

**For Staff Use Only**

Date:  
 Check:  
 Amount:  
 % of median  
 income:

**OPAL Community Land Trust**

P.O. Box 1133, Eastsound, WA 98245 360-376-3191



**Homeownership Application**

**Applicant Information**

Name of applicant:	Social Security Number: Date of Birth:
Name of co-applicant:	Social Security Number: Date of Birth:
Street Address:	E-mail:
Mailing Address:	
Home Phone:	Work Phone:
Names of all <b>other</b> household members: 1. 2. 3. 4. 5.	Dates of birth: 1. 2. 3. 4. 5.

**Eligibility Information**

**List your total income** from last year and your total projected income for this year. Include total gross income (before taxes) such as wages, tips, social security, interest, alimony, child support, disability, unemployment, etc. **Self-employment income should reflect line 12 of your 1040 - income after business related deductions.**

	Income source/employer:	Last tax year	Current year (Projected)
<b>Applicant:</b>			
<b>Co-applicant:</b>			
<b>Totals:</b>		<b>\$</b>	<b>\$</b>

	Applicant	Co-applicant
What year did you move to the Island?		
Total number of years you have lived here?		

**What is the value of your total personal assets?**

(Assets include cash, savings, land, mobile homes, recreational or vintage vehicles, personal art collections, etc. Do not include household and work-related possessions or tools, or IRA's. )

**How much debt do you pay each month?** Please provide estimates for items such as car loans, student loans, child support, credit cards, and personal debts. For credit cards, the "monthly amount" is the minimum balance due.

	Debt owed to:	Balance due:	Monthly amount due:
<b>Applicant:</b>			
<b>Co-applicant:</b>			
<b>Totals:</b>		\$	\$

## Background Information

Have you owned a home in the past 3 years?	In the past 5 years?
Please describe your current living situation below:	
How many bedrooms:	Bathrooms?
How long have you lived at this residence?	
Do you have a year-round lease? Are you at risk of being displaced? Please explain:	
Would you describe your situation as:	Very good _____ Adequate _____ Poor _____
Do you have standard plumbing? _____ Standard electricity? _____ Insulation? _____	
Are you overcrowded?	
How much do you pay each month in:	Rent: Heat: Utilities:
What percentage of your average monthly income is paid for rent?	

Race & Ethnicity - indicate the number of each in the household.					
Hispanic or Latino			Not Hispanic or Latino		
White	Black/African American	American Indian or Alaskan Native	Native Hawaiian or Pacific Islander	Asian	Multi-racial

## Housing Preference

Please rank in order of preference the number of bedrooms you would like in your home, with #1 meaning most preferred: _____ one _____ two _____ three _____ four _____ five
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Please rank your preferred housing possibility with OPAL, with #1 being first choice, etc.	
_____ OPAL Commons Neighborhood _____ Scattered Site Program _____ Mount Baker Rd. _____ Other (please specify):	_____ Bonnie Brae Neighborhood _____ Oberon Wood _____ Lahari Ridge _____ Madrona Street

Do you have any special needs, limitations, or disabilities? Please describe.

The construction of some OPAL homes has been made possible with funding from the Federal Home Loan Bank and the Washington State Housing Trust Fund. These sources ask that we collect certain information. Please check all that apply to you or anyone in your household. The information collected here is strictly confidential and will be reported anonymously. Information collected here **CANNOT** be used as a basis for denial of housing.

- |                                                             |                                                            |
|-------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Developmentally disabled           | <input type="checkbox"/> Traumatic brain injured           |
| <input type="checkbox"/> Living with HIV/AIDS               | <input type="checkbox"/> Veteran                           |
| <input type="checkbox"/> Survivor of domestic violence      | <input type="checkbox"/> Frail/Elderly                     |
| <input type="checkbox"/> Substance abuser or in recovery    | <input type="checkbox"/> At-risk of homelessness           |
| <input type="checkbox"/> Living with chronic mental illness | <input type="checkbox"/> Mentally ill, chemically addicted |
| <input type="checkbox"/> Physically challenged              |                                                            |

What skills would you be willing to offer as a volunteer?

- |                                                    |                                                          |
|----------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Child care                | <input type="checkbox"/> Carpentry/minor repairs         |
| <input type="checkbox"/> Accounting/bookkeeping    | <input type="checkbox"/> Clerical/data entry             |
| <input type="checkbox"/> Landscaping/shrub removal | <input type="checkbox"/> Party/event planning or hosting |
| <input type="checkbox"/> Gardening                 | <input type="checkbox"/> Cooking/baking for fund raisers |
| <input type="checkbox"/> Other (specify):          |                                                          |

How did you first learn about OPAL?

### Your Community Land Trust Commitment

Living in a community land trust neighborhood is different from renting or owning a home in a typical neighborhood. Continued participation is important for the smooth operation of the neighborhood. You and your neighbors share responsibility for maintaining common lands, and for abiding by the Conditions, Covenants and Restrictions (CC&Rs). Managing these shared responsibilities involves cooperation and a continued commitment to participate in a group decision-making process. Please answer the following questions, using the back of this page or additional paper if desired.

What do you and your family like about the possibility of living in an OPAL home?

What are your concerns or reservations about living in an OPAL home?

What is your present understanding of the community land trust model for owning a home?

**Please sign here to give OPAL permission to get a credit report, and include a check for \$20 to pay for the report. All information in this document, as well as the credit report, is confidential.**

Signed:

Date:

Co-applicant:

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OPAL HOUSING COUNSELING AGREEMENT

Counselor Name: \_\_\_\_\_

OPAL Community Land Trust is a Department of Housing and Urban Development (HUD) approved Housing Counseling Agency that provides housing counseling and homebuyer education. Counseling services include pre purchase counseling and education, budgeting and financial management and default and foreclosure counseling. All services are provided in accordance with the requirements of HUD.

OPAL acts as a neutral third party and does not endorse or recommend any particular product or lender. We are not affiliated with any lender and/or mortgage broker. OPAL is approved by the Washington State Housing Finance Commission to provide Homebuyer Education for House Key and other financing and by the US Department of Agriculture to provide Homebuyer Education and package 502 Direct Loans.

Although OPAL may have resources and/or programs available to assist you in meeting your housing needs you are under no obligation to utilize such services nor are you obligated to use any of the services or programs that we may suggest or refer you to.

I understand that OPAL may need to discuss information on my financial situation, employment or related family problems with other institutions. This information will be treated as totally confidential and no information will be divulged to any party who is not directly involved in my situation.

I authorize OPAL to release credit, financial, employment and other information to other agencies or firms as may be essential in the solution of my housing situation. I also authorize these firms and agencies to release information to OPAL.

The undersigned accepts full responsibility for their own decisions in these matters and acknowledges the role of OPAL as merely a provider of objective information. I further knowingly and intelligently waive any rights or claims against OPAL and hereby fully release and discharge OPAL from any liability.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_