



Homebuyer Application

Follow these steps to submit an application for a Trust Montana CLT Home

As part of this application you will need to:

- Provide copies of pay stubs and bank statements for the last 2 full months
- Provide copies of federal tax returns for the last 2 years (forms 1040 or 1040A, and all subsequent schedules)
- Sign up to attend a homebuyer education workshop by calling Homeward at: 532-4663 x 10
- Sign up to attend a personal homebuyer counseling session: 532-4663 X 14
- Contact Trust Montana to set up a personal orientation: (406)-201-5652



117 W. Broadway • Missoula, MT 59802 • (406) 201-5652 • www.trustmontana.org

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Trust Montana Homebuyer Application



Primary Applicant

First Name	Last Name	Email

Home Phone	Mobile Phone	Work Phone	Preferred Phone
			<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work

Mailing Address		Date moved to address
City	State	Postal Code

Date of Birth	Primary Language	Marital Status
		<input type="checkbox"/> Single <input type="checkbox"/> Married/Domestic Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Gender	Race - Please indicate all that apply to you	Ethnicity - Please select best response
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond

<input type="checkbox"/> Educational Attainment - Please select best response	Employment Status - Please select best response
<input type="checkbox"/> Less than HS Diploma <input type="checkbox"/> High school diploma or equivalent <input type="checkbox"/> Some post-secondary education <input type="checkbox"/> Certification from a vocational or technical training program <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's or other graduate degree	<input type="checkbox"/> Self-employed <input type="checkbox"/> Work full-time for employer <input type="checkbox"/> Work part-time for employer <input type="checkbox"/> Homemaker <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently unable to work <input type="checkbox"/> Unemployed and seeking work <input type="checkbox"/> Retired

Co-Applicant - this is a person that is/will be on the loan

First Name	Last Name

Date of Birth	Phone	Email

Gender	Race - Please indicate all that apply to you	Ethnicity - Please select best response
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond

Educational Attainment - Please select best response	Employment Status - Please select best response
<input type="checkbox"/> Less than HS Diploma <input type="checkbox"/> High school diploma or equivalent <input type="checkbox"/> Some post-secondary education <input type="checkbox"/> Certification from a vocational or technical training program <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's or other graduate degree	<input type="checkbox"/> Self-employed <input type="checkbox"/> Work full-time for employer <input type="checkbox"/> Work part-time for employer <input type="checkbox"/> Homemaker <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently unable to work <input type="checkbox"/> Unemployed and seeking work <input type="checkbox"/> Retired

Additional Household Member #1

First Name	Last Name	Date of Birth
Gender	Race - Please indicate all that apply to you	Ethnicity - Please select best response
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond
Is this person a dependent of the Applicant and/or Co-Applicant?	Does this person live in the house more than 50% of the time?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Household Member #2

First Name	Last Name	Date of Birth
Gender	Race - Please indicate all that apply to you	Ethnicity - Please select best response
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond
Is this person a dependent of the Applicant and/or Co-Applicant?	Does this person live in the house more than 50% of the time?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Household Member #3

First Name	Last Name	Date of Birth
Gender	Race - Please indicate all that apply to you	Ethnicity - Please select best response
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> American Indian AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black or African American AND White <input type="checkbox"/> American Indian AND Black <input type="checkbox"/> Other multiple race <input type="checkbox"/> Chose Not to Respond	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose Not to Respond
Is this person a dependent of the Applicant and/or Co-Applicant?	Does this person live in the house more than 50% of the time?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Financial History

How many times have you been late with your bill payments in the last year?
<input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> 2-3 times <input type="checkbox"/> 4 or more times
How much do you typically pay on your monthly credit card bill?
<input type="checkbox"/> No credit cards <input type="checkbox"/> The full balance <input type="checkbox"/> Less than the full balance, more than the minimum required <input type="checkbox"/> The minimum required <input type="checkbox"/> Less than the minimum required
If have you've been involved in the foreclosure process, what was the date of your first notice of foreclosure?
<input type="checkbox"/> / / <input type="checkbox"/> Does not apply
If you've declared bankruptcy in the past 7 years, what was the date of your bankruptcy discharge?
<input type="checkbox"/> / / <input type="checkbox"/> Does not apply

Assets

Please list the current the value of all household Assets.
Please enter numbers without dollar signs.

Checking accounts:
\$
Savings accounts:
\$
Retirement accounts:
\$
Investments:
\$
Real Estate:
\$
Other - Please Describe:
\$
\$
\$
\$

Debts

Please list all household Debts. Please enter numbers without dollar signs.

Credit card balance:	Min. Monthly Payment
\$	\$
Education loan balance:	Min. Monthly Payment
\$	\$
Auto loan balance:	Min. Monthly Payment
\$	\$
Signature loan balance:	Min. Monthly Payment
\$	\$
Lines of Credit Balance:	Min. Monthly Payment
\$	\$
Mortgage Balance:	Min. Monthly Payment
\$	\$

If you have multiple credit cards, student loans, auto, etc., please add up the minimum monthly payment amounts together, not what you typically pay, and use that number above. For example:

<i>Credit Card #1</i>	<i>\$5,000 balance owing</i>	<i>\$20 min. monthly pmt.</i>	
<i>Credit Card #2</i>	<i>\$7,500 balance owing</i>	<i>\$35min. monthly pmt.</i>	
	\$12,500 balance owing	\$55 min. monthly pmt.	<-- use this info

Employment / Income Source Information

Include each income source any household member receives. Sources of income include earned income from employment as well as benefits, social security and child support.

Income Source #1

Wage Earner	Income Type	Gross Annual Income
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member	<input type="checkbox"/> Full-time Employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal Support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> Other	
Date of Hire	Occupation Description	

Income Source #2

Wage Earner	Income Type	Gross Annual Income
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member	<input type="checkbox"/> Full-time Employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal Support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> Other	
Date of Hire	Occupation Description	

Income Source #3

Wage Earner	Income Type	Gross Annual Income
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member	<input type="checkbox"/> Full-time Employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal Support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> Other	
Date of Hire	Occupation Description	

Income Source #4

Wage Earner	Income Type	Gross Annual Income
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member	<input type="checkbox"/> Full-time Employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal Support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> Other	
Date of Hire	Occupation Description	

Income Source #5

Wage Earner	Income Type	Gross Annual Income
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other Household Member	<input type="checkbox"/> Full-time Employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time Employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-Employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal Support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child Support <input type="checkbox"/> Other	
Date of Hire	Occupation Description	

Current Living Situation

What best describes your current living situation	How many bedrooms are in your current home?
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Parents / Relatives / Friends <input type="checkbox"/> Lease Purchase <input type="checkbox"/> Work Housing <input type="checkbox"/> Other	<input type="checkbox"/> Studio <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Current Monthly Rent	Current Avg. Monthly Utilities (gas, water, electricity, garbage)
\$	\$
Please describe any special needs or accommodations required by your household. For example, "one-level only" or "at least one ADA-accessible bathroom required."	

Homeownership Goals

<p>Will you be a first-time homebuyer?</p>	<p>What is your primary reason for wanting to purchase a home? Check all that apply.</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Desire to own a home of my own <input type="checkbox"/> Desire for larger home <input type="checkbox"/> Change in family situation <input type="checkbox"/> Affordability of homes <input type="checkbox"/> Desire for a home in a better area <input type="checkbox"/> Desire to be closer to job/school/transit <input type="checkbox"/> Financial security <input type="checkbox"/> Provides stability for children <input type="checkbox"/> High rental costs in relation to income <input type="checkbox"/> Other</p>
<p>Which of the following are barriers to buying a home?</p>	<p>In how many months do you expect to be financially ready to purchase a home?</p>
<p><input type="checkbox"/> Residency <input type="checkbox"/> Insufficient income <input type="checkbox"/> Over income <input type="checkbox"/> Too many assets <input type="checkbox"/> Poor credit history <input type="checkbox"/> Insufficient savings for down payment <input type="checkbox"/> Debt <input type="checkbox"/> Lack of references <input type="checkbox"/> Pending divorce <input type="checkbox"/> Pets <input type="checkbox"/> Own existing home <input type="checkbox"/> None</p>	<p><input type="checkbox"/> Less than 1 month <input type="checkbox"/> 2-4 months <input type="checkbox"/> 5-7 months <input type="checkbox"/> 7-9 months <input type="checkbox"/> 10 or more months</p>
<p>How much do you currently have saved specifically for buying a home (down payment, closing costs, etc)?</p>	<p>In which areas are you interested in purchasing? Please click the link above to view a list of neighborhoods, then choose the Wards from the list below.</p>
<p>What is most important to you about the neighborhood in which you purchase a home? Choose your top 3.</p>	<p>How many bedrooms would you like in your new home?</p>
<p><input type="checkbox"/> Schools <input type="checkbox"/> Safety/crime <input type="checkbox"/> Proximity to work/school <input type="checkbox"/> Proximity to amenities <input type="checkbox"/> Proximity to family/friends <input type="checkbox"/> Strong housing market <input type="checkbox"/> Part of the shared equity program</p>	<p><input type="checkbox"/> Studio <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+</p>

Full Disclosure

I, _____ certify and attest that the following statements are true and correct: (Print Applicant Name)

I, _____ certify and attest that the following statements are true and correct: (Print Co-Applicant Name)

I have disclosed any and all income sources for income that I am currently receiving, taxable or non-taxable.

I have disclosed all my asset accounts and I understand that there is a maximum liquid asset restriction as a requirement of this program.

I have disclosed all the household members that will be residing in the home or will potentially be residing in the home at the time of closing, and if said members are over the age of 18, I have disclosed their income to the best of my knowledge.

I certify that I have not falsified any information on this application and I acknowledge that if any of the information within this application is found to be false that my application may be subsequently denied.

I understand that any changes to my financial situation during the approval process, including but not limited to, an increase/decrease in income, or an increase/decrease in assets, could affect my application.

The amount I bring to closing will ultimately be determined by my lender.

The source of my minimum contribution and funds to close will come from the following source: _____
(Depository/Bank/Financial Institution Name)

These funds are from my / our: Checking Savings Retirement Gift

Applicant Signature

Co-Applicant Signature

Date

Date