



Creating quality, affordable, permanent housing opportunities that strengthen communities.

Application

Please complete this application for consideration by the Jacksonville Community Land Trust (JCLT). Please fill out the application as completely and accurately as possible.

Please send completed application to:
1225 W Beaver Street
Jacksonville, FL 32204
904-990-4663

We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.



APPLICANT(S) INFORMATION				
Applicant		Co-Applicant		
Applicant's Name	Birth Date	Co-Applicant's Name	Birth Date	
Email Address	Contact Phone	Email Address	Contact Phone	
OTHER HOUSEHOLD MEMBERS INFORMATION				
Name	Relationship	Email Contact	Date of Birth	Sex

Explain your need for affordable housing:
(can use a separate page as needed)

ADDRESSES

Please list all addresses for the last ten years. Use additional page if needed.

Applicant Present Address (Street Address, City, State, Zip)	Co-Applicant Present Address (Street Address, City, State, Zip)
Own or Rent: _____	Own or Rent: _____
Number of Years: _____	Number of Years: _____

WILLINGNESS TO PARTICIPATE IN THE JCLT PROGRAM

I understand that the JCLT program will require new homeowner training, and a complete understanding of what the program entails. If I have any questions, at any time, I will go to the JCLT and ask for clarification. Participation is an absolute requirement for this program. If I fail to complete the educational piece of this program I will no longer be eligible to participate in the JCLT program.

I understand the above and am willing to meet the JCLT requirements.	I understand the above and am willing to meet the JCLT requirements.
Applicant Name (Printed): _____	Co-Applicant Name (Printed): _____
Applicant Signature: _____	Co-Applicant Signature: _____
Date: _____	Date: _____

5. EMPLOYMENT INFORMATION

Applicant		Co-Applicant	
Name and Address of current employer	Years on This Job	Name and Address of current employer	Years on This Job
	Monthly (gross) Wages \$		Monthly (gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone
If working at the above job for less than a year, please complete your previous employment			
Name and Address of last employer	Years on This Job	Name and Address of last employer	Years on This Job
	Monthly (gross) Wages \$		Monthly (gross) Wages \$
Type of Business	Business Phone	Type of Business	Business Phone

Authorization and Release

I understand that by filling out this application, I am authorizing the Jacksonville Community Land Trust to evaluate my actual needs for a home through their program. I also understand that this is a pre-screening for my ability to receive bank financing which shall ask for their own determination documentation. I have answered all the questions on this application truthfully, my application may be denied, and that even if I have already been selected to receive a home there are factors that could in the end preclude me from the program. The original application shall be kept on file at the JCLT offices either in a paper file and/or an electronic file even if this application is not approved. I understand that the JCLT will be in communication with my financial institution regarding my qualifications for this program. I authorize my financial institution to share that information with the JCLT as necessary to verify my qualification status.

I understand that officers of the JCLT may be viewing this application.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Applicant Name (printed) _____

Co-Applicant Name (printed) _____

PLEASE NOTE: If more space is needed to complete any part of this application, please use a separate sheet of paper and attach it to this application. Please mark your additional comments with "A" for Applicant or "C" for Co-applicant.

Information for Monitoring Purposes

Please read this statement before completing the box below: The following information is requested by the JCLT for data related to the purchase of homes, in order to monitor the compliance with equal credit opportunity and fair housing laws. You are not required to furnish this information, but are encouraged to do so. The law provides that neither the JCLT nor the bank lender may discriminate on the basis of this information, nor on whether you choose to furnish it or not. However, if you choose not to furnish it, under federal regulations the JCLT will note race and sex on the basis of visual observation or surname. If you do not wish to furnish the information below, please check the box below.

Applicant	Co-Applicant	
<input type="checkbox"/> I do not wish to furnish this information		
Race/National Origin:		
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian and Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____		
<input type="checkbox"/> I do not wish to furnish this information		
Race/National Origin:		
<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native AND Caucasian <input type="checkbox"/> Asian and Caucasian <input type="checkbox"/> Black/African American AND Caucasian <input type="checkbox"/> American Indian or Alaskan Native AND Black/African American <input type="checkbox"/> Other (specify) _____		
Ethnicity:		
Hispanic	Non-Hispanic	Hispanic
Sex:		
Female	Male	Female
Birthdate: _____ / _____ / _____		
Birthdate: _____ / _____ / _____		
Marital Status:		
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (e.g. single, divorced, widowed)		
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<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (e.g. single, divorced, widowed)		

