

A project of



**COMMUNITY
FOUNDATION**
of Western Nevada

Community Housing Land Trust, LLC

50 Washington Street, Suite 300, Reno, NV 89503

Phone: (775) 333-5499 Fax: (775) 333-5487

Homebuyer Application

Please complete and return your application to the Community Housing Land Trust. All information must be completed. If not applicable, please write N/A.

Name: _____ Daytime Telephone Number: _____

Address: _____ Home Telephone Number: _____

City, State & Zip Code: _____ Email: _____

HOUSEHOLD INFORMATION – Include all persons who will be residing at the property.

	Name	Relationship to Applicant	DOB	SSN	Age	Full Time Student (Y/N)	US Citizen (Y/N)
Adults							
Children			N/A	N/A			
			N/A	N/A			
			N/A	N/A			

EMPLOYMENT INFORMATION

List all household members over 18 years of age who are employed. Include previous employment if less than 2 years at current job. Proof of employment will be required.

Name: _____ Position/Title: _____

Employer: _____ City Employed In: _____

Date(s) of Employment: _____ Years Employed in this work: _____

*Gross Monthly Income: _____ Part-Time: Full-Time: Hrs. per week: _____

Income: Yearly salary: _____ Hourly Rate: \$_____ per hour

Name: _____ Position/Title: _____

Employer: _____ City Employed In: _____

Date(s) of Employment: _____ Years Employed in this work: _____

*Gross Monthly Income: _____ Part-Time: Full-Time: Hrs. per week: _____

Income: Yearly Salary: \$ _____ Hourly Rate: \$ _____ per hour

Self-Employed: Yes No

List any other form of income: _____

Yearly Gross Household Income: Last Year: \$ _____ Projected Current Year: \$ _____

(include all sources of wage income and non-wage income, i.e. social security, alimony, child support, etc.)

***Please enter amount from your latest paystub. Please attach 2 recent pay stubs to this application.**

Cash Available Toward Down-Payment or Closing Costs: \$ _____

Debts	Monthly Payment	Months Left to Pay	Unpaid Balance
Auto	\$		\$
Alimony/Child Support	\$		\$
Bankcards or Charge Accounts	\$		\$
Other (Please list):	\$		\$
	\$		\$
	\$		\$
TOTAL	\$		\$

Have any of your household adults filed a bankruptcy in the past 4 years? _____

Have you had a property foreclosed on in the last 7 years? _____

Have you had a short sale in the past 4 years? _____

CURRENT HOUSEHOLD SITUATION

Do any of your household adults own a home or a mobile home now? _____

Have any of your household adults owned a home in the past 3 years? _____

Monthly Rent Payment: \$ _____

How long have you lived at your present address? _____

Do you receive any alimony and/or child support? _____

Current Landlord (if applicable): _____ Phone: _____

We, the undersigned, give our permission to the Community Housing Land Trust, LLC to run a credit check on our family. The purpose of this credit check is to assist the Community Housing Land Trust, LLC and lenders in determining eligibility for our home.

Applicant Signature: _____ Date: _____
_____ Date: _____

Please mail completed application to:

Community Housing Land Trust, LLC

50 Washington Street, Suite 300

Reno, NV 89503

OR

Email: mduggan@nevadafund.org

Please note: You may be asked to provide your last three years Federal Tax Returns at a later date to prove income and first-time homebuyer status.

