

## Home Trust of Skagit Home Buyer Application

Please print neatly and respond to all of the questions. Keep a copy of this application for your own records. Please send original application, all additional verification of income and one <u>complete</u> copy of everything to Home Trust of Skagit. (See page 4 for a check list).

	rippiicant rum	me(s)/				
This should be your <u>legal</u>	name(s). Please inc	clude your middle initial.				
Social Security #s		/				
Address		Apt. #				
City		State Zip				
Phone (home)		(work)				
Email		best time and method to reach you				
How did you find ou	t about Home Tr	rust of Skagit?				
Married 👿 Unmarri	ed 🛭 Domesti	ic Partnership 🕷				
INCOME EMI	DI OVMENIT	AND FAMILY SIZE				
		, that your family may have <b>including wages, tips, socia</b> Please list (all) applicant's current employers' contact info	ormation.			
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		eturns from each of the past three years. Tax Transcripts are accep				
		eturns from each of the past <u>three</u> years. Tax Transcripts are accep u receive alimony or child support, please attach copy of the divorce				
If you have been amount.	n divorced and you	u receive alimony or child support, please attach copy of the divorce	decree and/or evidence of award			
☐ If you have been amount. ☐ If self-employed	n divorced and you	u receive alimony or child support, please attach copy of the divorce name of business and gross income. Be sure to include the Schedule	decree and/or evidence of award			
☐ If you have been amount. ☐ If self-employed ☐ If on a fixed-in	n divorced and you l, indicate so; list n	u receive alimony or child support, please attach copy of the divorce name of business and gross income. Be sure to include the Schedule rate so.	decree and/or evidence of award  C with your Tax Return copies.			
☐ If you have been amount. ☐ If self-employed ☐ If on a fixed-in	n divorced and you l, indicate so; list n	u receive alimony or child support, please attach copy of the divorce name of business and gross income. Be sure to include the Schedule	decree and/or evidence of award  C with your Tax Return copies.			
☐ If you have been amount. ☐ If self-employed	n divorced and you  l, indicate so; list n  come, please indicate  Date of	name of business and gross income. Be sure to include the Schedule rate so.  Source(s) of income – include business name and add	decree and/or evidence of award  C with your Tax Return copies.  dress of Annual total from each			
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Name of the bank and Contact name		
(Please attach a copy of your pre-qualification	letter)	
List each asset and its value (estimate)		
Type of Asset	Value	Do you have access to it now?
Savings account		
Checking Account		
Stocks and bonds		
IRA or 401(k)		
Other		
T	otals:	
Do you have any additional money available to etc.)? How much?	you for a down payment/closi	ing costs (gift or loan from family or friends,
		nonth repayment period, such as automobile loan rds, enter the "minimum due" under "monthly
Debt owed to:	Balance due:	Monthly Amount:
To	otals:	
GENERAL INFORMATION		<u> </u>
Please answer as best you can. Give reasonable	e estimates when records of in	formation are not readily available.
Do not leave answers blank. If questions are		
How long have you been a resident of Skagit (	County? years and	months.
Are you currently receiving any housing subsid	ly? (Section 8 or other?)	
Do you expect any changes in your household	size within the next year? Yes_	No
Explanation		
Does anyone in your household have special ne	eeds? (optional)* Yes No	)
If yes then will you require a home that is ADA		
How much do you pay for rent? \$	Other utilities? (rough est	timates) \$
If you currently have a lease, when is it up? Do dependents in your household reside with		
Do dependents in your household reside with Please explain:	you full-time?	Less than full-time?
Do you support (with time or money) any dep Please explain (& include details of your custo		nousehold?
The ethnicity of members of your household in Hispanic or Latino or Not Hispanic or Latino	American Indian o Black or African A	s of your household is/are: r Alaska Native Asian merican White Other Pacific Islander

<sup>\*</sup> Special needs can include elderly, mentally or physical., and persons, persons recording non-physical according to drug abuse, or person with HIV/AIDS.

Have you attended a homebuyer education class? Date
Agency that conducted the class:
Have you gone through any credit counseling? (Explain)
Have you owned a home within the last three years? (Explain)
Have you ever had a bankruptcy? (Circle one) YES NO  If yes, when was it cleared up? (please provide a copy of the discharge papers)
Home Trust of Skagit vision:
<ul> <li>A healthy, diverse community,</li> <li>A balanced distribution of housing types, sizes and prices,</li> <li>A strong local economy,</li> <li>Landscapes which are appreciated, conserved, and productive,</li> <li>Appropriate rural housing densities that allow for preserved farmland, habitats and open space,</li> <li>Appropriate urban density creating easy access to jobs, services and transportation choices, and</li> <li>A citizenry involved in and shaping its community.</li> </ul>
Please articulate your own commitment to this vision and your understanding of the relationship between HTS and yourself, a potential HTS homeowner/lease holder.
Please explain why you feel that homeownership is the best choice for your household.
Is there any additional information that you would like us to know about you or your household? (Please use another piece of paper for additional information that does not fit.)

## SIGNATURE PAGE AND CHECKLIST

Trust of Skagit's <i>HomeBuyer Driven Prograt</i> , corporation necessary to obtain financing Skagit may need concerning the statement	m. I authorize Hog for a home, inc nts made in this a rmine my eligibil	precedure and made for the purpose of obtaining funding through Home forme Trust of Skagit to communicate with any person, firm, or cluding credit reports, and to obtain any information that Home Trust of application. I authorize the release of this information to City, State and lity for funds. I agree that the application shall remain the property of eed.
Signature(s) of Applicant (s):		Date
		Data
Do you have executhing to me	120 vous ann	Date
Do you have everything to ma	•	-
We will not accept or process incomplete app		
		cuments and the income verification form (see note below)
☐ One full copy of the application	(including copie	s of all supporting documents)
□ KEEP a copy of the application requested by the bank as well	and all supporti	ng documents for your records – most of this information will be
☐ Check or Money order for \$50.0	0 (includes fee fe	or credit report)*
☐ Membership fee of \$35.00 (If yo	ou're not current	ly a member)*
*You can write one check for \$85.00		
Please send all of the above items to:	Home Trust of P.O. Box 2444 Mount Vernon	
FOR MORE INFORMATION AND A	SSISTANCE:	Jodi Monroe, Executive Director jodimonroe@hometrustofskagit.org 360-428-0014
Thank you.		300 120 0011
All persons will be treated fairly and equall compliance with the Fair Housing Act.	y without regard to	o race, color, religion, sex, familial status, handicap, age or national origin in
		EQUAL HOUSING OPPORTUNITY
For office use only: RCV		Date