



Cass Clay Community Land Trust Home Application

Please complete the application package.*

Attach or E-mail copies of:

1. Last **two** years' of complete **U.S. Federal income tax returns. ALL pages.**
Do not include any state tax returns or W-2's.
2. Copies of the last **two** payroll check stubs.
3. Proof of other **sources** of income for the past **two** years.

Some sources of other income include: Social Security, child support, alimony, food stamps, tips, disability, unemployment, public assistance, commissions, etc.

Send the completed forms and required additional data by E-mail or mail:

E-mail: **CCCLT@areafoundation.org**

Cass Clay Community Land Trust
409 7th St S
Fargo, ND 58103
Phone: 701-540-8028



PERSONAL DATA

BUYER	CO-BUYER (or other adult in household)
Social Security Number: _____	Social Security Number: _____
Birth Date: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date: _____ Sex: <input type="checkbox"/> M <input type="checkbox"/> F
U.S. Citizenship:	U.S. Citizenship:
<input type="checkbox"/> U.S. Citizen	<input type="checkbox"/> U.S. Citizen
<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Resident Alien
<input type="checkbox"/> Other Resident Status	<input type="checkbox"/> Other Resident Status
If not born in U.S., how long lived in the U.S.A.? _____	If not born in U.S., how long lived in the U.S.A.? _____
<input type="checkbox"/> White Non-Hispanic	<input type="checkbox"/> White Non-Hispanic
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Hispanic
<input type="checkbox"/> White Non-Hispanic	<input type="checkbox"/> White Non-Hispanic
<input type="checkbox"/> Black Non-Hispanic	<input type="checkbox"/> Black Non-Hispanic
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____
Language Spoken:	Language Spoken:
<input type="checkbox"/> English	<input type="checkbox"/> English
<input type="checkbox"/> Spanish	<input type="checkbox"/> Spanish
<input type="checkbox"/> Nepali	<input type="checkbox"/> Nepali
<input type="checkbox"/> Somali	<input type="checkbox"/> Somali
<input type="checkbox"/> Swahili	<input type="checkbox"/> Swahili
<input type="checkbox"/> Arabic	<input type="checkbox"/> Arabic
<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Other (specify) _____
Household Information:	Household Information:
Number of adults: _____	Number of adults: _____
Number of working adults: _____	Number of working adults: _____
Number of children: _____	Number of children: _____
Ages of children: _____	Ages of children: _____
Check one of the household types below:	Check one of the household types below:
<input type="checkbox"/> Married couple w/ children	<input type="checkbox"/> Married couple w/ children
<input type="checkbox"/> Separated w/ children	<input type="checkbox"/> Separated w/ children
<input type="checkbox"/> Married w/o children	<input type="checkbox"/> Married w/o children
<input type="checkbox"/> Unmarried couple w/ children	<input type="checkbox"/> Unmarried couple w/ children
<input type="checkbox"/> Unmarried couple w/o children	<input type="checkbox"/> Unmarried couple w/o children
<input type="checkbox"/> Single with children	<input type="checkbox"/> Single with children
<input type="checkbox"/> Single without children	<input type="checkbox"/> Single without children
<input type="checkbox"/> Extended household (more than 2 adults) w/ children	<input type="checkbox"/> Extended household (more than 2 adults) w/ children
<input type="checkbox"/> Extended household (more than 2 adults) w/o children	<input type="checkbox"/> Extended household (more than 2 adults) w/o children
Relationship between borrowers:	Relationship between borrowers:
<input type="checkbox"/> Married couple	<input type="checkbox"/> Married couple
<input type="checkbox"/> Friends	<input type="checkbox"/> Friends
<input type="checkbox"/> Parent/Adult child	<input type="checkbox"/> Parent/Adult child
<input type="checkbox"/> Partners (unmarried)	<input type="checkbox"/> Partners (unmarried)
<input type="checkbox"/> Siblings (brothers/sisters)	<input type="checkbox"/> Siblings (brothers/sisters)
<input type="checkbox"/> Other	<input type="checkbox"/> Other
Years of school completed? _____	Years of school completed? _____
Home Buying Plans	
Thinking of buying? <input type="checkbox"/> within three months <input type="checkbox"/> within a year <input type="checkbox"/> whenever possible	
Do you intend to occupy the home as your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you signed a purchase agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT HISTORY

BUYER

CO-BUYER (or other adult in household)

Are you currently employed? Yes No

Are you currently employed? Yes No

Full time Part-time (hours/week _____)

Full time Part-time (hours/week _____)

Self-employed Seasonal work

Self-employed Seasonal work

Present Employer: _____

Present Employer: _____

Employer's Address: _____

Employer's Address: _____

City/State: _____

City/State: _____

How long: _____ **Dates:** _____ **to** _____

How long: _____ **Dates:** _____ **to** _____

Job Title: _____

Job Title: _____

Weekly Every two weeks

Weekly Every two weeks

Monthly Twice per month

Monthly Twice per month

Pay Rate: \$ _____ /hour X _____ hours

Pay Rate: \$ _____ /hour X _____ hours

\$ _____ /month \$ _____ /year

\$ _____ /month \$ _____ /year

Do you receive overtime pay at this job? _____

Do you receive overtime pay at this job? _____

If yes, how much and how often? _____

If yes, how much and how often? _____

If employed less than two years, previous employers:

If employed less than two years, previous employers:

1) _____

1) _____

Dates Employed: _____ to _____

Dates Employed: _____ to _____

Job Title: _____

Job Title: _____

Gross Wages: \$ _____ /month

Gross Wages: \$ _____ /month

Other Income

Other Income

If currently employed in more than one position:

If currently employed in more than one position:

Employer: _____

Employer: _____

Employer's Address: _____

Employer's Address: _____

City/State: _____

City/State: _____

Full time Part-time

Full time Part-time

Gross Wages: \$ _____ /month

Gross Wages: \$ _____ /month

Do you receive income from any of the following?

Do you receive income from any of the following?

Bonuses: \$ _____ month

Bonuses: \$ _____ month

Commissions: \$ _____ month Tips: \$ _____

Commissions: \$ _____ month Tips: \$ _____

Unemployment: \$ _____ mo. Continues until _____

Unemployment: \$ _____ mo. Continues until _____

Alimony: \$ _____ mo. Continues until _____

Alimony: \$ _____ mo. Continues until _____

Child Support: \$ _____ mo. Continues until _____

Child Support: \$ _____ mo. Continues until _____

MFIP: \$ _____ mo. Food Stamps \$ _____ mo.

MFIP: \$ _____ mo. Food Stamps \$ _____ mo.

Social Security: \$ _____ mo. SSI \$ _____ mo.

Social Security: \$ _____ mo. SSI \$ _____ mo.

Other Income: \$ _____ Source _____

Other Income: \$ _____ Source _____

LIABILITIES AND DEBTS	
<u>BUYER</u>	<u>CO-BUYER (or other adult in household)</u>
Auto Loan	Auto Loan
Monthly Payment \$ _____ Balance \$ _____	Monthly Payment \$ _____ Balance \$ _____
Paid to: _____	Paid to: _____
Student Loan	Student Loan
Monthly Payment \$ _____ Balance \$ _____	Monthly Payment \$ _____ Balance \$ _____
Paid to: _____	Paid to: _____
Credit Card	Credit Card
Monthly Payment \$ _____ Balance \$ _____	Monthly Payment \$ _____ Balance \$ _____
Paid to: _____	Paid to: _____
Credit Card	Credit Card
Monthly Payment \$ _____ Balance \$ _____	Monthly Payment \$ _____ Balance \$ _____
Paid to: _____	Paid to: _____
Credit Card	Credit Card
Monthly Payment \$ _____ Balance \$ _____	Monthly Payment \$ _____ Balance \$ _____
Paid to: _____	Paid to: _____
Child Support Payments <i>(Do not include child support payments received.)</i>	Child Support Payments <i>(Do not include child support payments received.)</i>
Child Support Payout: _____	Child Support Payout: _____
Monthly Amount \$ _____	Monthly Amount \$ _____
Alimony/Separation Maintenance: _____	Alimony/Separation Maintenance: _____
Monthly Amount \$ _____	Monthly Amount \$ _____
Day Care Provider: _____	Day Care Provider: _____
Address: _____	Address: _____
Monthly Amount \$ _____	Monthly Amount \$ _____
Miscellaneous	Miscellaneous
Monthly Payment \$ _____ Balance \$ _____	Monthly Payment \$ _____ Balance \$ _____
Miscellaneous	Miscellaneous
Monthly Payment \$ _____ Balance \$ _____	Monthly Payment \$ _____ Balance \$ _____
Buyer Total Monthly Liabilities/Debts:	Co-Buyer Total Monthly Liabilities/Debts:
\$ _____	\$ _____
TOTAL MONTHLY LIABILITIES/DEBTS, ALL BUYERS: \$ _____	

ASSETS		
	BUYER	CO-BUYER (or other adult in household)
Name of Bank or Institution #1		
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Balance	\$	\$
-----	-----	-----
Name of Bank or Institution #2		
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Balance	\$	\$
-----	-----	-----
Stocks & Bonds- Description		
Numbers of Shares		
Estimated Value	\$	\$
Held Jointly?		
-----	-----	-----
Life Insurance- Face Amount	\$	\$
Cash Value	\$	\$
-----	-----	-----
Retirement/Pension Plan		
Vested Interest	\$	\$
-----	-----	-----
Automobiles- Make, Model, Year		
Value	\$	\$
-----	-----	-----
Other Assets over \$1,000- Description		
Value	\$	\$
<i>(i.e. Real estate, electronics, etc.)</i>		
-----	-----	-----
TOTAL ASSETS	\$	\$

LEGAL & FINANCIAL HISTORY

Please answer the following questions by checking Y for yes or N for no. Clarify and answers in section below.

	<u>BUYER</u>	<u>CO-BUYER</u>
Have there been any judgments filed against you?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you declared bankruptcy with in the past 7 years?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you written any NSF checks in the last 6 months?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Are there any outstanding collections against you?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you had property foreclosed upon or given title or deed in lieu there of in the last 7 years?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you currently delinquent or in default on any state or federal loans, including student loans?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you a co-signer on any other loans (including student loans)? <i>If yes, please make sure these commitments have been included in the liabilities sections.</i>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Have you applied for or received credit in any other name?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Are you now, or ever have been, party to a lawsuit?	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

LEGAL & FINANCIAL EXPLANATION(S):

I understand that the above information is for the purpose of determining eligibility for the mortgage loan and will be kept confidential, except as otherwise agreed in writing, I also declare the above information to be complete and correct to the best of my knowledge.

Borrower Signature: _____ Date: _____

Co-Borrower Signature: _____ Date: _____

CCCLT NOTES:

- 5) Do you currently have a lease? If so, do you rent month-to-month or are you maintaining a lease agreement?
- 6) Do you have a location first choice? Please list choices and explain:
- 7) Are you interested in a certain number of bedrooms, bathrooms, or single-family home, town-home or condominium?
- 8) Anything else you could tell us about yourself to assist us in helping you in find a home?

Please return this form via E-mail or mail to:



Cass Clay Community Land Trust
409 7th St S
Fargo, ND 58103
Phone: 701-540-8028
E-mail: CCCLT@areafoundation.org

Cass Clay Community Land Trust

Request for Disclosure of Credit Bureau File Information

Applicant			Co-Applicant		
First Name	MI	Last Name	First Name	MI	Last Name
Address/City/State/Zip Code			Address/City/State/Zip Code		
Social Security #			Social Security #		
Date of Birth (MM/DD/YYYY)			Date of Birth (MM/DD/YYYY)		
Home Phone			Home Phone		

I am the person named above and I understand that federal law provides that a person who obtains information from a consumer reporting agency under false pretenses shall be fined not more than \$5,000 or imprisoned not more than one year, or both. I understand that by signing this form, my credit report will be delivered to a location other than my residence. By signing this form, I also authorize disclosure of my credit report to: CCCLT 409 7th St S., Fargo, ND 58103

I understand that this Request for Disclosure will expire one (1) year after I have signed it. I also understand that I can cancel this Request for Disclosure at any time, but this will not affect any information released before I cancelled my consent.

I hereby authorize CBC Innovis to obtain my consumer report/credit information, credit risk scores and other enhancements to my consumer report (hereinafter collectively referred to as "Report") from one or more of the three national credit repositories (Equifax, Experian, Trans Union) and provide a copy of the Report to WHAHLT, for WHAHLT to provide housing services. This authorization is intended to comply with a consumer report request as set forth in 15 U.S.C. 1681b(a)(2).

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Both signatures are required if a joint is requested.

Signature		Signature	
Date		Date	