Habitat for Humanity® of the Eastern Bighorns | 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

Homeownership Program
Sheridan County Housing Land Trust

FY 2026 Income Limits Summary

Number in Home	Annual Income Range	Monthly Income Range
1	$21,600 - $84,150	$1,800 - $7,012
2	$24,650 - $96,200	$2,054 - $8,016
3	$27,750 - $108,200	$2,312 - $9,016
4	$33,000 - $120,250	$2,750 - $10,020
5	$38,680 - $129,850	$3,223 - $10,820
6	$44,360 - $139,500	$3,696 - $11,625
7	$50,040 - $149,100	$4,170 - $12,425
8	$55,720 - $158,700	$4,643 - $13,225

30% - 120% AMI

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
□ 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:
□ 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 #2

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 #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 □ 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

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),

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

Others

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

□ 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:_____

***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

□ 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:_____

***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

□ 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:_____
***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
□ 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:_____
***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
□ 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:_____
***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 HOUSING OPPORTUNITY

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.