

March 2025



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

**[SCHLT@sheridanhabitat.org](mailto:SCHLT@sheridanhabitat.org)**

If you have questions or need assistance, please contact Jamie Rivera at **307-672-3848 ext. 4** or

**[SCHLT@sheridanhabitat.org](mailto:SCHLT@sheridanhabitat.org)**

Sincerely,

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(3% down payment)
- Meet the Asset requirements
- Be the top ranking applicant at the time a home is for sale.

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 ext. 4** or email **SCHLT@sheridanhabitat.org**. All information gathered is considered confidential and will be used only for the income/asset verification process and selection considerations & points breakdown.

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 have lived or worked in the service area for at least the last 3 months.
- 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 3% of the purchase price 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.

## SCHLT Homeownership Program HUD Income Requirements

<b>FY 2025 Income Limits Summary</b>										
FY 2025 Income Limits Summary	Median Family Income	FY 2025 Income Limits Category	Persons in Family							
			1	2	3	4	5	6	7	8
<b>Sheridan County, WY</b>	\$108,000	60 % AMI	\$45,360	\$51,840	\$58,320	<b>\$64,800</b>	\$70,020	\$75,180	\$80,400	\$85,560
		80 % AMI	\$60,500	\$69,150	\$77,800	<b>\$86,400</b>	\$93,350	\$100,250	\$107,150	\$114,050
		100 % AMI	\$75,600	\$86,400	\$97,200	<b>\$108,000</b>	\$116,700	\$125,300	\$134,000	\$142,600
		120 % AMI	\$90,720	\$103,680	\$116,640	<b>\$129,600</b>	\$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 three months' pay stubs for all W-2 employment
  
- 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:
  - 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 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), 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

- 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

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**

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 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.

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.