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.

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 conventional loan pre-qualification with an approved lender
☐ If income verification meet eligibility requirements, you will be referred to an online or in-person Housing Opportunities Made Equal homeownership class, or Virginia Housing homebuyer education course.
☐ Enter the applicant pool.
☐ Meet with an attorney to discuss the ground lease and closing process in detail.

Completed applications can be submitted one of three ways:

Please keep an original copy for your own records

1. Scan and email the application and supporting documents to applications@mwclt.org
2. Fax application and documents to 804-915-6729
3. 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

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
- [ ] Unemployed
- [ ] Retired

### Gender:
- [ ] Female
- [ ] Male
- [ ] Non-binary
- [ ] Prefer to self-describe: __________________
- [ ] Prefer not to say

### Race (check all that apply):
- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or Pacific Islander
- [ ] White
- [ ] Prefer to self-describe: __________________
- [ ] Prefer not to say

### Ethnicity:
- [ ] Hispanic, Latino/a/x, or Spanish origin
- [ ] NOT Hispanic, Latino/a/x, or Spanish origin
- [ ] Prefer to self-describe: __________________
- [ ] Prefer not to say

### 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
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- [ ] Prefer to self-describe: __________________
- [ ] Prefer not to say

### Ethnicity:
- [ ] Hispanic, Latino/a/x, or Spanish origin
- [ ] NOT Hispanic, Latino/a/x, or Spanish origin
- [ ] Prefer to self-describe: __________________
- [ ] Prefer not to say
CONFIDENTIAL HOUSEHOLD INFORMATION SHEET

Please list information for any additional household members (excluding Applicant and Co-applicant) and declare total number of household members and total annual household income.

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
<th>Relationship to Applicant:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB:</td>
<td><em>/__/</em>______</td>
<td>Gender:</td>
<td></td>
</tr>
<tr>
<td>Ethnicity:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Race (check all that apply):  
- American Indian or Alaska Native  
- Asian  
- Black or African American  
- Native Hawaiian or Pacific Islander  
- White  
- Prefer not to say  
- Prefer to self-describe: ______________________

Employment Status (if 18 years or older):  
- Not employed  
- Work full-time for employer  
- Work part-time for employer  
- Full-time student  
- Part-time student

Does this household member live in the home at least 25% of the time?  
- Yes  
- No

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
<th>Relationship to Applicant:</th>
<th></th>
</tr>
</thead>
<tbody>
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<td>DOB:</td>
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<td>Gender:</td>
<td></td>
</tr>
<tr>
<td>Ethnicity:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Race (choose one):  
- American Indian or Alaska Native  
- Asian  
- Black or African American  
- Native Hawaiian or Pacific Islander  
- White  
- Prefer not to say  
- Prefer to self-describe: ______________________

Employment Status (if 18 years or older):  
- Not employed  
- Work full-time for employer  
- Work part-time for employer  
- Full-time student  
- Part-time student

Does this household member live in the home at least 25% of the time?  
- Yes  
- No

TOTAL Number of Household Members: _______________________

TOTAL Annual Household Income: $_____________________

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 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:**

<table>
<thead>
<tr>
<th>Income Source</th>
<th>Description</th>
<th>Annual Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment (list each job separately, list employer and occupation)</td>
<td>Occupation:</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Employer:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Occupation:</td>
<td>$</td>
</tr>
<tr>
<td></td>
<td>Employer:</td>
<td></td>
</tr>
<tr>
<td>Net Gains from Business (from Schedule C or E)</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Gross amount of SS/SSI (before Medicare deduction)</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Retirement/pension funds, insurance policies, annuities, or SS death payments</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Unemployment, disability insurance, severance pay, or worker’s comp payments</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Welfare Assistance</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Alimony and Child Support</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Interest, Dividends, or other income from assets</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Other Income</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL GROSS INCOME</strong></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

**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

Each adult over the age of 18 must fill out their own 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:_____________________

MWCLT is an equal opportunity housing provider
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
If YES, please explain: ____________________________________________________________

How long have you lived in your neighborhood and area of town?:
__________________________________________________________

Please add anything else about your current housing situation you would like us to know:
__________________________________________________________
__________________________________________________________

HOMEOWNERSHIP GOALS

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

Areas Desired:
- □ Church Hill
- □ Randolph/Maymont
- □ Northside
- □ Chesterfield
- □ Henrico
- □ No Preference

Does your household need an ADA accessible unit (such as wheelchair accessible)? Are there other features required to accommodate mobility needs? Please explain below:
__________________________________________________________
__________________________________________________________
__________________________________________________________

What are your biggest barriers to buying a home? Check no more than three (3):
- □ Insufficient Income
- □ Poor Credit History
- □ Insufficient Savings
- □ Debt
- □ Insufficient Work History
- □ Lack of References
- □ Residency
- □ Contact with Criminal Justice System
- □ Pending Divorce
- □ Other:_________________________
HOMEOWNERSHIP GOALS CONT.

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

ADDITIONAL INFORMATION

How did you hear about MWCLT? Check one:

- Website
- MWCLT Information Session
- Office Visit
- MWCLT Homeowner
- City of Richmond
- Community Event
- Social Media
- MWCLT Flyer/Sign
- Real Estate Agent
  (Name:________________________)
- Real Estate Listing
- Referred by agency or nonprofit
  (Name:________________________)
- Friend or Family
- News Source:__________________
- Other:_______________________

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 or HUD 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

Have you attended a MWCLT Homebuyer Information Session?

- YES If YES, please indicate the date: __________
- NO If NO, please visit MWCLT’s homepage to register for an online session: www.MWCLT.org

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 this application.
- NO
ADDITIONAL INFORMATION CONT.

Applicant’s Marital Status:
- □ Single/Unmarried
- □ Married
- □ Separated
- □ Divorced
- □ Widowed
- □ Prefer not to say

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

Do you currently live in or have you lived in public housing in the past? This question is optional and is only used to prioritize applicants who have lived in public housing.
- □ YES
- □ NO

Please check any that apply:
- □ Single Head of Household (applicant is single and houses dependents)
- □ Female Head of Household (applicant identifies as female and houses dependents)
- □ US Veteran

Homeownership History (please check ONE):
- □ Applicant has never owned a home before
- □ Applicant has owned a home before, but not in the last 3 years
- □ Applicant has owned a home in the last 3 years

Have the applicant’s parents ever owned a home?
- □ YES
- □ NO

Have the co-applicant’s parents ever owned a home?
- □ YES
- □ NO

What is your preferred method of contact?
- □ Email
- □ Phone call
- □ Text
- □ Other: __________________________
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

______

Applicant Name

______

Applicant Signature

______

Date

Co-Applicant Name

______

Co-Applicant Name

______

Co-Applicant Signature

______

Date
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.)

- **✓ 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 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 three ways:**

*please keep an original copy for your own records:*

1. Scan and email the application and supporting documents to applications@mwclt.org.
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   **Maggie Walker Community Land Trust**
   
   **c/o Homeownership Program**
   
   **203 N. Robinson St.**
   
   **Richmond, Virginia 23220**

**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.