



**OPAL Community Land Trust**  
 P.O. Box 1133, Eastsound, WA 98245 360-376-3191  
**Rental Housing Application**

Date received at OPAL:
Check number:

% of median income: \_\_\_\_\_

**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 other people in household:	Their dates of birth:
Are you interested in a 1 BR or a 2-3 BR Apartment?	Do you have any special needs?

**Eligibility Information**

**List your total estimated 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.

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

**How long have you lived on the island?**

Applicant:

Co-applicant:

**What is the value of your 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.)

**References**

**Please list at least three references. One should be a landlord and two should be employers or supervisors of volunteer work:**

	Name/Affiliation/Time Known	Phone number:
Landlord:	1.	
Employers:	2.	
	3.	
Utility:	4.	
Personal:	5.	

**Your Community Land Trust Commitment**

Living in a community land trust neighborhood is different from renting or owning a home in most other neighborhoods. 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 House Rules. 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 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?

## Background Information

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? ____			
How much do you pay each month in:	Rent:	Heat:	Other utilities:

Are you interested in <b>purchasing</b> an OPAL CLT home someday? If so, please rank your preferred housing possibility with OPAL, with #1 being first choice, etc.	
<input type="checkbox"/> OPAL Commons Neighborhood <input type="checkbox"/> Scattered Site Program <input type="checkbox"/> Lahari Ridge <input type="checkbox"/> Other (please specify):	<input type="checkbox"/> Bonnie Brae Neighborhood <input type="checkbox"/> Oberon Wood Neighborhood <input type="checkbox"/> Madrona Street <input type="checkbox"/> Mount Baker Rd.

The construction of these units 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 may be used to prioritize your application and <b>CANNOT</b> be used as a basis for denial of housing.	
<input type="checkbox"/> Developmentally disabled <input type="checkbox"/> Living with HIV/AIDS <input type="checkbox"/> Survivor of domestic violence <input type="checkbox"/> Substance abuser or in recovery <input type="checkbox"/> Living with chronic mental illness <input type="checkbox"/> Physically challenged	<input type="checkbox"/> Traumatic brain injured <input type="checkbox"/> Veteran <input type="checkbox"/> Frail/Elderly <input type="checkbox"/> At-risk of homelessness <input type="checkbox"/> Mentally ill, chemically addicted

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

How did you first learn about OPAL?
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