



**Brattleboro Area Community
Land Trust**
192 Canal Street,
Brattleboro, VT 05301

802-254-4604 phone ~ 802-254-4656 fax

| |
|---|
| Received Date: _____ |
| Complete* Application Date: _____ |
| *Application is complete when all verification information has been received. |
| Applicant Income Eligible _____ |
| (For Office Use Only) |

SEV RLF Eligibility and Housing Conditions Application Form

Please be advised this form is not considered an application for a loan. There is a separate form that you will be required to complete (Loan Application Form) before you have provided all information required to make a loan decision.

Where/how did you hear of our program? _____ **Client** _____/_____
(Office Use Only)

A. Personal Information

Applicant: _____ Date of Birth: ____ / ____ / ____
(First Name) (MI) (Last Name)

Social Security #: ____ - ____ - ____ Marital Status: _____
 U.S. Citizen or Permanent Resident Alien

Co-Applicant: _____ Date of Birth: ____ / ____ / ____
(First Name) (MI) (Last Name)

Social Security #: ____ - ____ - ____ Marital Status: _____
 U.S. Citizen or Permanent Resident Alien

Property Address: _____ Zip Code: _____
Mailing address if different: _____ Zip Code: _____

Home phone: ____ - ____ Work phone (applicant): (____) ____ - ____
Cell phone: (____) ____ - ____ Work ph.(co-applicant): (____) ____ - ____

Number of children (dependents): _____ Ages: _____

Is anyone else living in the household? _____ If so please explain: _____

B. Employment Information*

Applicant Information:
Employer: _____ Address: _____

Position: _____ Length of Employment: _____

Monthly gross income (do not include overtime): _____ Annual gross income: _____

Co-Applicant Information:

Employer: _____ Address: _____

Position: _____ Length of Employment: _____

Monthly gross income (do not include overtime): _____ Annual gross income: _____

*Please note that if you are self employed, we will need a complete copy of your past 3 years tax returns. Use space below to list previous employer(s) if less than 2 years with present employer:

C. Housing Information

Title to property in name(s) of: _____

Does anyone else have an ownership interest in the property such as life estate, homestead rights, etc*.? _____
If yes, please indicate their name(s) and ownership interest: _____

*Vermont law recognizes a homestead right in the spouse or civil union partner of the legal owner of real estate when it is used or kept as their primary residence, even if the spouse or civil union partner is not a Title Owner to that property. This homestead interest prevents creditors from attaching the entire interest in the property without consent of all parties who have an ownership interest in the property; for this reason we will require all parties with a homestead right to sign the mortgage deed to insure that our lien is fully enforceable.

Purchase price: _____ Year of purchase: _____ Current market value: _____

Original mortgage amount: _____ Current balance: _____ FHA VA RD

Original interest rate: _____ Current interest rate: _____ Term: _____ Refinanced? _____

Monthly payment: _____ Mortgage holder: _____

Full Address: _____

Second Mortgage – Original amount: _____ Balance: _____ Type: _____

Line of Credit? _____ Term: _____ Interest rate: _____ Monthly payment: _____

2nd Mortgage holder: _____

Full Address: _____

Homeowner's Insurance Carrier: _____ Policy # _____

Agent: _____ Address: _____

Phone #: (_____) _____ - _____ Limits of coverage: _____

*You are required to maintain Homeowners' Insurance on your property. You will also be required to maintain Flood Insurance **if** your property is determined to be in a flood hazard area. Insurance is required for the life of the loan.

D. Banking Information – Please fill in all deposit account information. Use a separate sheet if needed.

| Name of Bank | Address | Type of Account | Account Number | Current or Avg. Balance | A = Applicant C = Co-Applicant B = Both |
|--------------|---------|-----------------|----------------|-------------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

E. Income Sources – Please fill in one category (monthly or yearly) with the total gross income from each source that applies (gross income means income before taxes); for items 3 – 11, please indicate the payee:

A – Applicant, C – Co-Applicant or Other

| | Monthly | Yearly | A | C | Other |
|---|---------|--------|--------------------------|--------------------------|--------------------------|
| 1. Applicants' base pay from wages, salaries, tips, commissions, bonuses | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Co-Applicants' base pay from wages, salaries, tips, commissions, bonuses | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Other earnings (include overtime)* | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <input type="checkbox"/> Social Security, <input type="checkbox"/> pension, <input type="checkbox"/> other retirement* (check as applicable, if more than one explain below or use a separate sheet if necessary) | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Gross income from home you occupy (rental)* | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Gross income from other real estate owned* | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Child support* | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Unemployment compensation* | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Interest and/or dividend income* | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Veterans Benefits* | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Other income (do not include food stamps)* | _____ | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Income description: _____

Total household income (add 1-11) _____

*If Payee is "Other", please list item #(s) from above, payee name(s) and social security #(s): _____

Any other source(s) of household income? _____ If yes, please explain: _____

F. Summary of Assets

| | Total Value | Address of Other Real Estate Owned |
|---|-------------|------------------------------------|
| 1. Checking account(s) | _____ | |
| 2. Savings account(s) | _____ | |
| 3. U.S. Savings Bonds | _____ | |
| 4. Stocks | _____ | |
| 5. Other real estate owned – market value and address | _____ | _____ |
| 6. Other assets (explain) | _____ | |
| Total value of assets (add 1 – 5) | _____ | |

G. Expenses – Taxes and Insurance

Monthly Amount

| | |
|---|-------|
| 1. Federal, State, and Local Income Taxes | _____ |
| 2. Health insurance premiums | _____ |
| 3. Premium for life insurance | _____ |
| 4. Social security payments | _____ |
| 5. Other (explain) | _____ |

Total expenses – taxes and insurance (add 1-5)

H. Credit and Legal Information

Have you currently applied to any other lenders for a loan to address your housing needs? _____

Are you presently, or have you ever been involved with:

Bankruptcy Judgement Lawsuit Liens on your property

Any other legal claims Is this property in Probate?

If you answered yes to any of these, please explain: _____

Are real estate taxes current? _____ If no, please explain _____

Real Estate taxes are paid to the town city village of: _____
(check all that apply)

I. Liabilities/Debt (banks, credit cards, stores, finance companies, etc.) Use separate sheet if needed.

| Name | Acct. Number | Original Amount | Monthly Payment | Balance | A = Applicant C = Co-Applicant B = Both |
|-----------------------------------|--------------|-----------------|-----------------|---------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total of Payments/Balances | | | | | |

Are you required to make alimony or child support payments? _____ If yes, payment amount _____

Payment frequency: _____ Please provide a copy of court documents to support this information.

Do you owe for any loans, charge accounts, or installments other than those listed above? _____ Include any loan or account on which you are a co-signer. _____

J. Housing Expenses

| | Monthly Amount |
|---|----------------|
| 1. Mortgage payment | _____ |
| 2. Ground lease (if any) | _____ |
| 3. Homeowners insurance | _____ |
| 4. Real property taxes, special assessments | _____ |
| 5. Housing maintenance/repairs | _____ |
| 6. Utilities: | |
| heat (type? _____) | _____ |
| electric | _____ |
| gas/fuel | _____ |
| water/sewer | _____ |
| 7. Second mortgage/home equity loan | _____ |
| Total monthly housing expenses | _____ |

(add 1 – 7)

K. Government Monitoring Information

The following information is requested by the Federal Government in order to monitor the Lender’s compliance with equal credit opportunity, fair housing and mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. The law provides that a Lender may neither discriminate on the basis of this information, nor on whether or not you choose to provide it. However, if you choose not to provide it, under Federal regulations this Lender is required to note race and gender on the basis of visual observation or surname.

Applicant:

Handicapped

Sex:

Female Head of Household

Female

Male

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race:

White

Black/African American

Asian

Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native

American Indian/Alaskan Native and White

Asian and White

Black African American and White

American Indian/Alaskan Native and Black African American

Other Multi-Racial _____

I do not wish to provide this information

Co-Applicant:

Handicapped

Sex:

Female Head of Household

Female

Male

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race:

White

Black/African American

Asian

Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native

American Indian/Alaskan Native and White

Asian and White

Black African American and White

American Indian/Alaskan Native and Black African American

Other Multi-Racial _____

I do not wish to provide this information

If noted by Lender, by:

Visual Observation

Surname

L. Affirmation and Signature(s)

I/we affirm that all of the answers given in this application are correct and made for the purpose of determining program eligibility. I/we understand that the information in this application will be held in confidence and used solely for the purpose of this program.

I/we authorize BACLT/SEV RLF to obtain any information as you may need including a current credit report, and to communicate with any person, firm, or corporation necessary, concerning the statements made in this application and agree that the application shall remain your property whether or I am/we are determined eligible for this program.

Applicant Signature

Date

Co-Applicant Signature

Date

Brattleboro Area Community Land Trust
A Partner of the NeighborWorks® Homeownership Center of Southeast Vermont
192 Canal Street, Brattleboro, Vermont 05301 802-254-4604

AUTHORIZATION TO RELEASE INFORMATION

DATE: _____

Name(s) of Person(s) applying for technical or financial assistance:

_____ Social Security Number: _____

_____ Social Security Number: _____

_____ Social Security Number: _____

ADDRESS: _____

TELEPHONE NUMBER(S): _____

My signature below authorizes the release of financial information to the BACLT's Southeastern Vermont Rehab Loan fund, any credit reporting agency or any mortgage lender which I have supplied in connection with obtaining a mortgage loan. It also authorizes the BACLT to share information with the loan review committee for the purpose of evaluating the rehab loan application submitted to our program. This information includes, but is not limited to: income verification of all family members, credit report, debts, or information on the property verifying that you are the owner of record, verification that your mortgage and taxes are current, verification that you have homeowners insurance in force. Authorization is further granted to use a photostatic reproduction of this form if required to obtain any information necessary to complete my loan file.

As an applicant for a loan from the Southeastern Vermont Rehab Loan Fund, I understand that, should I have difficulty in paying my mortgage, I have the option of contacting the HomeOwnership Center for assistance in working with my lender to prevent the loss of my home. I am also aware that if I fail to make my monthly mortgage payment within 16 days of the payment due date, the servicer of my mortgage loan may refer me to the BACLT HomeOwnership Center for help.

I hereby authorize the loan servicer(s) or assigned attorney to release certain information related to the servicer's own credit experience with me to the BACLT .

BORROWER SIGNATURE _____ **DATE** _____

PLEASE PRINT NAME _____

BORROWER SIGNATURE _____ **DATE** _____

PLEASE PRINT NAME _____

On behalf of the Brattleboro Area Community Land Trust's Southeastern Vermont Rehab Loan Program, I hereby verify that the borrowers listed above are applicants for a rehab loan from our program.

NAME: _____ **DATE:** _____

**Brattleboro Area Community Land Trust (BACLT)
Southeastern Vermont Rehab Loan Fund (SEV RLF)**

Housing Conditions Form

Client #: _____ / _____
(for office use only)

Applicant: _____

Co-Applicant: _____

The purpose of this form is to gather information about your house and the items that you believe require work. Please be aware that the Southeastern Vermont Rehab Loan Fund is funded with public funds and we are required to meet the following government regulations:

- 1) Housing Quality Standards established by the U.S. Department of Housing and Urban Development (HUD);
- 2) Local Health and Safety Codes, as required by the local planning and zoning office; and
- 3) If your house is on or eligible for the State and/or National Register of Historic Places, all rehabilitation must comply with the Secretary of the Interior's Standards for Rehabilitation.

In addition, our program policies require that we follow these procedures:

- 1) If there are children under six (6) or pregnant women living in the home, a lead-based paint test will be conducted. If lead-based paint is present, all rehab work will be conducted in a lead-safe manner and lead abatement activities may be included in the scope of work. The hazard will be defined by the children's blood-lead levels, as defined by the Vermont State Department of Health;
- 2) An energy audit will be strongly recommended unless the scope of work does not involve the interior living space;
- 3) A priority repair system will be used to address the most serious problems (mechanical and structural systems) before including less severe conditions in the scope of work.

I. Property Information

Single family house Mobile home, on: owned land or leased land
 Duplex Other _____ Year constructed: _____

Structure type: wood frame brick stone other _____
Number of stories: _____ septic system well public water/sewer

Has the property been weatherized by the Weatherization Program? _____ If yes, Year? _____

Property Address: _____ Grand list value \$ _____

Directions to your home: _____

(please continue on other side, if necessary).

