



The Community Land Trust
of Palm Beach County, Inc.

Community Land Trust
of Palm Beach County, Inc.
4938 Davis Road
Lake Worth, Florida 33461

HOMEOWNERSHIP INTAKE FORM

Date: _____

Name: _____ Date of Birth _____

Home Address: _____

City: _____ State: _____ Zip: _____

Marital Status: Single Married Divorced Separated Widowed

Home: (_____) _____ Work: (_____) _____

Fax: (_____) _____ Cell: (_____) _____

E-Mail: _____

Are you a first time homebuyer? Yes No

If no, have you owned a home within the past three (3) years? Yes No

Do you live in Palm Beach County? Yes No

Total household size? _____

List all household members

Date of Birth

Relationship to you

List all household members	Date of Birth	Relationship to you



Referral Source to the CLT of PBC (Please check all that applies)

Print advertisement Bank Employer Walk-in Radio Realtor
 Staff/Board member Friend Government Radio Other _____

Name of referral? _____

CO-APPLICANT

Name: _____ Date of Birth: _____

Home

Address: _____

City: _____ State: _____ Zip Code: _____

Home: (_____) _____ Work: (_____) _____

Fax: (_____) _____ Cell: (_____) _____

E-Mail: _____

The following information is requested by the Federal Government for certain types of housing loan applications, in order to monitor compliance with equal credit opportunity, fair housing and home mortgage disclosure laws.

APPLICANT

CO-APPLICANT

Race/National Origin

African American/Black

African American/Black

American Indian/Alaskan native

American Indian/Alaskan native

Asian or Pacific Islander

Asian or Pacific Islander

Hispanic origin

Hispanic origin

White

White

Other

Other

Sex: Female Male

Sex: Female Male



PRIMARY APPLICANT EMPLOYMENT

Primary Employment

Employer: _____

Job Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Supervisor's Phone: (_____) _____

Date started employment: _____

Gross Annual Income (before taxes): \$ _____ Part-Time ___ Full-Time

You are paid: ___ hourly ___ weekly ___ twice a week ___ twice a month ___ other _____

Secondary Employment

Employer: _____

Job Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Supervisor's Phone: (_____) _____

Date started employment: _____

Gross Annual Income (before taxes): \$ _____ Part-Time ___ Full-Time

You are paid: ___ hourly ___ weekly ___ twice a week ___ twice a month ___ other _____

CO-APPLICANT EMPLOYMENT

Primary Employment

Employer: _____

Job Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Supervisor's Phone: (_____) _____

Date started employment: _____

Gross Annual Income (before taxes): \$ _____ Part-Time ___ Full-Time

You are paid: ___ hourly ___ weekly ___ twice a week ___ twice a month ___ other _____



Secondary Employment

Employer: _____

Job Title: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Supervisor's Name: _____ Supervisor's Phone: (____) _____

Date started employment: _____

Gross Annual Income (before taxes): \$ _____ Part-Time ___ Full-Time

You are paid: ___ hourly ___ weekly ___ twice a week ___ twice a month ___ other _____

INCOME

Type of Income	Applicant Monthly Income	Co-Applicant Monthly Income
Salary		
Alimony/Child Support		
Rental Income		
Pension Income		
Self-Employment Income		
Dependent SSI Income		
Disability Income		
Other		

Have you filed for Child Support? ___ Yes. ___ No.

Do you receive Child Support? _____ Yes. _____ No.

Can you document your Child Support/Alimony income? ___ Yes ___ No

If your child or a family member receives SSI, how many more years will the payments continue? _____

If you receive disability income, is it for a permanent disability? ___ Yes ___ No



DEBTS

Please list all recurring monthly debt you have, including credit cards, auto loans, student loans, etc.

PAID TO	CURRENT BALANCE	MONTHLY PAYMENT

* Please use the back page if additional space is needed.

	Applicant	Co-Applicant
Have your payments been made on time within the last 12 months?	Yes No	Yes No
Have you had a Chapter 13 or 11 bankruptcy?	Yes No	Yes No
If yes, what is the beginning date? _____		
When will it be paid out? _____ When was it discharged? _____		

LIQUID ASSETS/INVESTMENTS

Please list the approximate value of the following:

ASSET	APPLICANT	CO-APPLICANT
Checking Account		
Savings Account		
Cash		
CD's		
Securities (stocks, bonds, etc.)		
Retirement Account		
Other		



LIVING EXPENSES

AVERAGE MONTHLY COSTS	APPLICANT	CO-APPLICANT
RENT		
ELECTRICITY		
GAS		
TELEPHONE		
CABLE		
WATER		
CHILD CARE		
OTHER		

ADDITIONAL INFORMATION

	APPLICANT		CO-APPLICANT	
Are you presently working with a Real Estate Agent?	Yes	No	Yes	No



I authorize Community Land Trust of Palm Beach County, Inc. to:

- (a) Contact client via telephone numbers and email addresses provided on this Intake Form.
- (b) Provide and request information to lenders, government agencies, attorneys, counselors, and employers as necessary to facilitate my home purchase transaction.

Certification

I certify that all of the above information is correct and true to the best of my knowledge. I understand that false or misleading information may be grounds for rejection of my application. Furthermore, I understand the completion of this application does not guarantee that I will receive housing.

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____

****A \$50 non-refundable application fee (Money Order or Certified Check only) must be submitted with completed application.**

