



**Mail Complete Application Packet To
(Must Be Postmarked No Later Than SEPTEMBER 2, 2022):**

Trust Montana
P.O. Box 8791
Missoula, MT 59807

Contact Trust Montana’s Stewardship Coordinator, Bill Henry, with any questions:
(406) 201 – 9178

A complete application includes the following:

1.	A complete application form	Make sure you thoroughly complete pages 5-14 of this document.
2.	Pay stubs	Copies of pay stubs for the <u>2 full months prior to application submission.</u>
4.	Prequalification letter from a lender AND proof of any other available funding sources	Submit a prequalification letter from a lender. Submit proof of all other available funding sources. Example: down payment assistance program commitment letters, personal down payment verification, etc.
5.	Proof of completion of a HUD Certified Home Buyer Education Workshop	Submit proof of completion of a HUD-certified homebuyer education workshop. If you have not yet completed a workshop, call Homeward to sign up, and provide proof of registration with this application. Call 406-532-4663 x 10 or find a HUD-certified online course at nwmt.org/homeownership . If you aren’t sure if a course is HUD certified, call Trust Montana.

If selected in the lottery, the chosen applicant will be required to submit additional information within three days. If the first lottery winner does not complete the requirement within three days, a new name will be drawn from the eligible applicants. The additional information that will be required:

- Two most recent years of tax returns, and two most recent months of bank statements
- Proof of completion of, or registration for, a one-on-one HUD-certified housing counseling session



Trust Montana Homeowner Application Form

Primary Applicant

First Name	Last Name	Email

Home Phone	Mobile Phone	Work Phone	Preferred Phone
			<input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work

Mailing Address		Date Moved to Address
City	State	Postal Code

Date of Birth	Primary Language	Marital Status
	<input type="checkbox"/> Do you require translation assistance?	<input type="checkbox"/> Single <input type="checkbox"/> Married/Domestic Partnership <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Gender	Race - Please indicate all that apply to you	Ethnicity - Please select best response
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (multiple races) <input type="checkbox"/> Choose not to respond	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose not to respond

Educational Attainment - Please select best response	Employment Status - Please select best response
<input type="checkbox"/> Less than HS diploma <input type="checkbox"/> High school diploma or equivalent <input type="checkbox"/> Some post-secondary education <input type="checkbox"/> Certification from a vocational or technical training program <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's or other graduate degree	<input type="checkbox"/> Self-employed <input type="checkbox"/> Work full-time for employer <input type="checkbox"/> Work part-time for employer <input type="checkbox"/> Homemaker <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently unable to work <input type="checkbox"/> Unemployed and seeking work <input type="checkbox"/> Retired

Co-Applicant - This is a person who is/will also be responsible for payment of the loan (Skip if not applicable)

First Name	Last Name

Date of Birth	Phone	Email

Gender	Race - Please indicate all that apply to you	Ethnicity - Please select best response
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (multiple races) <input type="checkbox"/> Choose not to respond	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose not to respond

Educational Attainment - Please select best response	Employment Status - Please select best response
<input type="checkbox"/> Less than HS diploma <input type="checkbox"/> High school diploma or equivalent <input type="checkbox"/> Some post-secondary education <input type="checkbox"/> Certification from a vocational or technical training program <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's or other graduate degree	<input type="checkbox"/> Self-employed <input type="checkbox"/> Work full-time for employer <input type="checkbox"/> Work part-time for employer <input type="checkbox"/> Homemaker <input type="checkbox"/> Full-time student <input type="checkbox"/> Permanently unable to work <input type="checkbox"/> Unemployed and seeking work <input type="checkbox"/> Retired

Complete the following if there are additional members of the household that will reside in the home. If not, please continue to the Financial History section.

Additional Household Member #1

First Name	Last Name	Date of Birth
Gender	Race - Please indicate all that apply to you	Ethnicity - Please select best response
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (multiple races) <input type="checkbox"/> Choose not to respond	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose not to respond
Is this person a dependent of the Applicant and/or Co-Applicant?	Does this person live in the house more than 50% of the time?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Household Member #2

First Name	Last Name	Date of Birth
Gender	Race - Please indicate all that apply to you	Ethnicity - Please select best response
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (multiple races) <input type="checkbox"/> Choose not to respond	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose not to respond
Is this person a dependent of the Applicant and/or Co-Applicant?	Does this person live in the house more than 50% of the time?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Additional Household Member #3

First Name	Last Name	Date of Birth
Gender	Race - Please indicate all that apply to you	Ethnicity - Please select best response
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-binary <input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (multiple races) <input type="checkbox"/> Choose not to respond	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Choose not to respond
Is this person a dependent of the Applicant and/or Co-Applicant?	Does this person live in the house more than 50% of the time?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Financial History

How many times have you been late with your bill payments in the last year?
<input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> 2-3 times <input type="checkbox"/> 4 or more times
How much do you typically pay on your monthly credit card bill?
<input type="checkbox"/> No credit cards <input type="checkbox"/> The full balance <input type="checkbox"/> Less than the full balance, more than the minimum required <input type="checkbox"/> The minimum required <input type="checkbox"/> Less than the minimum required
If you have been involved in a foreclosure process, what was the date of your first notice of foreclosure?
<input type="checkbox"/> / / <input type="checkbox"/> Does not apply
If you have declared bankruptcy in the past 7 years, what was the date of your bankruptcy discharge?
<input type="checkbox"/> / / <input type="checkbox"/> Does not apply

Assets

Please list the current value of all household assets.
Please enter numbers without dollar signs.

Checking Accounts:
\$
Savings Accounts:
\$
Retirement Accounts:
\$
Investments:
\$
Real Estate (please note: if you own real estate, you are ineligible):
\$
Other - Please describe:
\$
\$
\$
\$

Debts*

Please list all household debts. Please enter numbers without dollar signs.

Credit Card Balance:	Min. Monthly Payment:
\$	\$
Education Loan Balance:	Min. Monthly Payment:
\$	\$
Auto Loan Balance:	Min. Monthly Payment:
\$	\$
Signature Loan Balance:	Min. Monthly Payment:
\$	\$
Lines of Credit Balance:	Min. Monthly Payment:
\$	\$
Mortgage Balance:	Min. Monthly Payment:
\$	\$
Other:	Min. Monthly Payment

*If you have multiple loans or debts in the same category please add up the balances and minimum monthly payment amounts together (not what you typically pay) and use those numbers above. For example:

<i>Credit Card #1</i>	<i>\$5,000 balance owing</i>	<i>\$20 min. monthly pmt.</i>	
<i>Credit Card #2</i>	<i>\$7,500 balance owing</i>	<i>\$35min. monthly pmt.</i>	
	\$12,500 balance owing	\$55 min. monthly pmt.	<-- use this info

Employment / Income Source Information

Include each income source any household member over the age of 18 receives. Sources of income include earned income from employment as well as benefits, social security and child support.

Income Source #1

Wage Earner	Income Type	Gross Annual Income (total before taxes)
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other household member	<input type="checkbox"/> Full-time employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child support <input type="checkbox"/> Other	
Date of Hire	Occupation Description	

Income Source #2

Wage Earner	Income Type	Gross Annual Income
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other household member	<input type="checkbox"/> Full-time employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child support <input type="checkbox"/> Other	
Date of Hire	Occupation Description	

Income Source #3

Wage Earner	Income Type	Gross Annual Income
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other household member	<input type="checkbox"/> Full-time employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child support <input type="checkbox"/> Other	
Date of Hire	Occupation Description	

Income Source #4

Wage Earner	Income Type	Gross Annual Income
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other household member	<input type="checkbox"/> Full-time employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child support <input type="checkbox"/> Other	
Date of Hire	Occupation Description	

Income Source #5

Wage Earner	Income Type	Gross Annual Income
<input type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant <input type="checkbox"/> Other household member	<input type="checkbox"/> Full-time employment <input type="checkbox"/> Investment income <input type="checkbox"/> Part-time employment <input type="checkbox"/> Pension <input type="checkbox"/> Self-employment <input type="checkbox"/> Social Security <input type="checkbox"/> Spousal support <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Child support <input type="checkbox"/> Other	
Date of Hire	Occupation Description	

Current Living Situation

What best describes your current living situation?	How many bedrooms are in your current home?
<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with parents / relatives / friends <input type="checkbox"/> Lease purchase <input type="checkbox"/> Work housing <input type="checkbox"/> Other	<input type="checkbox"/> Studio <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Current Monthly Rent	Current Avg. Monthly Utilities (gas, water, electricity, garbage)
\$	\$
Please describe any special needs or accommodations required by your household. For example, "one-level only" or "at least one ADA-accessible bathroom required."	

Home Ownership Goals

<p>Will you be a first-time home buyer?</p>	<p>What is your primary reason for wanting to purchase a home? Check all that apply.</p>
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, did you own that home within the past five years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Desire to own a home of my own <input type="checkbox"/> Desire for larger home <input type="checkbox"/> Change in family situation <input type="checkbox"/> Affordability of homes <input type="checkbox"/> Desire for a home in a better area <input type="checkbox"/> Desire to be closer to job/school/transit <input type="checkbox"/> Financial security <input type="checkbox"/> Provides stability for children <input type="checkbox"/> High rental costs in relation to income <input type="checkbox"/> Other</p>
<p>Which of the following are barriers to buying a home?</p>	<p>In how many months do you expect to be financially ready to purchase a home?</p>
<p><input type="checkbox"/> Residency <input type="checkbox"/> Insufficient income <input type="checkbox"/> Poor credit history <input type="checkbox"/> Insufficient savings for down payment <input type="checkbox"/> Debt <input type="checkbox"/> Lack of references <input type="checkbox"/> Pending divorce <input type="checkbox"/> Pets <input type="checkbox"/> Own existing home <input type="checkbox"/> None</p>	<p><input type="checkbox"/> Less than 1 month <input type="checkbox"/> 2-4 months <input type="checkbox"/> 5-7 months <input type="checkbox"/> 7-9 months <input type="checkbox"/> 10 or more months</p>
<p>How much do you currently have saved specifically for buying a home (down payment, closing costs, etc.)?</p>	<p>Would you prefer buying a home in the city or the county (outside city limits)?</p>
<p>\$</p>	<p><input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> No Preference</p>
<p>What is most important to you about the neighborhood in which you purchase a home? Choose your top 3.</p>	<p>How many bedrooms would you like in your new home?</p>
<p><input type="checkbox"/> Schools <input type="checkbox"/> Safety/crime <input type="checkbox"/> Proximity to work/school <input type="checkbox"/> Proximity to amenities <input type="checkbox"/> Proximity to family/friends <input type="checkbox"/> Strong housing market <input type="checkbox"/> Part of the shared equity program</p>	<p><input type="checkbox"/> Studio <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3+</p>

**REMEMBER TO ATTACH REQUIRED DOCUMENTS LISTED AT
THE TOP OF PAGE 2**

Full Disclosure

I, _____ certify and attest that the following statements are true and correct. (Print Applicant Name)

I, _____ certify and attest that the following statements are true and correct. (Print Co-Applicant Name)

I have disclosed any and all income sources for income that I am currently receiving, taxable or non-taxable.

I have disclosed all my asset accounts and I understand that there is a maximum liquid asset restriction as a requirement of this program.

I have disclosed all the household members that will be residing in the home or will potentially be residing in the home at the time of closing, and if said members are over the age of 18, I have disclosed their income to the best of my knowledge.

I certify that I have not falsified any information on this application, and I acknowledge that if any of the information within this application is found to be false that my application may be subsequently denied.

I understand that I must disclose any changes to my financial situation during the approval process, including but not limited to, an increase/decrease in income, or an increase/decrease in assets, and that those changes could affect my application.

The amount I bring to closing will ultimately be determined by my lender.

The source of my minimum contribution and funds to close will come from the following source: _____
(Depository/Bank/Financial Institution Name)

These funds are from my / our: Checking Savings Retirement Gift

Applicant Signature

Co-Applicant Signature

Date

Date

Authorization and Consent to Release of Information

I/We, _____ and _____, hereby give permission to Trust Montana, Inc. to share information from my/our Home Buyer Choice application file with Missoula County and Montana Department of Commerce, specifically including my/our demographic information, proof of income eligibility, proof of HUD requirements, and the amount needed for the home purchase. This information will allow Missoula County to confirm that all requirements for assisting low- and moderate-income home buyers through the Home Buyer Choice Program are met and assist the County in tracking the use of grant funds. This release is only valid for 6 months following the date of its execution.

Dated this ____ day of _____, 202__.

1st HOME BUYER SIGNATURE

2nd HOME BUYER SIGNATURE