

January, 2026



Sheridan County
Housing
Land Trust

Dear Applicant:

Thank you for your interest in applying for the Sheridan County Housing Land Trust (SCHLT) Homeownership Program. SCHLT's mission is to work in partnership with hardworking families in Sheridan County to provide simple, decent and affordable housing.

Enclosed is information for your review and an application.

You must provide all applicable documents as stated in the forms attached. Failure to comply with providing these documents may result in disqualification from the selection process.

Please complete the application and return in person, by mail or email to:

Sheridan County Housing Land Trust
PO Box 6196
44 Fort Rd.
Sheridan, WY 82801
christine@sheridanhabitat.org

If you have questions or need assistance, please contact Christine Dieterich at 307-672-3848 or christine@sheridanhabitat.org

Sincerely,

Christine Dieterich
Executive Director
Sheridan County Housing Land Trust

Eligibility Requirements and Conditions

Habitat for Humanity of the Eastern Bighorns dba Sheridan County Housing Land Trust is a non-profit organization.

In order to become a SCHLT homeowner, an applicant must:

- Meet all of the eligibility requirements and conditions listed below.
- Provide all the required supporting documentation (Additional Documentation Requirements)
- Complete an application for housing land trust
- Be Prequalified by a local lender
- Meet the financial requirements(\$1500 down payment)
- Meet the Asset requirements

If you are interested in owning a SCHLT home and you believe that you meet the following eligibility requirements and conditions, you are encouraged to complete an application. If you need assistance completing an application, please call **(307) 672-3848** or email **christine@sheridanhabitat.org**. All information gathered is considered confidential and will be used only for the income/asset verification process and selection consideration.

If you are able to answer “Yes” to the following statements, you are invited to complete this application for the SCHLT for Humanity Homeownership program:

- I/We meet the annual income requirement.
- I/We live or work in the service area.
- I/We acknowledge that in order to qualify for a SCHLT home, I/We must be a U.S. citizen or have Legal Permanent Resident status.
- I/We understand that we must be prequalified for a home mortgage through a local lender.
- I/We understand that I/We must pay a down payment of no less than \$1500.00 towards our home.
- I/We are responsible for paying our bills and I/We have not filed for bankruptcy in the past seven years.
- I/We understand that I/We am/are applying for a homeownership program offered by Sheridan County Housing Land Trust. I/We am/are prepared to make monthly mortgage payments.

Subdivision Income Designations

The Sheridan County Housing Land Trust (SCHLT) is committed to providing a range of attainable housing opportunities that serve households across different income levels within our community.

These homes are intended for moderate-income households who may not qualify for traditional affordable housing but still face challenges accessing market-rate housing. The homes within Weston Village subdivision have been designated for households up to **120% of the Area Median Income (AMI)**.

All buyers must meet SCHLT eligibility requirements, including income verification and program approval, prior to purchasing a home. Income limits are based on current HUD guidelines for Sheridan County and are subject to annual updates.

For more information about the SCHLT homeownership program, eligibility criteria, or the income qualification process, please contact:

Christine Dieterich
Executive Director
307-672-3848
SCHLT@sheridanhabitat.org

SCHLT Homeownership Program

HUD Income Requirements

FY 2025 Income Limits Summary										
FY 2025 Income Limits Summary	Median Family Income	FY 2025 Income Limits Category	Persons in Family							
			1	2	3	4	5	6	7	8
Sheridan County, WY	\$108,000	60 % AMI	\$45,360	\$51,840	\$58,320	\$64,800	\$70,020	\$75,180	\$80,400	\$85,560
		80 % AMI	\$60,500	\$69,150	\$77,800	\$86,400	\$93,350	\$100,250	\$107,150	\$114,050
		100 % AMI	\$75,600	\$86,400	\$97,200	\$108,000	\$116,700	\$125,300	\$134,000	\$142,600
		120 % AMI	\$90,720	\$103,680	\$116,640	\$129,600	\$140,040	\$150,360	\$160,800	\$171,120

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 _____

Signature _____

Housing Land Trust Application

Applicant

First Name: _____

Last Name: _____

Email: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Preferred Phone Home Mobile Work

Mailing Address: _____ Date moved to address: _____

City: _____ State: _____ Postal Code: _____

Date of Birth: _____ Primary Language: _____

Marital Status: Single Married/Domestic Partnership Separated
 Divorced Widowed

Gender: Male Female Other

Race: American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Pacific Islander
 White
 American Indian AND White Asian AND White
 Black or African American AND White American Indian AND Black
 Other multiple race Chose Not to Respond

Ethnicity: Hispanic Not Hispanic Choose Not to Respond

Did you serve, or are you currently serving, in the United States Armed Forces?

(Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard)

Yes No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____ / ____ / ____
(mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard
- Surviving spouse

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?_____

How long have you lived in Sheridan County?_____

Co-Applicant

First Name: _____

Last Name: _____

Email: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Preferred Phone Home Mobile Work

Mailing Address: _____ Date moved to address: _____

City: _____ State: _____ Postal Code: _____

Date of Birth: _____ Primary Language: _____

Marital Status: Single Married/Domestic Partnership Separated
 Divorced Widowed

Gender: Male Female Other

Race: American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Pacific Islander
 White Asian AND White
 American Indian AND White Asian AND White
 Black or African American AND White American Indian AND Black
 Other multiple race Chose Not to Respond

Ethnicity: Hispanic Not Hispanic Choose Not to Respond

Did you serve, or are you currently serving, in the United States Armed Forces?

(Army, Marine Corps, Navy, Air Force, Space Force, Coast Guard, Reserve or National Guard)

Yes No

If yes, check all that apply:

- Currently serving on active duty with projected expiration date of service/tour ____ / ____ / ____
(mm/dd/yyyy)
- Currently retired, discharged, or separated from service
- Only period of service was as a non-activated member of the Reserve or National Guard
- Surviving spouse

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?_____

How long have you lived in Sheridan County?_____

Additional Household Member #1

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: Male Female Other

Race:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> White <input type="checkbox"/> American Indian AND White	<input type="checkbox"/> Asian AND White
	<input type="checkbox"/> Black or African American AND White	<input type="checkbox"/> American Indian AND Black
	<input type="checkbox"/> Other multiple race	<input type="checkbox"/> Chose Not to Respond

Ethnicity: Hispanic Not Hispanic Choose Not to Respond

Is this person a dependent of the Applicant and/or Co-Applicant?

 Yes No

Does this person live in the house more than 50% of the time?

 Yes No**Additional Household Member #2**

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: Male Female Other

Race:	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Pacific Islander
	<input type="checkbox"/> White <input type="checkbox"/> American Indian AND White	<input type="checkbox"/> Asian AND White
	<input type="checkbox"/> Black or African American AND White	<input type="checkbox"/> American Indian AND Black
	<input type="checkbox"/> Other multiple race	<input type="checkbox"/> Chose Not to Respond

Ethnicity: Hispanic Not Hispanic Choose Not to Respond

Is this person a dependent of the Applicant and/or Co-Applicant?

 Yes No

Does this person live in the house more than 50% of the time?

 Yes No

Additional Household Member #3

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: Male Female Other

Race: American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Pacific Islander
 White American Indian AND White Asian AND White
 Black or African American AND White American Indian AND Black
 Other multiple race Chose Not to Respond

Ethnicity: Hispanic Not Hispanic Choose Not to Respond

Is this person a dependent of the Applicant and/or Co-Applicant?

Yes No

Does this person live in the house more than 50% of the time?

Yes No

Additional Household Member #4

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: Male Female Other

Race: American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Pacific Islander
 White American Indian AND White Asian AND White
 Black or African American AND White American Indian AND Black
 Other multiple race Chose Not to Respond

Ethnicity: Hispanic Not Hispanic Choose Not to Respond

Is this person a dependent of the Applicant and/or Co-Applicant?

Yes No

Does this person live in the house more than 50% of the time?

Yes No

Additional Household Member #5

First Name: _____

Last Name: _____

Date of Birth: _____

Gender: Male Female OtherRace: American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Pacific Islander
 White American Indian AND White Asian AND White
 Black or African American AND White American Indian AND Black
 Other multiple race Chose Not to RespondEthnicity: Hispanic Not Hispanic Choose Not to Respond

Is this person a dependent of the Applicant and/or Co-Applicant?

 Yes No

Does this person live in the house more than 50% of the time?

 Yes No

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?

- / /
- 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 Member

Gross Annual Income:\$_____

Income Type

<input type="checkbox"/> Full-time Employment	<input type="checkbox"/> Investment income	<input type="checkbox"/> Part-time Employment	<input type="checkbox"/> Pension
<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Social Security	<input type="checkbox"/> Spousal Support	<input type="checkbox"/> SSI / SSDI
<input type="checkbox"/> Child Support	<input type="checkbox"/> Other		

Date of Hire:_____ Occupation Description:_____

***Contact Information for who we should send the Verification of Employment to:**

Name:_____ Email:_____

Income Source #2

Wage Earner Applicant Co-Applicant Other Household Member

Gross Annual Income:\$_____

Income Type

<input type="checkbox"/> Full-time Employment	<input type="checkbox"/> Investment income	<input type="checkbox"/> Part-time Employment	<input type="checkbox"/> Pension
<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Social Security	<input type="checkbox"/> Spousal Support	<input type="checkbox"/> SSI / SSDI
<input type="checkbox"/> Child Support	<input type="checkbox"/> Other		

Date of Hire:_____ Occupation Description:_____

***Contact Information for who we should send the Verification of Employment to:**

Name:_____ Email:_____

Income Source #3

Wage Earner Applicant Co-Applicant Other Household Member

Gross Annual Income:\$_____

Income Type

<input type="checkbox"/> Full-time Employment	<input type="checkbox"/> Investment income	<input type="checkbox"/> Part-time Employment	<input type="checkbox"/> Pension
<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Social Security	<input type="checkbox"/> Spousal Support	<input type="checkbox"/> SSI / SSDI
<input type="checkbox"/> Child Support	<input type="checkbox"/> Other		

Date of Hire: _____ Occupation Description: _____

***Contact Information for who we should send the Verification of Employment to:**

Name: _____ Email: _____

Income Source #4

Wage Earner Applicant Co-Applicant Other Household Member

Gross Annual Income:\$ _____

Income Type

<input type="checkbox"/> Full-time Employment	<input type="checkbox"/> Investment income	<input type="checkbox"/> Part-time Employment	<input type="checkbox"/> Pension
<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Social Security	<input type="checkbox"/> Spousal Support	<input type="checkbox"/> SSI / SSDI
<input type="checkbox"/> Child Support	<input type="checkbox"/> Other		

Date of Hire: _____ Occupation Description: _____

***Contact Information for who we should send the Verification of Employment to:**

Name: _____ Email: _____

Income Source #5

Wage Earner Applicant Co-Applicant Other Household Member

Gross Annual Income:\$ _____

Income Type

<input type="checkbox"/> Full-time Employment	<input type="checkbox"/> Investment income	<input type="checkbox"/> Part-time Employment	<input type="checkbox"/> Pension
<input type="checkbox"/> Self-Employment	<input type="checkbox"/> Social Security	<input type="checkbox"/> Spousal Support	<input type="checkbox"/> SSI / SSDI
<input type="checkbox"/> Child Support	<input type="checkbox"/> Other		

Date of Hire: _____ Occupation Description: _____

***Contact Information for who we should send the Verification of Employment to:**

Name: _____ Email: _____

Current Living Situation

What best describes your current living situation?

Rent Own Live with Parents / Relatives / Friends Lease Purchase
 Work Housing Other

How many bedrooms are in your current home?

Studio 1 2 3 4 5 6

Current Monthly Rent:\$_____

Monthly Utilities (gas, water, electricity, etc):\$_____

Please describe any special needs or accommodations required by your household.
For example, "one-level only" or "at least one ADA-accessible bathroom required."

Homeownership Goals

Will you be a first-time homebuyer? Yes No

What is your primary reason for wanting to purchase a home?

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/transit
 Financial security
 Provides stability for children
 High rental costs in relation to income
 Other

Which of the following are barriers to buying a home?

- Residency Insufficient income Over income Too many assets
- Poor credit history Insufficient savings for down payment Debt
- Lack of references Pending divorce Pets Own existing home
- None

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

How much do you currently have saved specifically for buying a home (down payment, closing costs, etc)?

\$ _____

What is most important to you about the neighborhood in which you purchase a home?

Choose your top 3.

- Schools Safety/crime Proximity to work/school Proximity to amenities
- Proximity to family/friends Strong housing market Part of the shared equity program

How many bedrooms would you like in your new home?

- 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.

I understand that upon execution of the Ground Lease, the purchase price shall be the listed price of the home. In the event the Buyer(s) elect to include closing costs or any other expenses in the loan, resulting in an increase to the contract price, the Buyer(s) shall not accrue equity on any amount exceeding the listed price.

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

X

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.