HOMEBUYER APPLICATION – 1868 SOUTHLAND AVE, MELBOURNE, FL 32935

THANK YOU FOR YOUR INTEREST IN OUR HOUSING PROGRAM

Ownership of a community land trust property differs slightly from typical home ownership. In order to offer a property at a lower cost and ensure that the property remains affordable, the land is leased by the homeowner at a low cost and owns only the improvements (i.e. the house). The homeowner is responsible for maintaining the land and for abiding by the rules and regulations governing the property much like someone who owns a property with a homeowner's association.

APPLICATION PROCESS

The process of purchasing the property includes the following steps: 1. View the property to ensure the size and location meets your household needs; 2. Submit a completed Homebuyer Application; 3. Attend a First Time Homebuyer Class and a Community Land Trust Class; 4. Submit a mortgage pre-approval letter from a lender of your choice. The process is considered completed when all of the above are submitted to Land of Hope. Completed submissions will be ranked by date and time they were uploaded to the portal.

PLEASE COMPLETE EACH SECTION OF THIS APPLICATION. IF A QUESTION DOES NOT APPLY TO YOU, PLEASE WRITE "N/A" IN THE SPACE PROVIDED.

If you have any questions about this application, please call 321-474-0966, email landofhope@hopeofbrevard.com, or check our website at www.hopeofbrevard.com.

CONTACT INFORMATION

Please complete the applicant information below. If a co-applicant is listed they may be contacted in the event that Community of Hope is unable to reach the primary applicant. By signing this application, both applicants acknowledge that the co-applicant is authorized to make housing decisions on behalf of the household. Please note: It is not necessary to list a co-applicant.

Applicant Name:	Co-Applicant Name:
Current Mailing Address	Current Mailing Address
City State Zip	City State Zip
Daytime Phone	Daytime Phone
Mobile Phone	Mobile Phone
Email Address	Email Address
☐ Email is a great way to communicate with me!	☐ Email is a great way to communicate with me!

CURRENT RESIDENTIAL INFORMATION

Beginning with current address, please provide a minimum of five (5) years or two (2) landlords residential history. You may go back further than 5 years, but you must give an address for all the time during that period. If you were not on a lease, indicate who allowed you to reside at the address in the LANDLORD NAME column. This must be completed for all household members over the age of 18.

☐ Rent ☐ Own Monthly Payment $ _____

How long have you lived at your present address? _____

Does any adult in the household currently own a home? _____

Has any adult in the household owned a home in the past three years? _____

If you rent, Current Landlord Name:

_____

Address:_____State:_____Zip:_____

Phone #_____

ADDITIONAL RESIDENTIAL HISTORY

Household Member	From-To (month/year)	Address (Street, City, State, Zip)	Landlord Name, Address & Phone

Community of Hope
1975 Palm Bay Road, NE Palm Bay, FL 32905
321-474-0966/landofhope@hopeofbrevard.com

HOUSEHOLD INFORMATION

Name	Social Security # (if over 18)	DOB	Gender (M/F)	Relationship to Applicant

Children	School Name	DOB	Gender	Relationship to Applicant

All household members over the age of 18 (including the buyer(s) must be listed above.

TELL US MORE ABOUT YOUR FAMILY

Please describe your current housing (ex., number of bedrooms/bathrooms, location, length of residency, whether a lease is in effect, when lease will terminate, whether you are at risk of being displaced, etc.). What's good and what's bad about it?_____

_____

_____

_____

_____

_____

How did you learn about Land of Hope Community Land Trust?

What is your understanding of the community land trust model for owning a home?

What do you and your family like about the possibility of living in a community land trust home?

What are your concerns or reservations about living in a community land trust home?

Please list at least three references. One should be a landlord and two should be employers or supervisors of volunteer work:

	Name/Affiliation/Time Known	Phone Number
Landlord:		
Employers:		
Other:		

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FINANCIAL INFORMATION

List all household members over 18 years of age who are employed (include previous employment if less than one year).

Name: ____

Employer:______________________________ Position/Title: ______________________

Employer Contact:________________________ Contact Phone #: ____________________

Street:__________________ City:__________________ State:________ Zip:________

Date(s) of Employment:______________ Years Employed in this line of work: __________

Gross Monthly Income:____________ Pay Cycle: ☐ Bi-weekly ☐ Monthly ☐ Other

Name: ____

Employer:______________________________ Position/Title: ______________________

Employer Contact:________________________ Contact Phone #: ____________________

Street:__________________ City:__________________ State:________ Zip:________

Date(s) of Employment:______________ Years Employed in this line of work: __________

Gross Monthly Income:____________ Pay Cycle: ☐ Bi-weekly ☐ Monthly ☐ Other

Name: ____

Employer:______________________________ Position/Title: ______________________

Employer Contact:________________________ Contact Phone #: ____________________

Street:__________________ City:__________________ State:________ Zip:________

Date(s) of Employment:______________ Years Employed in this line of work: __________

Gross Monthly Income:____________ Pay Cycle: ☐ Bi-weekly ☐ Monthly ☐ Other

Name: ____

Employer:______________________________ Position/Title: ______________________

Employer Contact:________________________ Contact Phone #: ____________________

Street:__________________ City:__________________ State:________ Zip:________

Date(s) of Employment:______________ Years Employed in this line of work: __________

Gross Monthly Income:____________ Pay Cycle: ☐ Bi-weekly ☐ Monthly ☐ Other

Annual Gross Household Income: $__________ Previous Year's Gross Household Income: $__________
(Include all sources of wage income and non-wage income, i.e., social security, alimony, child support, etc. Add additional sheets if necessary.)

ASSETS Please indicate type of assets and amounts for all adult members of the household.

Type of Asset	Total Value	Available Funds	Institution Name
Cash on Hand	$	$	
Checking Account	$	$	
Savings Account	$	$	
Retirement Account	$	$	
Gift	$	$	
Down Payment Assistance	$	$	
Money Market/Mutual Fund	$	$	
Inheritance	$	$	
Other:	$	$	

Additional assets? Please check here ☐ and list on a separate sheet.

Amount currently available for down payment: _____

How much money (avg./month) does your household put toward down payment savings, if any? _____

LIAIBILITIES Please indicate debts and amounts for applicant and co-applicant only.

Type of Liability	Monthly Payment	Outstanding Balance	Creditor Name	Delinquent (Y/N)
Auto	$	$		
Credit Card	$	$		
Credit Card	$	$		
Lease Payment	$	$		
Student Loan	$	$		
Medical Bills	$	$		
Other (Please List):	$	$		
	$	$		
	$	$		

Additional debt? Please check here ☐ and list on a separate sheet.

Do you know of any issues in your credit history that may make it difficult for you to obtain a mortgage (i.e. bankruptcy, loan default, late payments, etc.)?

☐ Yes* ☐ No ☐ Not Sure

*Answering "YES" to this question will not disqualify you from our program. There may be services available to help you resolve these issues before you approach a lender, and we are happy to refer you to them. On a separate sheet, please feel free to describe any circumstances that would help us understand your credit situation.

In order to purchase a home through Community of Hope's, Land of Hope CLT program, it will be necessary for you to obtain mortgage from a lender who finances community land trust. Have you received PRE-APPROVAL for a mortgage loan within the past two years? ☐ Yes ☐ No

If yes, please attach a copy of your approval letter to this application or indicate the lender, loan consultant's name and amount approved below.

**Community of Hope has lenders who are experienced with the community land trust model and ground leases. The list of these lenders is available on our website.

FINALLY, PLEASE TAKE A MOMENT TO MAKE SURE THAT THIS APPLICATION IS COMPLETE. Incomplete applications may be returned to the applicant for additional information before they are processed. Please feel free to contact us at (321)474-0966 if you have any questions about this application.

EVERY HOUSEHOLD MEMBER OVER THE AGE OF 18 MUST SIGN BELOW

The information I (we) have provided here is true and correct to the best of my (our) knowledge. I (we) give permission for reference checks and income verification from my (our) sources named in this application. I (we) understand that more detailed information about my (our) finances, employment and/or housing situation may be required before my (our) eligibility for any home can be determined. I (we) give permission for Community of Hope to obtain information about any household member from credit bureau services. If the application is approved, I (we) give permission for Community of Hope to obtain or report information from or to credit bureau services. Further, my (our) signature below indicates my (our) support and commitment to the Community of Hope's Land of Hope Community Land Trust.

Applicant Signature:_____Date:_____

Applicant Signature:_____Date:_____

Applicant Signature:_____Date:_____

Applicant Signature:_____Date: _____

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