Colorado Community Land Trust

Your Partner in Affordable Housing

COLORADO COMMUNITY LAND TRUST

INCOME CERTIFICATION & ELIGIBILITY FORM

Submit completed application to Colorado Community Land Trust
P.O. Box 202077, Denver CO 80220
Telephone: 303.856.7357

Please provide ALL applicable information on this form. It will be used to determine your eligibility

1. Contact Information

Applicant

First and Last Name:		Social Security No.	
Home Address:		City, State, Zip:	
Home Telephone:		E-Mail:	
Employer Name:		Work Telephone:	
Employer Address		City, State, Zip:	
Position Title:		Occupation:	

Co-Applicant

First and Last Name:		Social Security No.	
Home Address		City, State, Zip:	
Home Telephone:		E-Mail:	
Employer Name:		Work Telephone:	
Employer Address		City, State, Zip:	
Position Title:		Occupation:	

2. Household Information

Provide information for each household member who will be living in the home whether or not they will be on property title or loan. Enter total number of members in your household.

Name (List Applicant First)	Relationship to Applicant	Age	Date of Birth (Month/Day/Year)	Days per year child resides with you	✔ If Employed
	Applicant				
	Co-Applicant				
				Total number of members in household	

3. Housing Information

Please check or fill in the correct boxes to tell us about your current housing situation and what you are looking for.

Do you currently own a home? yes ❑ no ❑

Are you a first-time homebuyer? yes ❑ no ❑

Have you registered for a Homebuyer Education class?

❑ yes ❑ no

Please check which source the downpayment is coming from

Own funds ❑ Gift ❑
Downpayment ❑ IDA ❑

Date you will attend?_____

How much money do you have for downpayment? $ _____

Name of Lender? _____

4. Projected Annual Income

For each household member over 15 who is receiving any of the following sources of income, please enter the requested information under the person's name. If an income type doesn't apply to you, skip it.

How often are you paid?

Applicant ↗ Co ❑ Every week ❑ Every 2 weeks ❑ Twice a month ❑ Monthly
Applicant ↘ ❑ Every week ❑ Every 2 weeks ❑ Twice a month ❑ Monthly

4.1 Regular Income	**Applicant**	**Co-Applicant**	Other	Other
Wages/ Salaries				
Benefits/ Pensions				
Public Assistance				
Child Support or Alimony				
Other Income				
Assets: 401k, CD, Stocks				
Other Assets				
Total Anticipated Income (monthly)				

5. Certifications

I hereby certify that all the information provided and submitted in support of this application is true and correct as of the date set forth below my signature and that I will be disqualified if it is determined that any or all information provided is inaccurate or non-verifiable.

I hereby authorize the Colorado Community Land Trust, or any other agency to which this information is provided, to make any and all inquiries for the purpose of verifying the truthfulness and validity of the information provided.

I understand and agree that the Colorado Community Land Trust, or any agency or authority it has designated to act on its behalf reserves the right to revise or revoke its eligibility determination based on any information received after a certification determination is made, including discovery of false information.

Signatures: Applicant: _____ Co-Applicant: _____

Date: _____ Date: _____

6. Optional Information

This information is requested for demographic and statistical purposes only. It is not used in determining your eligibility

Race: ❑ Asian ❑ White ❑ Black/African American ❑ AIAN* ❑ Pacific Islander ❑ Other

Ethnicity: ❑ Hispanic/Latino

*American Indian and Alaskan Native

7. Please Complete!

How did you hear about this program? (*Select all that apply and list source below*)

Developer ❑ Newspaper ❑ Word-of-Mouth ❑ Website ❑ Brochure ❑ Realtor ❑ Other ❑

Checklist

Review this list for required documentation to submit with your application

Name of the development you are interested in purchasing _____

❑ Completed application signed and dated by all applicants who will reside in the property.

❑ A **non-refundable** $50.00 check or money order made out to the Colorado Community Land Trust. CASH CANNOT BE ACCEPTED

❑ Employer Verification Form for each employed household member OR a letter from your employer, on letterhead, indicating your annual gross wage & date of next anticipated increase AND TWO MONTHS of pay stubs. SELF EMPLOYED: Please provide a profit/loss statement for the current year estimating income and expenses in addition to the tax returns

❑ TWO MONTHS of checking & savings statements & current statement for all asset accounts. Asset accounts include stocks, bonds, money markets, IRA's, 401k, and government bonds. The interest or dividends earned from these accounts is added to your annual gross income.

❑ Photocopies of the last TWO YEARS of FEDERAL tax returns and corresponding W2's, If you do not have copies or did not file use IRS form 4506T to request a transcript or contact the IRS at1-800-829-1040

❑ Award letter(s) if receiving social security, pension, survivor, disability payment or TANF.

❑ Affidavit of documented lawful presence and legible photocopy of State picture ID

❑ If you have been divorced since your last filed federal tax return, a copy of your executed divorce decree OR if you are in the process of a divorce, a copy of the petition for divorce.

❑ If you have children and are recently divorced a copy of your court ordered custody arrangements, child support and/or alimony.

❑ If receiving a financial gift from another person, the person will need to provide a letter that includes the amount of the gift and when the gift will be given.

It may take up to five business days to process your completed application

EQUAL OPPORTUNITY: There will be no discrimination against an applicant on the basis of race, age, sex, marital status, sexual orientation, national origin, religion, handicap, or source of income. If you need special accommodations to enable you to apply for, or access to the Income Verification Process, please contact us at 303.856.7357.

EQUAL HOUSING OPPORTUNITY