this application either using my: (a) electronic signature or (b) a written signature and agree that if a paper version of this application is converted into an electronic application, the application will be an electronic record, and the representation of my written signature on this application will be my binding electronic signature.

I also understand that SCHLT screens all applicants on the sex offender registry. By completing this application, I am submitting myself to such an inquiry. I further understand that by completing this application, I am submitting myself to a criminal background check.

Applicant signature	Date
Χ	
Co-applicant signature	Date
X	

EQUAL OPPORTUNITY: Habitat for Humanity of the Eastern Bighorns dba Sheridan County Housing Land Trust are committed to the Federal Fair Housing Act. In evaluating your submission, there will be no discrimination against an applicant on the basis of race, age, sex. marital status, sexual orientation, national origin, religion, handicap, or source of income. If you need special accommodations to enable access or complete this Form, please contact our office at (307)672-3848, 44 Fort St., Sheridan, WY 82801.