



## The Maggie Walker Community Land Trust Preliminary Homeownership Application

Thank you for your interest in the MWCLT homeownership program! Please fill out each section of this application as completely as possible. If a question does not apply to you, write N/A in the space provided. If you need more space to answer questions, please use additional paper. If you have any questions about the application, call **(804) 986-9213** or email staff at [info@mwclt.org](mailto:info@mwclt.org).

### Keep this checklist as a reference for your application progress:

- Participate in a MWCLT Homebuyer Information Session
- Submit your application with:**
  - Three months of your most recent pay stubs and/or benefit statements for all adult household members
  - Two most recent Federal Tax Returns and matching W-2 or 1099s for all adult household members
  - Six months of bank statements for all adult household members
- Apply for loan pre-approval.
- If credit check and income verification meet eligibility requirements, you will be referred to an online or in-person Housing Opportunities Made Equal homeownership class.
- After the classes are complete, you will meet with a qualified homeownership counselor, who will go over the MWCLT model in detail.
- Enter the applicant pool.
- Meet with an attorney to discuss the lease and closing (*optional*).

#### Completed applications can be submitted one of two ways:

*Please keep an original copy for your own records*

1. Scan and email the application and supporting documents to [applications@mwclt.org](mailto:applications@mwclt.org)
2. Mail hard copies to:

**Maggie Walker Community Land Trust**  
**c/o Homeownership Program**  
**203 N. Robinson St.**  
**Richmond, Virginia 23220**

*MWCLT proudly complies with the provisions of federal and state housing laws, and we embrace inclusion and diversity in our program*



**Applicant #1 Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (other/cell): \_\_\_\_\_

Present Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Applicant #2 Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Social Security #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ (other/cell): \_\_\_\_\_

Present Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**CREDIT REPORT AUTHORIZATION**

**Your credit report must be obtained and analyzed to determine your eligibility for acceptance into the homeownership program and for consideration to receive downpayment and closing cost assistance.**

**(Check if applicable)  I am submitting a credit report that is less than 30 days old with my application to be considered for the homeownership program. (\*\*\*\*Please still sign below because if you are accepted into the homeownership program, a credit report must be obtained in the future to prepare for your counseling session and down payment & closing cost assistance determination).**

**My signature below authorizes Housing Opportunities Made Equal of Virginia, Inc Staff to obtain my credit report. It may be executed by copy, fax or electronic transmittal in lieu of the original. (no phone images please)**

**Applicant #1 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant #2 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**AUTHORIZATION TO RECEIVE AND RELEASE INFORMATION**

I hereby give my permission to the staff of **Housing Opportunities Made Equal of Virginia** and the **Maggie Walker Community Land Trust** to receive and release to each other, all information deemed necessary to determine my eligibility to purchase a Community Land Trust Property. I acknowledge this authorization is given voluntarily and with my informed consent. I also acknowledge this authorization may be revoked at any time, but not retroactive to information already released in accordance with the authorization.

**Applicant #1 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant #2 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# CONFIDENTIAL APPLICANT INFORMATION SHEET

## Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Employment Status (check all that apply):

- Self-employed
- Work full-time for employer
- Work part-time for employer
- Homemaker
- Full-time student
- Part-time student
- Permanently unable to work

**VOLUNTARY DEMOGRAPHIC INFO:** this information will not be associated with, nor impact, your application

Gender: \_\_\_\_\_

### Race:

- American Indian or Alaska Native
- Asian
- Black or African American (not Hispanic origin)
- Native Hawaiian or Pacific Islander
- White (not Hispanic origin)
- Multiple Race (please list)
  - o \_\_\_\_\_
  - o \_\_\_\_\_
- Other: \_\_\_\_\_

### Ethnicity

- Hispanic
- Not Hispanic

### Marital Status:

- Single/Unmarried
- Married
- Separated
- Widowed

## Co-Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Cellphone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Employment Status (check all that apply):

- Self-employed
- Work full-time for employer
- Work part-time for employer
- Homemaker
- Full-time student
- Part-time student
- Permanently unable to work

**VOLUNTARY DEMOGRAPHIC INFO:** this information will not be associated with, nor impact, your application

Gender: \_\_\_\_\_

### Race:

- American Indian or Alaska Native
- Asian
- Black or African American (not Hispanic origin)
- Native Hawaiian or Pacific Islander
- White (not Hispanic origin)
- Multiple Race (please list)
  - o \_\_\_\_\_
  - o \_\_\_\_\_
- Other: \_\_\_\_\_

### Ethnicity

- Hispanic
- Not Hispanic

### Marital Status:

- Single/Unmarried
- Married
- Separated
- Widowed



## CONFIDENTIAL HOUSEHOLD INFORMATION SHEET

Total Number of Household Members: \_\_\_\_\_

Total Annual Household Income: \$ \_\_\_\_\_

<b>Name:</b>			
DOB:	____/____/____	Relationship to Primary Applicant:	
Ethnicity:	• Hispanic • Not Hispanic	Gender:	
Race (choose one):		Employment Status (if 18 years or older):	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Multiple Race (please list) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other: <input type="checkbox"/> White		<input type="checkbox"/> Not employed <input type="checkbox"/> Work full-time for employer <input type="checkbox"/> Work part-time for employer <input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student	
Does this household member live in the home at least 25% of the time?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Name:</b>			
DOB:	____/____/____	Relationship to Primary Applicant:	
Ethnicity:	• Hispanic • Not Hispanic	Gender:	
Race (choose one):		Employment Status (if 18 years or older):	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Multiple Race (please list) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other: <input type="checkbox"/> White		<input type="checkbox"/> Not employed <input type="checkbox"/> Work full-time for employer <input type="checkbox"/> Work part-time for employer <input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student	
Does this household member live in the home at least 25% of the time?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Name:</b>			
DOB:	____/____/____	Relationship to Primary Applicant:	
Ethnicity:	• Hispanic • Not Hispanic	Gender:	
Race (choose one):		Employment Status (if 18 years or older):	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Multiple Race (please list) <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other: <input type="checkbox"/> White		<input type="checkbox"/> Not employed <input type="checkbox"/> Work full-time for employer <input type="checkbox"/> Work part-time for employer <input type="checkbox"/> Full-time student <input type="checkbox"/> Part-time student	
Does this household member live in the home at least 25% of the time?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

*I/We certify that the above information as well as all accompanying documentation is true and correct.*

**Head of Household SIGNATURE:** \_\_\_\_\_

**Please attach additional pages to account for additional Household Members**



## INCOME AND ASSET DECLARATION GUIDELINES

Please use the following guidelines to determine which types of income must be included in your income statement and which types of income can be excluded.

### **ANNUAL GROSS INCOME EXCLUDES:**

- Food stamps, meals on wheels, WIC, other food programs.
- Student financial assistance
- Student earnings if student is NOT the head of household or co-head of household (i.e. teenager works for spending money)
- Amounts paid for equipment/services for developmentally disabled member of household
- Adoption assistance
- Loans
- Non-recurring gifts
- Armed Forces special pay
- Training program payments
- Deferred payments of SS/SSI received in lump sum.
- Payments for foster care
- Amounts received on behalf of someone who does not reside in household if used solely to benefit that individual
- Certain incomes excluded by Federal Statute. (e.g. Earned Income Credit)

### **INCOME FROM ASSETS INCLUDES:**

- Amounts received on behalf of someone who does not reside in household if used solely to benefit that individual
- If household has assets of **\$5,000 or less**, declare the actual amount of income earned from the asset OR sign the declaration that assets are under \$5,000
- If household has assets **OVER \$5,000**, use actual income earned from the asset or the current HUD rate of 2% of assets
- Income from assets must be counted even if they are not received directly by the household, i.e. interest from a savings account that goes directly into the account
- Income from assets disposed of within the last two years must be imputed and included
- **Assets excluded from income are personal property, i.e. furnishing, jewelry, car.**



## INDIVIDUAL INCOME DECLARATION FORM

Please list all income received annually from each source below. **Each adult over the age of 18 who is NOT a full-time student, must fill out their own form.** Please contact MWCLT if you need additional forms.

Please list each source of income received, including income that is taxed and not taxed. If you have multiple jobs, please list each job separately.

**Name of household member:** \_\_\_\_\_

**Annual Income Includes:**

Income Source	Description	Annual Amount
Employment (list each job separately)		\$
		\$
Net Gains from Business (from Schedule C or E)		\$
Gross amount of SS/SSI (before Medicare deduction)		\$
Retirement/pension funds, insurance policies, annuities, or SS death payments		\$
Unemployment, disability insurance, severance pay, or worker's comp payments		\$
Welfare Assistance		\$
Alimony and Child Support		\$
Interest, Dividends, or other income from assets		\$
Other Income		\$
<b>TOTAL GROSS INCOME</b>		<b>\$</b>

**\*\*If you did not file taxes this year, you MUST complete the statement below, include a copy of all w-2's, 1099's, benefit statement and/or other year-end statements from all income sources.** Failure to provide income verification may lead to increase in your monthly rent to the maximum allowed under applicable Regulatory Agreements.

*If you are not including your most recent tax returns, please explain:* \_\_\_\_\_

**I hereby certify all income received by me is noted in the above categories and all information provided is true and correct.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



# INDIVIDUAL ASSET DECLARATION FORM

Name of household member: \_\_\_\_\_

Do you have any assets worth over \$5,000.00, excluding the list on page 5?:

- YES, I do have assets worth over \$5,000
- NO, I do not have assets worth over \$5,000

**If YES, please check off any assets you may have worth over \$5,000.00, and list amount:**

- \$ \_\_\_\_\_ Savings Account
- \$ \_\_\_\_\_ Checking Account
- \$ \_\_\_\_\_ Trust Fund
- \$ \_\_\_\_\_ Real Estate, Rental Property, Real Estate Investment Trust (REIT)
- \$ \_\_\_\_\_ Money Market Fund
- \$ \_\_\_\_\_ Stocks or Bonds or Treasury Bills
- \$ \_\_\_\_\_ Certificate of Deposit
- \$ \_\_\_\_\_ IRA or Keough Account
- \$ \_\_\_\_\_ Retirement or Pension Fund
- \$ \_\_\_\_\_ Inheritance
- \$ \_\_\_\_\_ Lottery Winnings
- \$ \_\_\_\_\_ Insurance Settlement Due
- \$ \_\_\_\_\_ Capital Gains, Capital Investments
- \$ \_\_\_\_\_ Other Investment Property

## SIGN ONE OF THE FOLLOWING STATEMENTS:

**YES, I do have assets:** *I certify that we currently have or did have in the last two years, one or more of the above types of assets listed in value exceeding \$5,000.00, and I will provide any information necessary to verify the current equity value of the asset and the actual income derived from the asset. I understand that falsifying information on this form is grounds for application denial.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

-----OR-----

**NO, I do NOT have assets:** *I certify that we do not have, or have not in the last two years, any of the above types of assets listed in value exceeding \$5,000.00. I understand that falsifying information on this form is grounds for application denial.*

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



## CURRENT RESIDENCE

### Current Housing:

- Rent
- Own
- Lease-Purchase
- Live with Parents/Relatives/Friends

### Current Housing Type:

- House/townhouse
- Condo
- Mobile Home
- Apartment

**Rent Amount:** \$\_\_\_\_\_ per month

**Utilities included in rent?:**  YES  NO

**Utilities Amount:** \$\_\_\_\_\_ per month

**Number of Bedrooms:** \_\_\_\_\_

**Are you at risk of displacement from your current living situation?:**  YES  NO

**Please describe your current housing:**

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## HOMEOWNERSHIP GOALS

**What is the minimum number of bedrooms you desire?:**  2  3  4

### Area Desired:

- Church Hill
- Randolph/Maymont
- Northside
- Chesterfield
- Henrico
- No Preference

**Would your household prefer an ADA accessible unit (such as wheelchair accessible)? Please explain below:**

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### Which of the following is the biggest barrier to buying a home?:

- Insufficient Income
- Poor Credit History
- Insufficient Savings
- Debt
- Insufficient Work History
- Lack of References
- Residency
- Contact with Criminal Justice System
- Pending Divorce
- Other: \_\_\_\_\_

**Why are you interested in a CLT home?**

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## ADDITIONAL INFORMATION

### How did you hear about MWCLT? Check one:

- |  |  |
|--|--|
| <input type="checkbox"/> Website                   | <input type="checkbox"/> Real Estate Agent<br>(Name:_____)               |
| <input type="checkbox"/> MWCLT Information Session | <input type="checkbox"/> Real Estate Listing                             |
| <input type="checkbox"/> Office Visit              | <input type="checkbox"/> Referred by agency or nonprofit<br>(Name:_____) |
| <input type="checkbox"/> MWCLT Homeowner           | <input type="checkbox"/> Friend or Family                                |
| <input type="checkbox"/> City of Richmond          | <input type="checkbox"/> News Source:_____                               |
| <input type="checkbox"/> Community Event           | <input type="checkbox"/> Other:_____                                     |
| <input type="checkbox"/> Social Media              |  |
| <input type="checkbox"/> MWCLT Flyer/Sign          |  |

### If you are working with a REALTOR, please provide their information:

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

- I am not currently working with a Realtor

### Have you completed a VHDA certified Homebuyer Education Class?:

- YES If YES, which agency provided the seminar?  
 VHDA     HOME of Virginia     Other:\_\_\_\_\_
- If YES, please attach a copy of your Certificate of Completion to this application.
- NO If NO, please visit this VHDA webpage to register for a free in-person or online class:  
[www.vhda.com/Homebuyers/HomeownershipEdu](http://www.vhda.com/Homebuyers/HomeownershipEdu)

How much money does your household have to put towards a down payment?: \$ \_\_\_\_\_

### Have you received pre-approval for a mortgage loan within the past two years?:

- YES If YES, please attach a copy of your approval letter to the this application.
- NO

### Please check all that apply:

- Single Head of Household
- Female Head of Household
- US Veteran
- Owned home in the last 3 years
- First-time Homebuyer



# The Maggie Walker Community Land Trust Preliminary Homeownership Application

## CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE

Applicant represents that all the above statements are true and correct and hereby authorizes their verification including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references on request.

Applicant expressly authorizes Owner/Agent to contact all persons or firms named as references, former landlords and employers to verify the contents of this Application.

I consent to release this application and supporting documents to Housing Opportunities Made Equal.

I authorize, without reservation, any party or agency contacted, to furnish completely and without limitation, any and all of the above mentioned information and any other information related thereto. This includes information sharing between the lenders and MWCLT that pertains to my application, as well as my loan information after homeownership closing. Further, I will release from liability and will defend and hold harmless all requesters and suppliers of information in accordance herewith. Fraudulent information herein will result in automatic denial of application.

\_\_\_\_\_  
**Applicant Name**

\_\_\_\_\_  
Tax ID or SS#

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
**Co-Applicant Name**

\_\_\_\_\_  
Tax ID or SS#

\_\_\_\_\_  
*Co-Applicant Signature*

\_\_\_\_\_  
*Date*



Maggie Walker  
Community Land Trust



# The Maggie Walker Community Land Trust

MWCLT requires **ADDITIONAL DOCUMENTS** for proving your income and eligibility. Without these documents, your application will be incomplete, and you will not be eligible for any housing until you provide them (or acceptable substitutes.)

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- ✓ Income Documentation:
    - **Three months** of your most recent pay stubs and/or benefit statements for all adult household members
    - **Two** most recent Federal Tax Returns and matching W-2, 1040, or 1099s for all adult household members
    - **Six months** of bank statements for all adult household members

**Completed applications can be submitted in one of two ways:**  
*please keep an original copy for your own records:*

1. Scan and email the application and supporting documents to [applications@mwclt.org](mailto:applications@mwclt.org), or
2. Mail hard copies to:  
**Maggie Walker Community Land Trust**  
**c/o Homeownership Program**  
**203 N. Robinson St.**  
**Richmond, Virginia 23220**

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**If you wish to appeal the selection decision after applying**, you may submit a written appeal to MWCLT within 5 business days of the receipt of the notification of rejection. MWCLT will provide the applicant with a written response within 5 business days of the receipt of the appeal.

