

LAND STEWARDSHIP PROGRAM
North-Missoula Community Development Corporation
 819 Stoddard, Missoula, MT 59802 (406) 829.8414

HOMEOWNER APPLICATION

Please print neatly or type and respond to all of the questions. Be sure to sign the last page. You may want to keep a copy of this application for your records. If you have questions, or need help filling it out, please contact us at 829.8414. This application will be considered complete when we receive a copy of your credit report and HUD application from your first mortgage lender.

Applicant Name(s) _____ / _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Phone (home) _____ (work) _____

Other _____ Best time to reach you _____

How did you hear about the LSP? _____

INCOME AND FAMILY SIZE

LSP homes are currently only available to households at or below 80% of median income for Missoula County. This information will be used to verify that you are income eligible. Please list all household members, including those with and without income. Use the last page of this application if you need additional space. Be sure to all sources of income that your family may have.

Name	Date of birth	Source of Income	Monthly Inc. (before taxes)	Annual Income (before taxes)

Do you have any childcare or large medical expenses? If so, explain: _____

ASSETS (please itemize and list estimated value):

Savings and CDs: \$	Other motor vehicles: \$	Antiques: \$
Stocks and bonds: \$	Real estate: \$	Jewelry: \$
Automobiles: \$	Art: \$	Other: \$

DEBTS that you owe (please itemize and list **monthly** payment):

Child support:	Student loan:	Medical debt:
Alimony:	Car loan:	Minimum credit card payment:
Other:	Other:	Other:

HOUSING STATUS AND NEEDS

How long have you lived at your current home? _____

How would you describe its condition? _____

Do you expect any changes in your household size within the next year? Yes _____ No _____

Explanation _____

Does anyone in your household have special housing needs? Yes _____ No _____

Explanation _____

Why do you wish to leave your current apartment/house? _____

When would you like to move? _____

If you currently have a lease, when is it up? _____

Preferred housing location(s) in North-Missoula (Northside, Westside, Downtown) _____

Please check all of the types of housing you would consider purchasing:

Single family *Duplex* *Townhouse/row house* *Condominium* *Manufactured/pre-fab*

Current Monthly Housing Costs

Monthly housing costs:

Rent _____

Gas _____

Electric _____

Oil/wood _____

Water _____

Garbage _____

Other _____

Total _____

How much would you be comfortable paying in monthly housing expenses (not including utilities) if you owned you own home? _____

ADDITIONAL FINANCIAL INFORMATION

How long have you worked at your current job? _____ months / years

What is your hourly wage? _____ What is your annual gross income (before taxes)? _____

Have you been pre-qualified for a mortgage? _____ Amount: _____

Name of bank _____

Contact person _____

Please attach a copy of your pre-qualification letter.

GENERAL INFORMATION

Have you attended an LSP workshop, or met independently with land trust staff? **Yes / No**

Date _____

Have you attended a homebuyer education class? **Yes / No** Date _____

Agency that conducted the class: _____

Have you gone through any credit counseling? (explain) _____

Have you attended any budget/finance classes? _____

Have you owned a home within the last three years? (explain) _____

Is there any additional information that you would like us to know about you or your household?

I (we) affirm that all of the information given above and on the monthly budget sheet is correct and made for the purpose of obtaining a land grant from the Land Stewardship Program. I authorize the Land Stewardship Program to communicate with any person, firm, or corporation necessary to obtain financing for a home, and to obtain any information as LSP may need concerning the statements made in this application, and I agree that the application shall remain the property of LSP whether or not the grant is approved.

Signature(s) of Applicant (s): _____ Date _____

Social Security # _____

_____ Date _____

Social Security # _____

Please use the space below or the back of this page for additional information that did not fit on the application.

All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, handicap, age or national origin in compliance with the Fair Housing Act.

For office use only: RCV _____ Date _____