

2018 Home OWNERSHIP Application

Please note that all information is CONFIDENTIAL. Please type or print legibly and return to address below.
Application available in an alternative format by calling number above. Thank you for your application.



For Office Use:
Application Number: _____
Date Received: _____



APPLICANT

NAME: _____

ADDRESS: _____

SS NUMBER: _____

HOME PHONE: _____

WORK PHONE: _____

MOBILE PHONE: _____

MONTHS|YEARS AT PRESENT ADDRESS:

LANDLORD'S NAME: _____

ADDRESS: _____

ARE YOU AT RISK OF BEING DISPLACED
FROM YOUR CURRENT HOME? YES | NO

YOUR ADDRESS PRIOR TO THIS ONE:

MONTHS|YEARS THERE: _____

LANDLORD'S NAME: _____

ADDRESS: _____

OPTIONAL INFORMATION (FOR DEMOGRAPHIC USE)

DATE OF BIRTH: ____/____/____

SEX: MALE: ____ FEMALE: ____

MARITAL STATUS (CIRCLE ONE): S M SP D W

RACE (CIRCLE ONE): NATIVE AMERICAN,
CAUCASIAN, BLACK, HISPANIC, ASIAN, OTHER

CO-APPLICANT

NAME: _____

ADDRESS: _____

SS NUMBER: _____

HOME PHONE: _____

WORK PHONE: _____

MOBILE PHONE: _____

MONTHS|YEARS AT PRESENT ADDRESS:

LANDLORD'S NAME: _____

ADDRESS: _____

ARE YOU AT RISK OF BEING DISPLACED
FROM YOUR CURRENT HOME? YES | NO

YOUR ADDRESS PRIOR TO THIS ONE:

MONTHS|YEARS THERE: _____

LANDLORD'S NAME: _____

ADDRESS: _____

OPTIONAL INFORMATION (FOR DEMOGRAPHIC USE)

DATE OF BIRTH: ____/____/____

SEX: MALE: ____ FEMALE: ____

MARITAL STATUS (CIRCLE ONE): S M SP D W

RACE (CIRCLE ONE): NATIVE AMERICAN,
CAUCASIAN, BLACK, HISPANIC, ASIAN, OTHER



Total Number to Reside in your new home (include applicant and co-applicant): _____

NAME: **RELATIONSHIP to APPLICANT:** **MALE | FEMALE:** **AGE:**

1. _____
2. _____
3. _____
4. _____
5. _____

Does your household have any special housing needs, such as for an elderly person?

Yes: ____ | No: _____ If yes, please explain: _____

How many bedrooms would you like to have: _____ Explain: _____

How did you hear about this home opportunity? (Be specific please): _____

Describe your present housing: _____

INCOME

I. TOTAL MONTHLY HOUSEHOLD INCOME:

1.1 | MONTHLY BASE PAY (GROSS) APPLICANT: \$ _____

CO-APPLICANT: \$ _____

OTHER HOUSEHOLD MEMBER: \$ _____

TOTAL: \$ _____

1.2 | OTHER EARNINGS (CHILD SUPPORT, ALIMONY, SECOND JOB):

EXPLAIN: _____ TOTAL: \$ _____

EXPLAIN: _____

1.3 | OTHER INCOME:

(SOCIAL SECURITY, PENSION, ANNUITIES, \$ _____

RENTS, INTEREST, OTHER BENEFITS), EXPLAIN: _____

1.4 | GRAND TOTAL OF MONTHLY GROSS INCOME \$ _____



EMPLOYMENT HISTORY

APPLICANT

PRESENT EMPLOYER: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

MOBILE PHONE: _____

LENGTH OF EMPLOYMENT: _____

POSITION: _____

WAGE | SALARY: _____

IF EMPLOYED LESS THAN 2 YEARS:

PREVIOUS EMPLOYER: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

MOBILE PHONE: _____

LENGTH OF EMPLOYMENT: _____

POSITION: _____

WAGE | SALARY: _____

OTHER EMPLOYEE IN APPLICANT'S HOUSEHOLD (NOTE IF STUDENT)

NAME: _____

SCHOOL: _____

PRESENT EMPLOYER: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

LENGTH OF EMPLOYMENT: _____

POSITION: _____

WAGE | SALARY: _____

CO-APPLICANT

PRESENT EMPLOYER: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

MOBILE PHONE: _____

LENGTH OF EMPLOYMENT: _____

POSITION: _____

WAGE | SALARY: _____

IF EMPLOYED LESS THAN 2 YEARS:

PREVIOUS EMPLOYER: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

MOBILE PHONE: _____

LENGTH OF EMPLOYMENT: _____

POSITION: _____

WAGE | SALARY: _____

OTHER EMPLOYEE IN APPLICANT'S HOUSEHOLD (NOTE IF STUDENT)

NAME: _____

SCHOOL: _____

PRESENT EMPLOYER: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

LENGTH OF EMPLOYMENT: _____

POSITION: _____

WAGE | SALARY: _____

IF EITHER APPLICANT OR CO-APPLICANT IS SELF EMPLOYED, PLEASE ATTACH COPIES OF 1040 IRS TAX RETURNS FROM THE PAST 2 YEARS.



**PERSONAL REFERENCES FOR APPLICANT AND CO-APPLICANT
(NO RELATIVES | AT LEAST TWO REFERENCES PER HOUSEHOLD)**

1. PERSONAL REFERENCE FOR: (CIRCLE) APPLICANT OR CO-APPLICANT OR BOTH
NAME: _____
OCCUPATION: _____
HOW LONG HAVE YOU KNOWN APPLICANT? _____
ADDRESS: _____
CITY | STATE | ZIP CODE: _____
PHONE: _____ WORK: _____ MOBILE: _____

2. PERSONAL REFERENCE FOR: (CIRCLE) APPLICANT OR CO-APPLICANT OR BOTH
NAME: _____
OCCUPATION: _____
HOW LONG HAVE YOU KNOWN APPLICANT? _____
ADDRESS: _____
CITY | STATE | ZIP CODE: _____
PHONE: _____ WORK: _____ MOBILE: _____

3. PERSONAL REFERENCE FOR: (CIRCLE) APPLICANT OR CO-APPLICANT OR BOTH
NAME: _____
OCCUPATION: _____
HOW LONG HAVE YOU KNOWN APPLICANT? _____
ADDRESS: _____
CITY | STATE | ZIP CODE: _____
PHONE: _____ WORK: _____ MOBILE: _____

II. ASSETS: (INCLUDE A: APPLICANT, C: CO-APPLICANT, J: JOINT)

A C J:	INSTITUTION NAME:	CHECKING/ SAVINGS:	ACCT# NUMBER:	AVERAGE BALANCE:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



OTHER ASSETS: (INCLUDE A: APPLICANT, C: CO-APPLICANT, J: JOINT),
INCLUDE STOCKS, BONDS, MUTUAL FUNDS, RETIREMENT ACCOUNTS ETC.

A C J:	NAME:	ACCT# NUMBER:	AVERAGE BALANCE:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. HAVE YOU EVER OWNED, OR DO YOU PRESENTLY OWN ANY PROPERTY?

(THIS APPLIES TO APPLICANT, CO-APPLICANT, OR ANY MEMBER OF YOUR HOUSEHOLD). IF YES, PLEASE EXPLAIN (A | C | J): YES: _____ NO: _____

III. EXPENSES AND LIABILITIES: (PLEASE INCLUDE INSTALLMENT DEBT, SCHOOL LOANS, AUTO LOANS, REVOLVING LOANS OF CREDIT/CREDIT CARDS), INDICATE: A: APPLICANT, C: CO-APPLICANT, J: JOINT).

○ PLEASE PROVIDE COPY OF YOUR CREDIT REPORT. ATTACH TO APPLICATION.

A C J:	OWED TO/:	ADDRESS:	ACCT# NUMBER:	MO. PMNT:	UNPAID BAL:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

IV. GROSS MONTHLY EXPENSES AT PRESENT. (APPL. & CO-APPL. COMBINED)

RENT: \$ _____ HEAT: \$ _____



POWER: \$ _____

WATER: \$ _____

PHONE: \$ _____

AUTO: \$ _____

MEDICAL: \$ _____

INSURANCE: \$ _____

CHILD SUPPORT \$ _____

ALIMONY: \$ _____

OTHER: \$ _____

OTHER: \$ _____

V. CONNECTION TO LITCHFIELD | HAS ANYONE IN YOUR HOUSEHOLD OR A RELATIVE LIVED, WORKED OR VOLUNTEERED IN LITCHFIELD? YES | NO

IF SO, PLEASE EXPLAIN, TYPE OF VOLUNTEER WORK AND YEARS INVOLVED.

VI. IS ANYONE IN YOUR HOUSEHOLD A VETERAN OR ACTIVE DUTY MILITARY?

YES | NO IF SO, PLEASE EXPLAIN _____

VII. DO YOU HAVE FUNDS FOR A DOWN PAYMENT? YES: ____ | NO: ____

AMOUNT: \$ _____ SOURCE: _____

VIII. DO YOU HAVE FUNDS FOR CLOSING COSTS? YES: ____ | NO: ____

AMOUNT: \$ _____ SOURCE: _____

ATTACH A COPY OF YOUR PHOTO ID AND INCLUDE DRIVER'S LICENSE NUMBER _____

IX. PLEASE INCLUDE INFORMATION ON VEHICLES THAT WILL BE AT THE RESIDENCE (INCLUDE YEAR, MAKE, MODEL, COLOR, LICENSE PLATE #, STATE)

X. HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER BEEN ARRESTED OR CONVICTED OF A CRIME? YES | NO

IF SO, PLEASE EXPLAIN _____



AREA TO WRITE A NOTE OR EXPLANATION TO THE SELECTION COMMITTEE:

APPLICANT'S CERTIFICATION

I/WE CERTIFY THAT THE INFORMATION IN THIS APPLICATION AND ALL INFORMATION FURNISHED IN SUPPORT OF THIS APPLICATION IS GIVEN FOR THE PURPOSE OF OBTAINING AFFORDABLE HOUSING OWNERSHIP THROUGH THE LITCHFIELD HOUSING TRUST, INC. AND IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE OR BELIEF. VERIFICATION MAY BE OBTAINED FROM ANY SOURCE NAMED HEREIN. I/WE CERTIFY THAT IF SELECTED, THE HOUSE I/WE PURCHASE WILL BE MY/OUR RESIDENCE AND ONLY RESIDENCE.

_____/_____/_____
SIGNATURE OF APPLICANT DATE

_____/_____/_____
SIGNATURE OF CO-APPLICANT DATE

All household members 18 and over must sign below:

Signature	Date
Signature	Date
Signature	Date
Signature	Date

THE LITCHFIELD HOUSING TRUST, INC. WILL NOT DISCRIMINATE AGAINST ANY PERSON(S) BY REASON OF RACE, COLOR, CREED, SEX, AGE, CULTURE, NATIONAL ORIGIN, MARITAL STATUS OR PHYSICAL CAPABILITY. DIVERSITY IS VERY IMPORTANT TO US AT THE LITCHFIELD HOUSING TRUST, INC

CONFIRMATION OF YOUR APPLICATION WILL BE SENT OR MAILED TO YOU. IF YOU HAVE NOT BEEN CONTACTED WITHIN ONE MONTH, PLEASE WRITE TO: THE LITCHFIELD HOUSING TRUST, INC., PO BOX 1121, LITCHFIELD, CT, 06759.



LITCHFIELD HOUSING TRUST, INC. | PO BOX 1121 | LITCHFIELD, CT 06759
FAIR HOUSING POLICY STATEMENT

IT IS THE POLICY OF THE LITCHFIELD HOUSING TRUST, INC. TO COMPLY WITH THE FEDERAL FAIR HOUSING LAW (TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968, AS AMENDED BY THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1974). IT IS ILLEGAL TO DISCRIMINATE AGAINST ANY PERSON BECAUSE OF RACE, CREED, COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, MARITAL OR FAMILIAL STATUS, AGE, SEXUAL ORIENTATION, LAWFUL SOURCE OF INCOME, MENTAL RETARDATION OR PHYSICAL DISABILITY INCLUDING BUT NOT LIMITED TO BLINDNESS, OR BECAUSE THE INDIVIDUAL HAS CHILDREN.

THE LITCHFIELD HOUSING TRUST, INC. IS COMMITTED TO PROMOTING FAIR HOUSING AND WILL NOT DISCRIMINATE AGAINST ANY PERSON OR PROTECTED CLASS OF PERSONS, INCLUDING THOSE ITEMIZED ABOVE. THE LITCHFIELD HOUSING TRUST, INC. IS ALSO COMMITTED TO SEEKING BENEFICIARIES FROM ALL RACIAL AND ETHNIC GROUPS AS WELL AS THE PHYSICALLY AND MENTALLY HANDICAPPED, AND FAMILIES WITH CHILDREN.

COMPLAINTS REGARDING THE APPLICATION OF THIS FAIR HOUSING POLICY SHOULD BE MADE IN WRITING TO THE LITCHFIELD HOUSING TRUST, INC., PO BOX 1121, LITCHFIELD, CT 06759; ATTENTION JOYCE G. BRIGGS, VICE PRESIDENT AND FAIR HOUSING OFFICER.

THIS FAIR HOUSING POLICY STATEMENT IS INCLUDED WITH ALL HOUSING APPLICATION FORMS SPONSORED BY THE LITCHFIELD HOUSING TRUST, INC. INFORMATION DISSEMINATED ALSO INCLUDES THE FAIR HOUSING LOGO.

JILL GROODY MUSSELMAN
EXECUTIVE DIRECTOR | LITCHFIELD HOUSING TRUST, INC. | 860.480.9178

FOR OFFICE USE ONLY

Check here if
Pre-Application is
on file.

Application Date: _____ **Time:** _____
Desired Move-In Date: _____
Application Received By: _____

