



# Homeownership Application

825 Merrimon Avenue  
Suite C PMB #141  
Asheville, NC 28804  
info@abclt.org  
828.222.0812

## APPLICANT INFORMATION

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

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

Date of Move-in: \_\_\_\_\_ Current Housing:  Rent  Own  Staying with Family or Friends

Monthly Payment: \$ \_\_\_\_\_ List any Utilities Included in Monthly Payment: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender:  Male  Female

\*Race:  American Indian / Alaskan Native  Asian or Pacific Islander  Black or African American  
 Caucasian  Hispanic  Other

\*Marital Status:  Single  Married  Separated  Divorced  Widowed

Social Security # or Individual Taxpayer Identification #: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Total Gross Income Before Taxes: \$ \_\_\_\_\_ (choose pay frequency of this amount below)

Pay Frequency:  Hourly  Weekly  Every 2 Weeks  Twice Per Month  Monthly  Annually

Other Sources of Income (Social Security, SSI, Pension, Retirement, Child Support, Other):

Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_ Source: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Frequency: \_\_\_\_\_ Source: \_\_\_\_\_

If you Receive Child Support, is it Court Ordered?  Yes  No

**Do You Have Any of the Following (attach additional sheets if necessary):**

A Savings Account?.....  Yes  No Balance: \$ \_\_\_\_\_ Bank: \_\_\_\_\_

A Checking Account?.....  Yes  No Balance: \$ \_\_\_\_\_ Bank: \_\_\_\_\_

A Retirement Account?.....  Yes  No Balance: \$ \_\_\_\_\_ Bank: \_\_\_\_\_

Another Bank Account?.....  Yes  No Balance: \$ \_\_\_\_\_ Bank: \_\_\_\_\_

Monthly Debt Payments?.....  Yes  No Balance: \$ \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Other Monthly Debt Payments?.....  Yes  No Balance: \$ \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Other Monthly Debt Payments?.....  Yes  No Balance: \$ \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

*\*These questions are for demographic purposes only and will not affect your eligibility for homeownership.*

## CO-APPLICANT INFORMATION

Note: A co-applicant is considered anyone over the age of 18 years who will be permanently occupying the home.

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

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

Date of Move-in: \_\_\_\_\_ Current Housing:  Rent  Own  Staying with Family or Friends

Monthly Payment: \$\_\_\_\_\_ List any Utilities Included in Monthly Payment: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender:  Male  Female

\*Race:  American Indian / Alaskan Native  Asian or Pacific Islander  Black or African American  
 Caucasian  Hispanic  Other

\*Marital Status:  Single  Married  Separated  Divorced  Widowed

Social Security # or Individual Taxpayer Identification #: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Total Gross Income Before Taxes: \$\_\_\_\_\_ (choose pay frequency of this amount below)

Pay Frequency:  Hourly  Weekly  Every 2 Weeks  Twice Per Month  Monthly  Annually

Other Sources of Income (Social Security, SSI, Pension, Retirement, Child Support, Other):

Amount: \$\_\_\_\_\_ Frequency: \_\_\_\_\_ Source: \_\_\_\_\_

Amount: \$\_\_\_\_\_ Frequency: \_\_\_\_\_ Source: \_\_\_\_\_

If you Receive Child Support, is it Court Ordered?  Yes  No

**Do You Have Any of the Following (do not include information already listed under applicant):**

A Savings Account?.....  Yes  No Balance: \$\_\_\_\_\_ Bank: \_\_\_\_\_

A Checking Account?.....  Yes  No Balance: \$\_\_\_\_\_ Bank: \_\_\_\_\_

A Retirement Account?.....  Yes  No Balance: \$\_\_\_\_\_ Bank: \_\_\_\_\_

Another Bank Account?.....  Yes  No Balance: \$\_\_\_\_\_ Bank: \_\_\_\_\_

Monthly Debt Payments?.....  Yes  No Balance: \$\_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Other Monthly Debt Payments?.....  Yes  No Balance: \$\_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Other Monthly Debt Payments?.....  Yes  No Balance: \$\_\_\_\_\_ Monthly Payment: \_\_\_\_\_

\*These questions are for demographic purposes only and will not affect your eligibility for homeownership.

**HOUSEHOLD INFORMATION**

Total Number to Live in Household: \_\_\_\_\_ List occupants other than applicant and co-applicant below.

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

Relationship: \_\_\_\_\_ Gender:  Male  Female

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

Relationship: \_\_\_\_\_ Gender:  Male  Female

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

Relationship: \_\_\_\_\_ Gender:  Male  Female

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

Relationship: \_\_\_\_\_ Gender:  Male  Female

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

Relationship: \_\_\_\_\_ Gender:  Male  Female

**OTHER INFORMATION**

Are you a first-time homebuyer (have not owned a home in the last three years)?  Yes  No

Are you currently a member or volunteer of ABCLT?  Yes  No      Are you a veteran?  Yes  No

Are you at risk of being displaced from your current home?  Yes  No    If yes, please explain: \_\_\_\_\_

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

Have you been displaced from housing in the past?  Yes  No    If yes, please explain: \_\_\_\_\_

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

If you have a preference for any particular neighborhoods in Buncombe County, please list those here and describe any history of residence in those neighborhoods: \_\_\_\_\_

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

Please list your past and present involvement with and commitment to the community as evidenced by memberships on boards, commissions, and organizations (civic, business, community, fraternal, nonprofit, political, professional, recreational, religious, and social):

Organization: \_\_\_\_\_

Role/Title: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Organization: \_\_\_\_\_

Role/Title: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Organization: \_\_\_\_\_

Role/Title: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Organization: \_\_\_\_\_

Role/Title: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Please describe any other volunteer experience: \_\_\_\_\_

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

### CERTIFICATION AND AUTHORIZATION

I certify that all information contained in this application is true and complete to the best of my knowledge and belief. I authorize the Asheville-Buncombe Community Land Trust to share this information with participating lenders and to obtain a credit report. I consent to the disclosure of income and financial information from my employer and financial references for the purpose of verification related to my application for homeownership and mortgage loan approval. I agree that a photocopy of this authorization may be used for the purposes stated above. I authorize the Asheville-Buncombe Community Land Trust to obtain rental history from current and past landlords as necessary for program approval.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

### APPLICATION SUBMISSION

In addition to this completed application, please submit the following:

- \$25 Application Fee, made payable to Asheville-Buncombe Community Land Trust
- Two (2) months of most recent paystubs for applicant and co-applicant

**Mail Completed Application To:** Asheville-Buncombe Community Land Trust  
825 Merrimon Avenue Suite C PMB #141  
Asheville, NC 28804

**Or Email Completed Application To:** Anna Zuevskaya, [anna@abclt.org](mailto:anna@abclt.org)

*If you need to arrange an alternate method of application submission, call 828.222.0812.*

*ABCLT will not process an application that does not include paystubs and the application fee.*

**ABCLT USE ONLY**

Date Received: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

- Applicant is Eligible  
 Applicant is Not Eligible