



**Northwest Montana**  
Community Land Trust, Inc.

## NWMTCLT, Inc. HOMEBUYER APPLICATION FORM

Last Name: \_\_\_\_\_ Date: \_\_\_\_\_

### This is an authorization to release information.

The Northwest Montana Community Land Trust (NWMTCLT) is a Montana non-profit corporation. Your signature below authorizes the NWMTCLT to share the information on this form with funders of the NWMTCLT. In addition, you are authorizing information to be shared with your lender to verify home purchases.

The NWMTCLT will use this information to evaluate the NWMTCLT's program and to find out the characteristics of who the program is serving. Personally identifying information, such as your name, will never be shared. All information collected will be treated with confidentiality.

Signature

Date

Signature

Date

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  
*First Middle Last*

Address: \_\_\_\_\_ Home ☎: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Work ☎: \_\_\_\_\_

Email: \_\_\_\_\_ Cell ☎: \_\_\_\_\_

**Race:**  Indian/Alaskan  Asian  Black/African American  Hawaiian  White  Multiple  N/A

**US Citizen?**  Yes  No **Ethnicity:**  Hispanic/Latino  Not Hisp/Latino  N/A **Veteran?**  Yes  No

**Marital Status:**  Single  Married/Domestic Partnership  Separated  Divorced  Widowed

**Female Head of Household?**  Yes  No (tax filing status as single female household with dependent children)

**Educational Attainment:**

Less than High School

High school diploma / GED

Some post-secondary education

Associates degree

Bachelor's degree

Master's or other graduate degree

Vocational or Technical Training

Current Employment:  Full Time  Part Time: \_\_\_\_\_ Avg hours / week

Total Income Gross \$: \_\_\_\_\_  Week  2 Weeks  Twice a month  Month  Year

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

### CO-APPLICANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female  
*First Middle Last*

Address: \_\_\_\_\_ Home ☎: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Work ☎: \_\_\_\_\_

Email: \_\_\_\_\_ Cell 📞: \_\_\_\_\_

**Race:**  Indian/Alaskan  Asian  Black/African American  Hawaiian  White  Multiple  N/A

**US Citizen?**  Yes  No **Ethnicity:**  Hispanic/Latino  Not Hisp/Latino  N/A **Veteran?**  Yes  No

**Relationship to Applicant:** \_\_\_\_\_

**Educational Attainment:**  Less than High School  High school diploma / GED  
 Some post-secondary education  Associates degree  Bachelor's degree  
 Master's or other graduate degree  Vocational or Technical Training

Current Employment:  Full Time  Part Time: \_\_\_\_\_ Avg hours / week

Total Income Gross \$: \_\_\_\_\_  Week  2 Weeks  Twice a month  Month  Year

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Other Income (list all income in addition to wages such as interest, child support, SSI, retirement, assistance, etc)

Source: \_\_\_\_\_ Amount \$: \_\_\_\_\_ Source: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Other Household Members Not Listed Above (include all children and dependents):

Name	Relationship	DOB	Sex	Race	Tribal Member	Veteran	Disabled	Income	Source

**Sex Codes**

F = Female  
M = Male

**Race Codes**

N = Native American  
A = Asian or Pacific Islander  
B = Black

H = Hispanic

O = Other

U = Unknown

W = White

Debt (car, other loans, credit cards, etc)	Monthly \$	Balance

Asset	Value
Cash	
Checking	
Savings	
Other	

Current Housing: \_\_\_\_\_ Mthly \$: \_\_\_\_\_ Have you owned a home before?  No  Yes

Have you completed Homebuyer Education?  No  Yes – Location & Dates: \_\_\_\_\_

Have you ever applied for a mortgage loan with a lender?  No  Yes

Are you currently approved by a lender?  No  Yes – Lender: \_\_\_\_\_

Reason for purchasing a home? \_\_\_\_\_

How did you hear about the NWMTCLT?  Agency/Organization  Mailer/Flyer/Brochure  Friend/Relative

Lender/Mortgage Company  Newspaper  Internet  Someone who bought a NWMTCLT home

Realtor  Other: \_\_\_\_\_

Please return this form with a copy of your most recent **Federal tax return**, copies of paystubs for **any income earning person that will be living in the home** for the **past three consecutive months, (not three stubs)** and a copy of your **Driver's License** to: NWMTCLT, PO Box 9316, Kalispell, MT 59904 or [kmorisaki@nwmt.org](mailto:kmorisaki@nwmt.org).