	rdable Homeownership Appl	
t central minnesdta munities Action	Afforda	Office Use Only able Housing unity Land Trust
Date		
Applicant Name		
(First)	(Middle)	(Last)
Applicant Social Security Number	·	
Applicant Date of Birth		
	Dne NEVER MARRIED / MARRIED / D	DIVORCED / WIDOWED
	(home/cell/work) Email	
Co-Applicant Name	(Middle)	(Last)
(115)	(induc)	
Co-Applicant Social Security Num	ber	
Co-Applicant Date of Birth		
	 cle One NEVER MARRIED / MARRIED	
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	cant household:	
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Total number of persons in applic      Number of Adults      In which city/cities are you conside      Total Household Income (Include of A. Gross earnings per pay period (Also attach 6 consecutive m Applicant \$)      Co-Applicant \$	cant household:	under age 18) ions) e income in the household) s Y Monthly Y Other s Y Monthly Y Other s Y Monthly Y Other s Explain tocks, 401k and retirement plans, etc) Current Balance/Va
Total number of persons in applic      Number of Adults      In which city/cities are you conside      Total Household Income (Include of A. Gross earnings per pay period (Also attach 6 consecutive magnetics)      (Co-Applicant \$)      Other Adult Household Means      B. Other monthly income (child (Provide verification of all in C. Other monthly earnings (So (Provide Verification of all in C. Other monthly earnings (so (Provide Verification of all in C. Other monthly earnings (so (Provide Verification of all in C. Other monthly earnings (so (Provide Verification of all in C. Other monthly earnings (so (Provide Verification of all in C. Other monthly earnings (so (Provide Verification of all in C. Other monthly earnings (so (Provide Verification of all in C. Other monthly earnings (so (Provide Verification of all in C. Other monthly earnings (so (Provide Verification of all in C. Other monthly earnings (so (Provide Verification of all in C. Other monthly earnings (so (Provide Verification of all in C. Other monthly earnings (so (Provide Verification of all in C. Other monthly earnings (so (Provide Verification of all in C. Other monthly earnings (so (Provide Verification of all in C. Other monthly earnings (so (Provide Verification of all in C. Other monthly earnings (so (Provide Verification of all in C. Other monthly earnings (so (Provide Verification of all in C. Other monthly	cant household:	under age 18) ions) e income in the household) s ገ Monthly ገ Other s ገ Monthly ገ Other s ገ Monthly ገ Other s T Monthly ገ Other s T Monthly ገ Other tocks, 401k and retirement plans, etc)  Current Balance/Va
Total number of persons in applic      Number of Adults      In which city/cities are you conside      Total Household Income (Include of A. Gross earnings per pay period (Also attach 6 consecutive m Applicant \$)      Co-Applicant \$	cant household:	under age 18) ions) e income in the household) s Y Monthly Y Other s Y Monthly Y Other s Y Monthly Y Other Explain Locks, 401k and retirement plans, etc) Current Balance/Va /

Return Completed Application and income verifications to West Central MN Communities Action - Attn: Affordable Housing320-304-3058 ext. 7217Email: meganr@wcmca.org1910 Aga Drive, Suite 206, Alexandria, MN 56308

Туре:	Total Amount Due: \$	Minimum Monthly	/ Payment: \$	
Туре:		Minimum Monthly	/ Payment: \$	
Туре:	Total Amount Due: \$	Minimum Monthly	Payment: \$	
Туре:	Total Amount Due: \$ Minimum Mon		ıly Payment: \$	
Credit: Check all	that apply			
Υ I have previously filed bankruptcy		Month/Year Discharged		
$\Upsilon$ I have previously owned or currently own a home		Month/Year Sold		
$\Upsilon$ I have previously been foreclosed on		Month/Year		
$\Upsilon$ I have previously sold a home in Short Sale		Month/Year Sold		
$\Upsilon$ I currently have a judgment against me		Explain		
Are you curre	ntly pre-approved for a loan with a	a land trustknowledgeable l	l <b>ender?</b>	
Bank/Broke	er	Loan Officer		

Debt: please list all monthly payments (car loans, school loans, credit cards, personal loans, child support, etc.)

Are you currently working with a Realtor who showed you the land trust home?

Υ YES Υ NO Name/Brokerage\_\_\_\_\_ Phone Number

The following questions due to funder eligibility requirements. Some of our funding partners require us to report the following information if it is available, in which case it may allow us to serve additional households.

Please circle Yes, No, or Prefer not to respond on each question.

- D. Are you, or is anyone in your household, physically, developmentally, or mentally disabled?
  YES NO Prefer not to respond
- E. Are you, or is anyone in your household, recovering from physical, alcohol, or drug abuse?
  YES NO Prefer not to respond
- F. Are you, or is anyone in your household a person living with AIDS? YES NO Prefer not to respond
- G.Are you, or is anyone in your household a Veteran?YESNOPrefer not to respond
- H.Are you, or is anyone in your household a senior citizen (over the age of 62)?YESNOPrefer not to respond
- I. Are you a Single Parent with no domestic partner living with you? YES – MALE SINGLE PARENT YES – FEMALE SINGLE PARENT NO
- J. Ethnicity: Circle All that Apply: White/Caucasian Hispanic/Latino American Indian Asian Black/African American Other:

I/We certify that all information in this application, and all information furnished to support this application, is given for the purpose of obtaining affordable homeownership through West Central Communities Action, and is true and complete to the best of my/our knowledge and belief.

Signature of applicant	Date

Dage 2 of 2						
320-304-3058 ext. 7217	Email: meganr@wcmca.org	1910 Aga Drive, Suite 206, Alexandria, MN 56308				
Return Completed Application	and income verifications to Wes	t Central MN Communities Action - Attn: Affordable Hous	sing			
Signature of co-applicant		Date				