

## Loan Fund Eligibility and Housing Conditions Worksheet

Please be advised that this form is not an application for a loan.

**\* All information must be filled out to be considered\***

### APPLICANT

*Please Print Clearly*

Name: \_\_\_\_\_  
*Last First MI*

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile/Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Preferred method of contact: \_\_\_\_\_  
*Social Security Number*

#### Race (please circle):

- |                    |   |   |
|--------------------|---|---|
| 1. White           | 2. Black or African American              | 3. American Indian/Alaskan Native           |
| 4. Asian           | 5. Native Hawaiian/Other Pacific Islander | 6. American Indian/Alaskan Native and White |
| 7. Asian and White | 8. Black/African American and White       | 9. American Indian/Alaskan Native and Black |
| 10. Other          |   |   |

**Ethnicity** (please select "yes" or "no" for Hispanic Origin) this is in addition to the "Race" category

**Hispanic:** Yes No

**Veteran:** Yes No

**Are you a first Time Buyer** (you do not currently own a home and have not owned a home in the past three years)? Yes No

**Gender** (please circle): Male Female \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Birth Date*

**Marital Status** (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

**Current Housing Arrangement** (please circle):

- |  |                                     |                            |
|--|-------------------------------------|----------------------------|
| 1. Rent  | 2. Homeless                         | 3. Homeowner with mortgage |
| 4. Living with family member and not paying rent | 5. Homeowner with mortgage paid off |                            |

County that you currently live in: \_\_\_\_\_

**Household Type (please select the most accurate)?**

1. Female headed single parent household      2. Male headed single parent household      3. Single adult  
4. Two or more unrelated adults      5. Married with children      6. Married without children      7. Other

**Estimated Annual Family or Household Income:** \$ \_\_\_\_\_

**Family/Household Size:** \_\_\_\_\_ **How many dependents** (other than those listed by any co-borrower)? \_\_\_\_\_

What ages are they? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Foreign Born** (please select one):      Yes      No

**Education** (please circle one):

1. Below High School Diploma      2. High School Diploma or Equivalent      3. Two-Year College  
4. Bachelors Degree      5. Masters Degree      6. Above Masters Degree

**Language Spoken by Client** (please circle):

1. Arabic      2. Cambodian      3. Cantonese      4. Chinese Mandarin  
4. Czech      5. French      6. Hindi      7. Indonesian  
8. Korean      9. Polish      10. Portuguese      11. Russian  
12. Swahili      13. Turkish      14. Vietnamese      15. English  
16. Spanish      17. Farsi      18. Ukrainian      19. ASL – American Sign Language  
20. Hmong      21. Creole      22. Other

**Disabled:**      Yes      No

**Client is a Colonias Resident\*:**      Yes      No

**Client is a Migrant Farm Worker:**      Yes      No

**Client Received HUD issued HECM Certificate:**      Yes      No

**Client is a victim of Predatory Lending Practices:**      Yes      No

**Client used a Section 8 Voucher to Purchase Home:**      Yes      No

\*Lives within 150 miles of the Mexican border, in an unincorporated community with a population of less than 10,000, of low and very low income, lacking safe sanitary, & sound housing, as well as services as potable water, adequate sewage systems, drainage, streets & utilities.



## HOUSING INFORMATION

Name(s) on the Title/Deed: \_\_\_\_\_

Does anyone else have an ownership interest in the property such as life estate, homestead rights, etc\*? \_\_\_\_\_  
If yes, please indicate their name(s) and ownership interest: \_\_\_\_\_

\* Vermont law recognizes a homestead right in the spouse or civil union partner of the legal owner of real estate when it is used or kept as their primary residence, even if the spouse or civil union partner is not a Title Owner to that property. This homestead interest prevents creditors from attaching the entire interest in the property without consent of all parties who have an ownership interest in the property; for this reason we will require all parties with an ownership interest to sign the mortgage deed to insure that our lien is fully enforceable.

Purchase price: \_\_\_\_\_ Year of purchase: \_\_\_\_\_ Current market value: \_\_\_\_\_

Year of Home: \_\_\_\_\_ Original mortgage amount: \_\_\_\_\_ Current balance: \_\_\_\_\_

Original interest rate: \_\_\_\_\_ Current interest rate: \_\_\_\_\_ Term: \_\_\_\_\_ Refinanced : Yes or No

Monthly payment: \_\_\_\_\_ Mortgage holder: \_\_\_\_\_

Full Address: \_\_\_\_\_  
.....

Second Mortgage – Original amount: \_\_\_\_\_ Balance: \_\_\_\_\_ Type: \_\_\_\_\_

Line of Credit: YES NO Term: \_\_\_\_\_ Interest rate: \_\_\_\_\_

Monthly payment: \_\_\_\_\_ Second Mortgage holder: \_\_\_\_\_

Full Address: \_\_\_\_\_  
.....

Homeowner's Insurance Carrier: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Limits of Coverage: \_\_\_\_\_

\*You are required to maintain Homeowners' Insurance on your property. You will also be required to maintain Flood Insurance if your property is determined to be in a flood hazard area. Insurance is required for the life of the loan.

**APPLICANT EMPLOYMENT**

**Primary Employer:** \_\_\_\_\_

**Address of Employer:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Hire Date* *Title/Position*

**Part-Time**    **or**    **Full-Time**    *(Please Circle)*

**How often paid?**    \_\_\_hourly    \_\_\_weekly    \_\_\_every two weeks    \_\_\_twice a month    \_\_\_monthly

**Annual gross income (before taxes):** \$ \_\_\_\_\_

**\* If employed for less than 2 years, give above information for previous employer(s) and dates employed up to 2 years\***

**Secondary Employer:** \_\_\_\_\_

**Address of Employer:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Hire Date* *Title/Position*

**Part-Time**    **or**    **Full-Time**    *(Please Circle)*

**How often paid?**    \_\_\_hourly    \_\_\_weekly    \_\_\_every two weeks    \_\_\_twice a month    \_\_\_monthly

**Annual gross income (before taxes):** \$ \_\_\_\_\_

**CO-APPLICANT EMPLOYMENT**

*Please Print Clearly*

**Primary Employer:** \_\_\_\_\_

**Address of Employer:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Hire Date*

\_\_\_\_\_  
*Title/Position*

**Part-Time**    **or**    **Full-Time**    (*Please Circle*)

**How often paid?**    \_\_\_hourly    \_\_\_weekly    \_\_\_every two weeks    \_\_\_twice a month    \_\_\_monthly

**Annual gross income (before taxes):** \$ \_\_\_\_\_

**\* If employed for less than 2 years, give above information for previous employer(s) and dates employed up to 2 years\***

**Secondary Employer:** \_\_\_\_\_

**Address of Employer:** \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Hire Date*

\_\_\_\_\_  
*Title/Position*

**Part-Time**    **or**    **Full-Time**    (*Please Circle*)

**How often paid?**    \_\_\_hourly    \_\_\_weekly    \_\_\_every two weeks    \_\_\_twice a month    \_\_\_monthly

**Annual gross income (before taxes):** \$ \_\_\_\_\_

**INCOME - Use separate sheet if needed**

List ALL INCOME, including but not limited to:

Applicants', and Co-Applicants', base pay from wages (salary, tips, commissions, bonuses), other earnings (include overtime), Social Security, Pension, other retirement, gross income from the home you occupy (rental), gross income from other real estate owned, Child Support, Unemployment compensation, Interest and/or dividend income, Veterans Benefits, other income

Type of Income	APPLICANT Monthly Amount	CO-APPLICANT Monthly Amount	Gross Amount
Salary			
Other Employment			
Alimony/Child Support (circle one)			
Rental Income			
Social Security			
Pension Income			
Public Assistance			
Self-employment Income			
Dependent SSI Income			
Disability Income			
Any other Sources of Income (explain)			

**ASSETS – Use separate sheet if needed**

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (Circle)      Yes      No

Name of additional funds: \_\_\_\_\_ If yes, how much? \_\_\_\_\_

Have you disposed of any significant assets (i.e., Real Estate, Auto) for less than fair market value in the last five (5) years? Explain: \_\_\_\_\_

Type	Institution	Name of Owner	Value/Balance
Checking Account			
Savings Account			
U.S. Savings Bond			
Stocks			
Other Real Estate <i>Please provide property address</i>			
Other Assets <i>Please explain</i>			
<b>Total Value of Assets:</b>			<b>\$</b>

**LIABILITIES/DEBT – Use separate sheet if needed***Please Print Clearly*

List ALL DEBT, including but not limited to: banks, credit unions, credit cards, stores, finance companies, etc. Do NOT include rent or utilities.

<b>Paid To</b>	<b>Original Amount \$</b>	<b>Monthly Payment \$</b>	<b>Current Balance \$</b>	<b>Who's Debt? A=Applicant, C=Co-Applicant</b>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Are you required to make alimony or child support payments: YES NO If yes, amount: \_\_\_\_\_

How often: \_\_\_\_\_ Please provide a copy of court documents to support this information.

Do you owe for any loans, charge accounts, or installments other than those listed above: YES NO

Include any loan or account on which you are a co-signer: \_\_\_\_\_

\_\_\_\_\_

**EXPENSES - Use separate sheet if needed**

**Taxes and Insurance**

**Monthly Amount**

- 1. Federal, State & Local Income Taxes \_\_\_\_\_
- 2. Health insurance premiums \_\_\_\_\_
- 3. Premium for life insurance \_\_\_\_\_
- 4. Social security payments \_\_\_\_\_
- 5. Other (explain) \_\_\_\_\_

**Total expenses – taxes and insurance (add 1-5)** \_\_\_\_\_

**Housing Expenses**

**Monthly Amount**

- 1. Mortgage payment \_\_\_\_\_
- 2. Ground lease or Stewardship Fee (if any) \_\_\_\_\_
- 3. Homeowners insurance \_\_\_\_\_
- 4. Real property taxes, special assessments \_\_\_\_\_
- 5. Housing maintenance/repairs \_\_\_\_\_
- 6. Utilities:
  - heat (type: \_\_\_\_\_) \_\_\_\_\_
  - electric \_\_\_\_\_
  - gas/fuel \_\_\_\_\_
  - water/sewer \_\_\_\_\_
- 7. Second mortgage/home equity loan \_\_\_\_\_

**Total expenses - housing (add 1-7)** \_\_\_\_\_

**Total expenses – taxes & insurance and housing (add both totals)** \_\_\_\_\_

**CREDIT AND LEGAL INFORMATION – Check all that apply - Use separate sheet if needed**

Have you currently applied to any other lenders for a loan to address your housing needs: YES NO

Are you presently, or have you ever been involved with:

Bankruptcy       Judgment       Lawsuit       Liens on your property

Any other legal claims       Property is in Probate

If you checked any of these, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are real estate taxes current: YES NO If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

Real Estate taxes are paid to the:  town  city  village of: \_\_\_\_\_

**AFFIRMATION/RELEASE AND SIGNATURE(S)**

**Please be advised that this form is not an application for a loan.**

I/we affirm that all of the answers given in this worksheet are correct and made for the purpose of determining program eligibility. I/we understand that the information in this worksheet will be held in confidence and used solely for the purposes of this program.

I/we authorize CVCLT/GMLF to obtain any information as they may need, including a current credit report, and to communicate with any person, firm, or corporation necessary concerning the statements made in this worksheet. This includes third party verification of income, including social security benefits, assets, and expenses. I/we agree that the worksheet and all related application materials shall remain the property of CVCLT/GMLF whether or not I am / we are determined eligible for this program.

_____	_____	_____
Applicant Printed Name	Applicant Signature	Date
_____	_____	_____
Co-Applicant Printed Name	Co-Applicant Signature	Date



Equal Housing Opportunity

*The Central Vermont Community Land Trust's Green Mountain Loan Fund is an Equal Housing Opportunity Program. Discrimination is prohibited by Federal Law.*

Central Vermont Community Land Trust (CVCLT)  
Green Mountain Loan Fund (GMLF)

# Housing Conditions Form

**Applicant:** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_

The purpose of this form is to gather information about your house and the items that you believe require work. Please be aware that the Green Mountain Loan Fund is funded with public funds and we are required to meet the following governmental regulations:

1. Housing Quality Standards established by the U.S. Department of Housing and Urban Development (HUD);
2. Local Health and Safety Codes, as required by the local planning and zoning office; and
3. If your house is on or eligible for the State and/or National Register of Historic Places, all rehab must comply with the Secretary of the Interior's Standards for Rehabilitation.

**\*In this event additional loan costs may apply up to \$250.00. You will be notified of your homes status.\***

In addition, our program policies require that we follow these procedures:

1. If there are children under six (6) or pregnant women living in the home, a lead-based paint test may be conducted. If lead-based paint is present, all rehab work will be conducted in a lead-safe manner and lead abatement activities may be included in the scope of the work.
2. An energy audit will be strongly recommended unless the scope of work does not involve the interior living space;
3. A priority repair system will be used to address the most serious problems (mechanical and structural systems) before including less severe conditions in the scope of work.

## Property Information

Year constructed: \_\_\_\_\_ Number of stories: \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Single family home       Mobile home, on:     owned land     leased land

Duplex                       Other \_\_\_\_\_

Structure Type:     wood frame     brick     stone     other: \_\_\_\_\_

Water/Sewer:     septic system     well     public water/sewer

Has the property been weatherized by the Weatherization Program:    YES    NO    If yes, year: \_\_\_\_\_

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

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

Grand List (Assessed) Value: \$ \_\_\_\_\_

Directions to your home: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (please continue on other side if necessary)

**Housing Conditions**

Please describe the reason(s) why you are applying for this program. Include all essential (non-cosmetic) repairs that you believe need to be made to your home. If you have an over-crowding situation, please describe.

\_\_\_\_\_  
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\_\_\_\_\_

I/we authorize Central Vermont Community Land Trust (CVCLT) / Green Mountain Loan Fund (GMLF) Rehab Specialist(s) to perform any/all necessary inspection(s) required to prepare the scope of work recommendation estimate(s) associated with this application, to determine the loan amount I may be eligible to apply for.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**\*Please Include the Following Documentation with this Worksheet:\***

- Previous year W-2's
- Self-Employed – 2 yrs Tax Returns
- Proof of other types of Income
- Award letter(s) for SSI, Disability, Child Support, Food Stamps, and Fuel Assistance
- 30 day period of Pay Stubs
- Current Property Tax bill or Assessment letter
- Photo Copy of Drivers License



Equal Housing Opportunity

## Household Income Statement for Housing Projects

County of <b>Lamoille</b>	Grant Agreement No. <b>0203/05 IG (08)</b>
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Homeowner:	
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*Tenant:	
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To calculate your family income, include the income of all members of your family living in and supporting the same household. Add the total income for the last six months and multiply by two; this is your **annualized** family income. Choose the column for the number of persons in your household.

INCOME LIMITS					Enter Family Size Below:
Family Size	A (30%)	B (50%)	C (60%)	D (80%)	
1	\$0 - \$12,474	\$12,475 - \$20,790	\$20,791 - \$24,948	\$24,949 - \$33,264	Check box below which indicates the column your family income range falls within:
2	\$0 - \$14,256	\$14,257 - \$23,760	\$23,761 - \$28,512	\$28,513 - \$38,016	
3	\$0 - \$16,038	\$16,039 - \$26,730	\$26,731 - \$32,076	\$32,077 - \$42,768	<input type="checkbox"/> Column A (<30%) <input type="checkbox"/> Column B (<50%) <input type="checkbox"/> Column C (<60%) <input type="checkbox"/> Column D (<80%) <input type="checkbox"/> Income Above Column D (over income)
4	\$0 - \$17,820	\$17,821 - \$29,700	\$29,701 - \$35,640	\$35,641 - \$47,520	
5	\$0 - \$19,246	\$19,247 - \$32,076	\$32,077 - \$38,491	\$38,492 - \$51,322	
6	\$0 - \$20,671	\$20,672 - \$34,452	\$34,453 - \$41,342	\$41,343 - \$55,123	
7	\$0 - \$22,097	\$22,098 - \$36,828	\$36,829 - \$44,194	\$44,195 - \$58,925	
8	\$0 - \$23,522	\$23,523 - \$39,204	\$39,205 - \$47,045	\$47,046 - \$62,726	

**Please check all of the following that apply to you:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Over the Age of 62                     | <input type="checkbox"/> Handicapped/Disabled                                      | <input type="checkbox"/> Female Head of Household |
| <input type="checkbox"/> White                                  | <input type="checkbox"/> American Indian/Alaskan Native and White                  |   |
| <input type="checkbox"/> Black/African American                 | <input type="checkbox"/> Asian and White   |   |
| <input type="checkbox"/> Asian                                  | <input type="checkbox"/> Black/African American and White                          |   |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native and Black/African American |   |
| <input type="checkbox"/> American Indian/Alaskan Native         | <input type="checkbox"/> Other Multi-racial  |   |

Name of Homeowner or Tenant:	
------------------------------	--

Address:	
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Signed:	Date:	
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**The information provided is correct to the best of my knowledge. I understand that this information may be verified.**

*\*You or your landlord is being assisted through the Green Mountain Loan Fund to rehabilitate your apartment/building. This form must be completed to comply with Federal and State Regulations.*