



West Central Community Land Trust

A program of West Central Minnesota Communities Action

- Applications must be complete – applications missing documentation must be returned.
- Gross income for all household members may not exceed the AMI limits in the chart below.
- All buyers must work with a lender that is CLT-compatible (Glenwood State Bank, USDA/RD)
- Homebuyers will meet with an attorney prior to closing to review the WCCLT long-term agreement.
- The WCCLT will take ownership of the land at closing.
- All WCCLT homes must be owner-occupied.
- All WCCLT homes must be sold and/or purchased by an income-qualified buyer.
- At resale, the WCCLT will calculate the sales price for the next income-qualified buyer.
- At resale, the WCCLT homeowner/seller will receive 25% of any increase/decrease in market value.

Maximum Household Income Allowed

<u>Douglas County</u>								
Household Size	1	2	3	4	5	6	7	8
80% AMI	\$52,600	\$60,100	\$67,600	\$75,100	\$81,150	\$87,150	\$93,150	\$99,150
Monthly Income	\$4,383	\$5,008	\$5,633	\$6,258	\$6,762	\$7,262	\$7,762	\$8,262
<u>Pope County</u>								
Household Size	1	2	3	4	5	6	7	8
80% AMI	\$51,450	\$58,800	\$66,150	\$73,450	\$79,350	\$85,250	\$91,100	\$97,000
Monthly Income	\$4,287	\$4,900	\$5,512	\$6,121	\$6,612	\$7,104	\$7,592	\$8,083

West Central Community Land Trust Application

With this application, please include:

- Copies of eight (8) most recent paycheck stubs for each person in the household 18+ years of age
- Copies of two (2) years' most recent federal tax returns for each person in the household 18+ years of age.
- SELF-EMPLOYED ONLY: Copies of three (3) years' federal tax return including Schedule C (i.e., Profit and Loss Worksheet)
- Copies of two (2) months' most recent bank statements for all account.

Documents in PDF FORMAT can be submitted electronically to meganr@wcmca.org. All income documentation and application must be received before WCCLT staff can review an application.

Applications may also be mailed and/or dropped off at

WCMCA Alex Office
Attn: Affordable Housing/ Megan Radermacher
1910 Aga Drive, Suite 206
Alexandria, MN 56308

APPLICANT AND CO-APPLICANT INFORMATION

(Note: Co-Applicant is considered anyone over the age of 18 years. Signature and SSN required for anyone over 18+ years)

APPLICANT NAME _____
LAST First MI

Address: _____

City/State/Zip: _____

Primary Telephone: _____

Email: _____

Social Security Number: _____

Date of Birth: _____

How did you hear about WCCLT? _____

CO-APPLICANT NAME _____
LAST First MI

Address: _____

City/State/Zip: _____

Primary Telephone: _____

Email: _____

Social Security Number: _____

Date of Birth: _____

How did you hear about WCCLT? _____

PERSONAL INFORMATION

Gender: MALE FEMALE TRANSGENDER
 NON-BINARY/NON-CONFORMING
 PREFER NOT TO RESPOND

Race: American Indian / Alaskan Native
 African
 Asian
 Black or African American
 Hispanic
 Native Hawaiian or Other Pacific Islander
 White
 Multiple Race (please list)

GENDER: MALE FEMALE TRANSGENDER
 NON-BINARY/NON-CONFORMING
 PREFER NOT TO RESPOND

Race: American Indian / Alaskan Native
 African
 Asian
 Black or African American
 Hispanic
 Native Hawaiian or Other Pacific Islander
 White
 Multiple Race (please list)

Marital Status MARRIED DIVORCED WIDOW
 NEVER MARRIED

Are you a SINGLE head of household? YES NO

Marital Status MARRIED DIVORCED WIDOW
 NEVER MARRIED

Are you a SINGLE head of household? YES NO

Employment / Income

Current Employment Status FULL TIME
 PART TIME HOURS/WEEK _____

Total Income Before Taxes: \$ _____ per
____ HOUR ____ Week ____ 2 Weeks ____ 2x/Month

Other Sources of Income (interest, child support, SSI, Trusts)

Source: _____
Monthly amount \$ _____

Source: _____
Monthly Amount \$ _____

Liquid Assets: _____
Amount: \$ _____

Current Employment Status FULL TIME
 PART TIME HOURS/WEEK _____

Total Income Before Taxes: \$ _____ per
____ HOUR ____ WEEK ____ 2Weeks ____ 2x/Month

Other Sources of Income (interest, child support, SSI, Trusts)

Source: _____
Monthly Amount \$ _____

Source: _____
Monthly Amount \$ _____

Liquid Assets: _____
Amount: \$ _____

CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? YES NO
Have you gone through a foreclosure in the past seven (7) years? YES NO
Have you gone through a short sale in the past four (4) years? YES NO
Do you have any collections, judgements or default accounts? YES NO
Have you applied for a mortgage with a lender? YES NO

Total Debt: _____

List any car payments, credit card debt, student loans, or personal loans here

Credit card / Loan _____ Balance \$ _____ Min. Monthly Payment \$ _____

Credit card / Loan _____ Balance \$ _____ Min. Monthly Payment \$ _____

Credit card / Loan _____ Balance \$ _____ Min. Monthly Payment \$ _____

Credit card / Loan _____ Balance \$ _____ Min. Monthly Payment \$ _____

HOUSEHOLD INFORMATION

Are you a first-time homebuyer (not owned a home in the past three years)? YES NO

Are you a first-generation homebuyer (your parents did not own a home)? YES NO

How many people (in total) will live in the house? _____

How many dependent children under the age of 18 years will live in the house? _____

Age of dependent children: _____

Authorization For Release of Information

West Central MN Communities Action is a Minnesota non-profit organization. Your signature below authorizes WCMCA/WCCLT to share the information on this form with affordability investment funders of the WCCLT. In addition, you are authorizing information to be shared with your lender to verify home purchases. WCMCA/WCCLT will use this information to evaluate the WCCLT program and to find out the characteristics of who the program is serving. All information will be treated with confidentiality.

Applicant Signature: _____ Date _____

Co-Applicant Signature: _____ Date _____



Affordable Housing Program (AHP)

SPECIAL NEEDS CERTIFICATION

This section should be completed by the AHP project sponsor.

AHP Project Name: West Central Community Land Trust AHP Project Number: 2020A08069

Applicant Name: _____ Unit Number: N/A

A certain number of units at this property have been set aside for households with a household member who falls within the following definition:

"SPECIAL NEEDS" means an individual(s) with any of the following: mental or physical impairment, recovering from physical abuse, recovering from substance abuse, persons with HIV/AIDS, or elderly.

This section should be completed by the applicant tenant/homebuyer.

Do you or a member of your household fall within this definition? *Do not identify specific AHP-eligible Special Need.*

- Yes (If yes, *Special Needs Verification* section below needs to be completed)
- No

By signing below, I authorize the release of this information to the Federal Home Loan Bank of Des Moines.

Signature of Applicant: _____

This section should be completed by an individual who can verify the applicant's special needs status (see below).

Special Needs Verification

I certify that the above referenced applicant falls within the **Special Needs** definition above. I certify this information as the applicant's (please check the appropriate box):

- Medical Professional
- Family Member/Care Giver
- Case Manager
- Project Sponsor (for elderly or persons receiving SSI, SSDI, or VA disability benefits)

Signature: _____ Date: _____

Print Name: _____ Title: _____



Community Homeownership Impact Fund
Combined Privacy Act Notice and
Tennessee Warning for Use with
All Other Impact Fund Assistance

West Central MN Communities Action

Impact Fund Administrator

We are committed to ensuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within the limitations of law. Please read the disclosures and acknowledgements outlined below carefully and be aware that the required disclosures will vary depending on the type of assistance provided.

Private data requested to enable processing of your application is legally required to determine if you qualify for participation in this Minnesota Housing Finance Agency (Minnesota Housing) program and to help Minnesota Housing manage the program.

Depending on the type of assistance being provided, either grant or loan assistance, different disclosures apply.

For grant assistance, your name and address are private data. For loan assistance, your name and address are public data. Regardless of whether you receive grant or loan assistance, the amount of assistance you receive is public data.

With both grant and loan assistance, all other data we create or collect from you, including financial information, such as credit reports, financial statements and net worth calculations, are classified as private data on individuals under Minnesota Statutes sections 462A.065 and 13.462, subdivision 3. You are not required to provide this information, but if you refuse to provide it we will be unable to determine your eligibility for this program and approve your application. Both the public data and the private data will be shared with the Minnesota Housing Finance Agency (MHFA) staff whose jobs require them to see it. Where access to the data is authorized by state statute or federal law, it may be made available to others as so authorized.

Under the Privacy Act of 1974, you may refuse to provide your Social Security Number (SSN) and it will not affect your eligibility for assistance. Disclosure of your SSN for the purpose of verifying your income and credit is voluntary. However, if adequate verification of your income and credit is impossible without your SSN, we may be unable to determine your eligibility.

If you agree to allow us to create, collect and share information as described above, please indicate approval with your signature below.

Beneficiary Name Signature Date

Beneficiary Name Signature Date