



Mail PO Box 30134, Flagstaff, AZ 86003 Office 2304 N 3rd St, Flagstaff, AZ 86004  
 Phone (928) 214-7456 Fax (928) 774-6937  
 Relay Service for Hearing Impaired 711

## Home Ownership Application

Serving Coconino, Mohave & Yavapai Counties & the City of Flagstaff

Dear Prospective Homebuyer,

Thank you for reaching out to Housing Solutions of Northern Arizona (HSNA) for information and help, as you work to purchase a first home. HSNA is a HUD-approved housing counseling agency, serving Flagstaff and Northern Arizona for more than 29 years. Our housing counseling programs are administered by trained and certified housing counselors. In addition to pre-purchase housing counseling, we also offer rental counseling and foreclosure mitigation counseling (separate applications). Down payment and closing cost assistance programs are funded by the City of Flagstaff and the Federal Home Loan Bank of San Francisco through bank partners. Funds are available on a first come, first served basis until they are expended.

HSNA has partnered with the City of Flagstaff to administer down payment assistance programs and determine eligibility for the City of Flagstaff Community Land Trust. We ask you to complete the enclosed application if you are interested in any of the following programs:

- down payment assistance,
- City of Flagstaff Community Land Trust Program,
- pre-purchase housing counseling, or
- credit/budget counseling.

Once the application is complete, please call (928) 214-7456 or email Angela at [angelak@housingnaz.org](mailto:angelak@housingnaz.org) to schedule a one-on-one appointment with a housing counselor. We ask that you bring the following to your first appointment to help us determine eligibility for homebuyer programs:

- Completed Application, including Housing Counseling Disclosure and household budget
- Household Income Verification (checklist is part of the enclosed application)
- Optional: Funds to pay for credit report (if you'd like us to pull a tri-merge credit report w/ FICO scores). The cost of a credit report is \$14 per person. We accept personal check, cashier's check, cash or money order.

### Fee Structure

HSNA charges fees for some of its housing services. Should you have questions regarding fees, please ask your housing counselor. As is the industry standard, we do not charge fees for foreclosure counseling services. In addition, we address a client's ability to pay the fees outlined below based on their household income in relation to the federal poverty level. If a client's household income is less than 1 ½ times the federal poverty level, we waive fees and seek grant funding to off-set our costs. We do not charge fees for housing counseling for individuals experiencing homelessness. We charge the following fees:

- \$99.00 fee per household to participate in our online pre-purchase homebuyer education course. This fee is determined by eHomeAmerica, the course vendor. However, we are able to provide a coupon code to clients who participate in one-on-one housing counseling. Those clients, with the coupon code, pay \$50.00 for the course. The course certificate is valid for one year from the date of completion.
- \$14.00 fee per individual on a cost-recovery basis to pull a tri-merge credit report with scores.
- 4% of the assistance amount for clients who receive WISH funds through the Federal Home Loan Bank of San Francisco. This fee is charged because the WISH program does not provide administrative support to housing counseling organizations. The fee is paid at closing so clients do not have out-of-pocket upfront expenses.



City of Flagstaff Community Land Trust Program (CLT)

This application also serves for the City's CLT program. It is an eligibility application, and does not guarantee purchase of a CLT home. Should you be determined eligible, you will be provided with the option to purchase. There is not a durational residency requirement. Only ONE application per household. The application must be delivered via mail or in person to Housing Solutions of N. Arizona.

The homes available through the City's CLT program are restricted to limit the amount of appreciation available to the owner and all future owners upon transfer, mortgage, refinance or other transactions dealing with the property. This is intended to maintain permanent affordability as a long-term benefit to the community. Homes will be sold to households earning less than 80-125% (depending on the unit purchased) of the Area Median Income (AMI), adjusted for household size. Tenure is secured with a 99-year ground lease, which will result in at least a \$30 per month lease payment from the homeowner.

For the City's CLT program, households will go through two rounds of screening. The first round will determine if your household meets basic eligibility criteria to purchase the unit. For that screening, HSNA will assess the following: (1) household size, (2) household income, (3) household income as a percentage of area median income, (4) the permanent legal citizenship status of all household residents. The second round of screening will evaluate your ability to purchase the unit, through a combination of buyer contribution, mortgage and available financial assistance. For this determination, the mortgage must meet CLT guidelines for affordability and the borrower's housing ratio cannot exceed 35% of gross monthly income.

HSNA strives to accommodate all clients and their needs. To contact our office through a relay service for the hearing impaired, please dial 711. If you need special accommodations, please let us know. HSNA does not discriminate on the basis of age, race, color, religion, sex, gender identity (including gender expression), sexual orientation, national origin, disability, marital status, political beliefs or familial status in employment or program services.

For your convenience, please use this checklist to ensure your application package is complete. This will expedite our ability to determine your eligibility for financial assistance programs and the City's CLT program:

Application Documents to Complete:

- \_\_\_ Completed and Signed Application
- \_\_\_ Completed and Signed Housing Counseling Disclosure Form/Authorization for Release of Confidential Info
- \_\_\_ Completed and Signed Household Budget Form
- \_\_\_ Completed and Signed Credit Report Authorization and Privacy Disclosure Form (if you want us to pull credit)
- \_\_\_ Completed and Signed Community Land Trust Program Declaration of Income Form (CLT applicants only)
- \_\_\_ Completed and Signed Community Land Trust Program Application Rider Summary (CLT applicants only)

Supporting Documents to Provide (HSNA can make copies – we don't keep originals!):

- \_\_\_ Social Security Cards for all members of the household (adults & Children)
- \_\_\_ Photo ID for all adults in the household
- \_\_\_ Tax returns with supporting documents (W-2s & 1099s) for past two years
- \_\_\_ Pay stubs for the past two months for all wage earners 18 yrs and older
- \_\_\_ Three months' of bank statements for all accounts (including retirement accounts)
- \_\_\_ Documentation for all sources of income, including child support, alimony, social security

Thank you for your interest in working with us. We look forward to helping you navigate your process to purchase a home.

Sincerely,  
The Housing Solutions Team



# Home Ownership Application

**I am interested in the following pre-purchase programs. Please Check All That Apply:**

- Down Payment Assistance
- City of Flagstaff Community Land Trust Program (City of Flagstaff only)
- Pre-purchase Housing Counseling
- Credit & Budget Counseling

**How did you hear about our programs:**

- Lender                       Realtor                       Friend                       Other: \_\_\_\_\_

**Household Information**

Applicant Name:	Co-Applicant Name:
Date of Birth:	Date of Birth:
Phone: _____ Cell/Home/Work	Phone: _____ Cell/Home/Work
Email: _____	Email: _____
Preferred Contact Method: _____	Preferred Contact Method: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Limited English Proficient? Y / N	Limited English Proficient? Y / N
How long have you lived in Flagstaff? _____	How long have you lived in Flagstaff? _____

Other household members residing in home or dependents that applicant/co-applicant has legal custody of:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

What do you currently pay in rent? \$ \_\_\_\_\_

Have you owned a home in the last 3 years? Y / N

If so, when and where? \_\_\_\_\_ Date sold: \_\_\_\_\_

**Demographic Information**

Applicant:	Co-Applicant:
<b>Education:</b> (check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> No High School Diploma</li> <li><input type="checkbox"/> High School Diploma/Equivalent (GED)</li> <li><input type="checkbox"/> 2-year College/Associate's Degree</li> <li><input type="checkbox"/> Bachelor's Degree</li> <li><input type="checkbox"/> Master's Degree</li> <li><input type="checkbox"/> Above Master's/Doctoral Degree</li> <li><input type="checkbox"/> Vocational Certification/Other Certs</li> <li><input type="checkbox"/> Prefer not to Respond</li> </ul>	<b>Education:</b> (check all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> No High School Diploma</li> <li><input type="checkbox"/> High School Diploma/Equivalent (GED)</li> <li><input type="checkbox"/> 2-year College/Associate's Degree</li> <li><input type="checkbox"/> Bachelor's Degree</li> <li><input type="checkbox"/> Master's Degree</li> <li><input type="checkbox"/> Above Master's/Doctoral Degree</li> <li><input type="checkbox"/> Vocational Certification/Other Certs</li> <li><input type="checkbox"/> Prefer not to Respond</li> </ul>
<b>Citizenship Status:</b> (check one) <ul style="list-style-type: none"> <li><input type="checkbox"/> Non-Resident Alien</li> <li><input type="checkbox"/> Permanent Resident Alien</li> <li><input type="checkbox"/> US Citizen</li> </ul>	<b>Citizenship Status:</b> (check one) <ul style="list-style-type: none"> <li><input type="checkbox"/> Non-Resident Alien</li> <li><input type="checkbox"/> Permanent Resident Alien</li> <li><input type="checkbox"/> US Citizen</li> </ul>

<b>Race:</b> (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/other pacific islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to Respond	<b>Race:</b> (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/other pacific islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to Respond
<b>Ethnicity:</b> (check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to Respond	<b>Ethnicity:</b> (check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Prefer not to Respond
<b>Marital Status:</b> (check one) <input type="checkbox"/> Unmarried/Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to Respond	<b>Marital Status:</b> (check one) <input type="checkbox"/> Unmarried/Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer not to Respond
<b>Demographic Info:</b> (check each that applies) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Disabled <input type="checkbox"/> US Veteran <input type="checkbox"/> Prefer not to Respond	<b>Demographic Info:</b> (check each that applies) <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Disabled <input type="checkbox"/> US Veteran <input type="checkbox"/> Prefer not to Respond
<b>Household Type:</b> (check only one) <input type="checkbox"/> Female headed single parent household <input type="checkbox"/> Male headed single parent household <input type="checkbox"/> Single adult <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Married with children <input type="checkbox"/> Married without children <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to Respond	<b>Household Type:</b> (check only one) <input type="checkbox"/> Female headed single parent household <input type="checkbox"/> Male headed single parent household <input type="checkbox"/> Single adult <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Married with children <input type="checkbox"/> Married without children <input type="checkbox"/> Other <input type="checkbox"/> Prefer not to Respond
<b>Immigrant Status:</b> (check one) <input type="checkbox"/> Foreign Born <input type="checkbox"/> US Born <input type="checkbox"/> Prefer not to Respond	<b>Immigrant Status:</b> (check one) <input type="checkbox"/> Foreign Born <input type="checkbox"/> US Born <input type="checkbox"/> Prefer not to Respond

**Household Debts**

Include money owed to any entity for past housing, student loans, back taxes, credit cards, car payments, medical bills, alimony/child support, etc. Attach separate sheet if needed.

Company	Minimum Monthly Payment	Balance Owed
1.		
2.		
3.		
4.		
5.		

**Household Assets**

List all household assets including real estate, land, stocks, bonds, retirement accounts, etc.

Asset Type	Applicant	Co-Applicant	Other Adults in Household
Checking	\$	\$	\$
Savings	\$	\$	\$
Other Cash	\$	\$	\$
IRA/401K	\$	\$	\$
Stocks/Bonds	\$	\$	\$
Property/Land	\$	\$	\$
Retirement Pension	\$	\$	\$
Trust Fund	\$	\$	\$
Monetary Gifts	\$	\$	\$
Other Assets	\$	\$	\$

Are you about to receive additional funds (e.g. tax return funds, property sales, inheritance)? Circle one below:

No/Yes Amount: \$ _____	No/Yes Amount: \$ _____	No/Yes Amount: \$ _____
-------------------------	-------------------------	-------------------------

**Household Income**

List all household income on a monthly basis.

Income Type	Applicant	Co-Applicant	Other Adults in Household
Salary/Employment	\$	\$	\$
Alimony/Child Support	\$	\$	\$
Social Security	\$	\$	\$
Disability Income	\$	\$	\$
Self-employment Income	\$	\$	\$
Pension Income	\$	\$	\$
Dependent Social Security	\$	\$	\$
Unemployment	\$	\$	\$
Other: _____	\$	\$	\$
Total Monthly Income	\$	\$	\$

**Employment Information**

Applicant

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Hrs/Week: \_\_\_\_\_ Start Date: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ How are you paid? Weekly Bi-Weekly Twice a Month

Secondary Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Hrs/Week: \_\_\_\_\_ Start Date: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ How are you paid? Weekly Bi-Weekly Twice a Month

Co-Applicant

Current Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Hrs/Week: \_\_\_\_\_ Start Date: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ How are you paid? Weekly Bi-Weekly Twice a Month

Secondary Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Hrs/Week: \_\_\_\_\_ Start Date: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ How are you paid? Weekly Bi-Weekly Twice a Month

**Financial Information**

Please answer yes to questions below if they apply to the applicant OR co-applicant. If you answer yes to any of the following questions, please attach a separate letter of explanation for each one. Answering yes does not disqualify you for financial assistance or the City’s CLT program but will help your counselor understand your readiness to qualify for a mortgage.

- |  |   |   |
|--|---|---|
| 1. Are there any outstanding judgments, liens or taxes against you?                | Y | N |
| 2. Are there any unpaid debts from any other residences you have owned?            | Y | N |
| 3. Have you had property foreclosed upon in the last 3 years?                      | Y | N |
| 4. Are you party to a lawsuit?   | Y | N |
| 5. Are you a co-signer/endorser of a loan or note?                                 | Y | N |
| 6. Do you currently have accounts in collection?                                   | Y | N |
| 7. Do you currently have past due accounts (including rent, utilities, telephone)? | Y | N |
| 8. Do you have any outstanding medical bills?                                      | Y | N |
| 9. Are you obligated to pay alimony, child support, or separate maintenance?       | Y | N |
| Monthly Amount: \$ _____   |   |   |
| 10. Have you ever declared bankruptcy?   | Y | N |
| Type: _____ Date filed: _____ Date discharged: _____                               |   |   |

**Realtor & Mortgage Information**

If you have contacted or are working with a Realtor or mortgage lender, please provide that information below:

Lender Name: \_\_\_\_\_ Realtor Name: \_\_\_\_\_  
 Lender Company: \_\_\_\_\_ Real Estate Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Email: \_\_\_\_\_

**Authorizations**

Under penalty of perjury, I hereby certify that all the statements I have made on this application are true to the best of my knowledge. I understand that false statements can be cause for disqualification for assistance programs and/or the City’s CLT program. I understand all information will be held in confidence by Housing Solutions and the City of Flagstaff’s Housing Section. A credit report may be requested to verify information provided. I certify that no member of my family has a financial interest in the City of Flagstaff’s Community Land Trust Program.

I authorize the City of Flagstaff and Housing Solutions to:

- Obtain verification of all information from any source named in this application
- Check my credit and employment history
- Examine my personal documents and to inquire into my financial affairs in order to determine my qualification for assistance under the housing programs provided by the City of Flagstaff or Housing Solutions of N. Arizona and/or to determine my financial ability to purchase a Community Land Trust Program home.

\_\_\_\_\_  
 Applicant Date

\_\_\_\_\_  
 Co-Applicant Date

# Housing Solutions of NAZ Housing Counseling Disclosure Form

I (We), \_\_\_\_\_, understand that Housing Solutions of N. Arizona, Inc., a private nonprofit organization located in Flagstaff, AZ, provides the following services in order to meet its mission to increase access to safe, decent and affordable housing:

1. Workshops, including pre-purchase and post-purchase workshops. These may be offered online.
2. One-on-one housing counseling to help households understand their home options and overcome any barriers to affordable housing. This includes foreclosure mitigation counseling.
3. Financial assistance for down payment and/or closing costs through ongoing programs to income-eligible households, according to the guidelines of the funding sources.
4. Development of homes, which are sold and/or rented to low- and moderate-income households. Eligibility to purchase or rent a home developed/built by HSNA is determined by the funding sources and/or the HSNA Board of Directors.

I understand that housing education and counseling services are available to all individuals and households regardless of income and the family's interest in or ability to purchase or rent a home through HSNA. These services are independent of other HSNA programs and, while I may become aware of homes sold or rented by HSNA or financial assistance programs, I am under no obligation to purchase one of these units or participate in financial assistance programs.

HSNA has subsidiary organizations which may provide me with services. Specifically, we own AHC Construction, LLC and Lending Solutions, LLC. Housing counseling clients are not obligated to receive, purchase or utilize any other services offered by HSNA, or its exclusive partners, in order to receive housing counseling services. The counseling services, lending products, affordable housing and other forms of assistance that may be offered by HSNA, its subsidiaries, affiliates, directors, officers, employees or agents may also be offered by other providers and you are under no obligation to accept Affiliate Services. HSNA, Inc. has a financial affiliation with the City of Flagstaff, the State of Arizona, Coconino County and various financial institutions including National Bank of Arizona, Sunwest Bank, BBVA Compass and Wells Fargo.

**HSNA strives to accommodate all clients and their needs. To contact our office through a relay service for the hearing impaired, please dial 711. If you need special accommodations, please let us know.**

### Authorization for Release of Confidential Information

I understand that it may be necessary for Housing Solution of Northern Arizona, Inc. (HSNA) and its authorized agents to obtain information from other agencies and entities in order to make me eligible for the services I have requested from HSNA.

Accordingly, I authorize and request any public, governmental, or private institution and its authorized agents, including, but not limited to:

• Other social service agencies	• Employers
• Utility companies	• Hospitals
• Credit bureaus	• Landlords and their agents
• Advocacy agencies	• Military personnel

To furnish to HSNA, Inc. or its authorized agents any and all information which it may request in the form of oral or written reports, opinions, findings, personnel and employment records, military records, credit reports, states of charges or otherwise, or rental records, regarding any incident about which you may have knowledge, information or access, or about which you may have rendered services or consultation.

I also understand that it may be necessary for HSNA, Inc. or its authorized **agents to release information obtained from or authorized sources to HUD** and/or other assistance programs in order to obtain housing counseling through HSNA, Inc. and the various assistance programs which it administers.

Though I hereby waive any privilege I have to this information to HSNA, Inc., you are further requested to disclose no information to any other person without written authority from me (pursuant to privilege and confidential community statutes).

A photo static, fax, scanned copy or other chemical reproduction of this authorization shall serve in its stead.

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Co-Applicant Date

# Household Budget Form

(2 pages – required to be completed)

Monthly Expenses	Applicant	Co-Applicant	Other Adult	
<b>Fixed Expenses</b>				
<b>Housing</b>				
Mortgage(s)/Rent				
HOA				
Gas				
Electricity				
Telephone: Land Line				
Telephone: Cell				
Other:				
<b>Transportation</b>				
Gas				
Car Payment				
Public Transportation or Taxi				
Parking and Tolls				
Other:				
<b>Insurance</b>				
Health ( <i>medical &amp; dental, if not payroll deduct</i> )				
Life				
Disability				
Other:				
<b>Childcare</b>				
Childcare or Babysitters				
Child Support or Alimony				
Fixed Expenses Sub-Total				

<b>Periodic Fixed Expenses</b>				
<b>Housing</b>				
Homeowners Insurance ( <i>if not in mortgage</i> )				
Taxes ( <i>if not in mortgage payment</i> )				
Water or Sewage				
Trash Service				
Other:				
<b>Transportation</b>				
Car Insurance				
Car Inspection				
Car Repairs and Maintenance				
License Plates & Registration Fees				
Other:				
Periodic Fixed Expenses Sub-Total				

<b>Flexible Expenses</b>				
<b>Food</b>				
Groceries				
School Lunches				
Work-Related ( <i>lunches and snacks</i> )				
Other:				
<b>Housing</b>				
Home Maintenance				
Furnishings				
Cleaning Supplies				
Lawn Care				
Other:				
<b>Medical</b>				
Doctor				
Dentist				
Prescriptions				
Other:				
<b>Savings</b>				
Savings Account				
College Funds				
Emergency Fund				
Monthly Expenses				



Flexible Expenses (Continued)				
<b>Clothing</b>				
Clothing				
Laundry and Dry Cleaning				
<b>Education</b>				
Tuition				
Books, Papers and Supplies				
Newspapers and Magazines				
Lessons ( <i>sports, dance, music</i> )				
Other:				
<b>Donations</b>				
Religious or Charity				
Other ( <i>if not payroll deducted</i> ):				
<b>Gifts</b>				
Birthday				
Major Holidays				
<b>Personal</b>				
Barber or Beauty Shop				
Toiletries				
Children's Allowances				
Tobacco, Beer, Wine, Liquor				
Other:				
<b>Entertainment</b>				
Movies, Sporting, Events, Concerts, Theater, etc.				
Video Rentals				
Internet Service				
Cable/Satellite TV				
Restaurants and Take-Out Meals				
Gambling or Lottery Tickets				
Fitness or Social Clubs				
Vacations/Trips				
Hobbies or Crafts				
Other:				
<b>Miscellaneous</b>				
Checking Account Fees, Money Order Fees, etc.				
Pet Care or Supplies				
Postage				
Pictures and Photo Processing				
Other				
Flexible Expenses Sub-Total				

Monthly Debts				
Credit Card ( <i>monthly minimum</i> )				
Credit Card ( <i>monthly minimum</i> )				
Credit Card ( <i>monthly minimum</i> )				
Credit Card ( <i>monthly minimum</i> )				
Student Loans				
Medical Bills				
Personal Loans				
Payday Loan(s)				
Rent to Own Contract				
Income Tax Payment Plan				
Other:				
Monthly Debts Sub-Total				

Discretionary Income				
Total Monthly Expenses				
Subtract Total Net Income				
Equals:				
Discretionary Income or Additional Savings				

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



Mail PO Box 30134, Flagstaff, AZ 86003 Office 2304 N 3rd St, Flagstaff, AZ 86004  
Phone (928) 214-7456 Fax (928) 774-6937  
Relay Service for Hearing Impaired 711

## Credit Report Authorization and Privacy Disclosure Form

I hereby authorize and instruct Housing Solutions of Northern Arizona, Inc. to obtain and review my credit report. I understand and agree that Housing Solutions of Northern Arizona, Inc. intends to use the credit report for the purpose of evaluating my financial readiness to engage in counseling activities.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to Housing Solutions of Northern Arizona, Inc. in connection with such evaluation.

Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I hereby

- authorize
- do not authorize

Housing Solutions of Northern Arizona, Inc. to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying Housing Solutions of Northern Arizona, Inc. in writing.

\_\_\_\_\_  
Client's Name (Print)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client's Name (Print)

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date

Complete remaining documents ONLY if you are applying for the City of Flagstaff's Community Land Trust Program.

# CITY OF FLAGSTAFF Community Land Trust Program Declaration of Income

Print Full Name: \_\_\_\_\_

City of Flagstaff funding sources require you to report all income and assets (including property), currently being received, or that you know you will be receiving within the next 12 months, by all person, related or unrelated, who are living in, or temporarily absent from, your household. Exception: if you are currently living at home with parents and intend to move out of their home into one of your own, their income information does not need to be included.

Do you or other household members have, or anticipate having, any of the following:

- | YES   | NO    |  |
|-------|-------|--|
| _____ | _____ | Employment: _____ Full-time    Part-time (this includes temporary service)                 |
| _____ | _____ | Self-employed, includes odd jobs and babysitting   |
| _____ | _____ | Unemployment benefits  |
| _____ | _____ | Disability compensation (Workmen's Comp, State, etc.)                                      |
| _____ | _____ | T.A.N.F. (Temporary Assistance for Needy Families)   |
| _____ | _____ | Food Stamps  |
| _____ | _____ | D.E.S. Child Support Payments (pass-thru)  |
| _____ | _____ | Child Support, Alimony, Spousal Maintenance  |
| _____ | _____ | Foster Child Support or Adoption Support Payments  |
| _____ | _____ | General Assistance (G.A.)  |
| _____ | _____ | Social Security (SSI or SSDI)  |
| _____ | _____ | Veteran Benefits, Disability or Pension  |
| _____ | _____ | Pensions, Retirement Benefits or Annuities   |
| _____ | _____ | Checking Accounts (bank, credit union or other financial institutions)                     |
| _____ | _____ | Savings Accounts (bank, credit union or other financial institutions)                      |
| _____ | _____ | Other Assets: 401K, IRA, mutual funds, stocks, bonds, certificates of deposit, notes, etc. |
| _____ | _____ | Military Pay and/or Allowances   |
| _____ | _____ | College Grants, Scholarships, Stipends or Work Study                                       |
| _____ | _____ | Government Funded Programs (WIN, CETA, VISTA, etc.)  |
| _____ | _____ | Real Estate or Income from Property and/or Business  |
| _____ | _____ | Monetary gifts from any source (trust fund, annual or sustained gifting, etc.)             |
| _____ | _____ | Have you disposed of (sold) any assets in the last two years?                              |
| _____ | _____ | Do you have any other income or assets not listed above? If yes explain below:             |

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

Identify below any special modifications required for the accommodation of physical challenges.

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

**CITY OF FLAGSTAFF**  
**Community Land Trust Program**  
**Application Rider Summary/Restrictions**

This summary is for informational purposes only; it is not a substitute for independent legal advice. This document is intended to highlight some of the obligations a purchaser will have as set forth in the Community Land Trust Ground Lease. Certain restrictions may apply to individual units.

1. **Income and Assets:** In order to purchase a home through the Community land Trust Program, buyers must not exceed the maximum allowable income for households at 80-125% (depending on the unit purchased) of the Area Median Income (AMI) for the Flagstaff area, as determined by HUD. Applicants must meet income restrictions at time of closing. If income exceeds HUD allowable maximum at time of closing, the applicant will be disqualified and the unit will be offered to the next eligible applicant.
2. **Use Restriction:** A Community Land Trust Program unit must be owner-occupied. Renting, subletting or using the unit as a secondary or commercial dwelling is not allowed except as outlined in the ground lease agreement.
3. **Right of First Refusal:** If the owner of a Community Land Trust Program unit plans to sell the unit, he/she must give written notification to the City of Flagstaff prior to the sale of the unit. The City of Flagstaff has right of first refusal and will actively seek to match an eligible buyer to the unit for sale.
4. **Maximum Resale Price:** A Community Land Trust Program unit must be sold to another eligible buyer at the price determined by the resale formula outlined in the ground lease agreement.
5. **Ground Lease Agreement:** I understand that if I am selected to purchase a Community Land Trust Program unit, I must continue to comply with conditions set forth in the ground lease agreement, which I will sign at the time of purchase. I understand that I will be purchasing the improvements (structure) and leasing the land through a 99-year renewable land lease. I understand that I will be obligated to pay a monthly lease fee of at least \$30 upon the purchase of my home and this this lease fee may be adjusted throughout my ownership period as outlined in the ground lease document.
6. **Additional Requirements:** The above list is meant as a summary only. If you are offered a Community Land Trust Program unit, the ground lease and other restrictions will be given to you for review prior to signing the purchase and sales agreement. You may want to have an attorney review these documents with you. The ground lease is available on the City of Flagstaff website at [www.flagstaff.az.gov/housing](http://www.flagstaff.az.gov/housing) and upon request.

I have read and understand the provisions above.

---

Applicant

Date

---

Co-Applicant

Date