



# Community Development Corporation

1488 NE Alberta St. Portland, OR, 97211  
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## Prospective Land Trust Purchase Application

### APPLICANT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Work \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Date of Birth \_\_\_\_\_

### CO-APPLICANT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Work \_\_\_\_\_  
Social Security # \_\_\_\_\_  
Date of Birth \_\_\_\_\_

TOTAL NUMBER OF PERSONS RESIDING IN THE HOME \_\_\_\_\_

Name	Age	Relationship to Applicant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you hear about this program? \_\_\_\_\_

Do you presently or have you ever owned a home? \_\_\_\_\_ If yes, please explain \_\_\_\_\_

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

### Employment

Current Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Salary \_\_\_\_\_  
Full Time \_\_\_ Part Time \_\_\_  
Start Date \_\_\_\_\_

Current Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Salary \_\_\_\_\_  
Full Time \_\_\_ Part \_\_\_  
Start Date \_\_\_\_\_

If less than 3 years:

Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Salary \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Previous Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Salary \_\_\_\_\_  
Full Time \_\_\_\_\_ Part Time \_\_\_\_\_  
Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**Financial Information**

Please list all loans and debts for each household member, including installment debts, school loans, car loans, payday loans, credit and charge cards, etc. (please use additional sheet if needed).

Name on Account	Balance	Owed to	Monthly Payment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant  
Gross Pay \_\_\_\_\_  
TANF \_\_\_\_\_  
SNAP \_\_\_\_\_  
Worker's Comp \_\_\_\_\_  
Unemployment \_\_\_\_\_  
Child Support \_\_\_\_\_  
SSI/SSD \_\_\_\_\_  
Pension \_\_\_\_\_  
Annuity \_\_\_\_\_  
Other \_\_\_\_\_  
Total Income \_\_\_\_\_

Co-Applicant  
Gross Pay \_\_\_\_\_  
TANF \_\_\_\_\_  
SNAP \_\_\_\_\_  
Worker's Comp \_\_\_\_\_  
Unemployment \_\_\_\_\_  
Child Support \_\_\_\_\_  
SSI/SSD \_\_\_\_\_  
Pension \_\_\_\_\_  
Annuity \_\_\_\_\_  
Other \_\_\_\_\_  
Total Income \_\_\_\_\_

List all bank accounts for all household members

Name	Bank	Balance	Account Type
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you or co-applicant own any of the following (check all that apply):

Land \_\_\_\_\_ RV \_\_\_\_\_ Boat \_\_\_\_\_ Auto \_\_\_\_\_ Real Estate \_\_\_\_\_  
Stock \_\_\_\_\_ Bonds \_\_\_\_\_ Retirement Account \_\_\_\_\_ CD's \_\_\_\_\_ Other \_\_\_\_\_

I fully understand that the information provided in this application is necessary to purchase a home in the Sabin Community Land Trust Program. I declare that all information is true to the best of my knowledge.

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

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

GENERAL CONSENT FOR RELEASE OF INFORMATION FOR ADULT APPLICANTS

I, the undersigned, hereby authorize Sabin CDC staff to obtain a consumer credit report and/or an Investigative Consumer Report which may include the checking of the applicant's credit, income, employment, rental history, and criminal court records and may include information as to his/her character, general reputation, personal characteristics, and mode of living. You have the right to dispute the accuracy of the information provided to the Sabin CDC by the screening company or the credit reporting agency as well as complete and accurate disclosure of the nature and scope of the investigation.

I certify that the above information and all information on my/our Land Trust Application is correct and complete and hereby authorize Sabin CDC staff to do a credit check and make any inquiries they feel necessary to evaluate my credit standing and prospects for purchasing a home through Sabin's Land Trust Program. I understand that giving incomplete or false information is grounds for rejection of this application. I understand that if any information supplied on this application is later found to be false, this is grounds for termination of the purchase process.

Name \_\_\_\_\_

DOB \_\_\_\_\_

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

Name \_\_\_\_\_

DOB \_\_\_\_\_

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

The purpose of such disclosure is to determine eligibility in Sabin CDC's Land Trust Program. Signer(s) understand(s) that they may revoke this consent at any time except to the extent that the action has been taken.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date