



CHAFFEE HOUSING TRUST
A Commitment to Community

Chaffee Housing Trust Homebuyer Application

Submit to: PO Box 692, Buena Vista, CO 81211 or read@chaffeehousing.org

Please fill out this application as completely as possible.

If you have any questions, please contact Claudia Palzkill
(719) 239-1579 or email claudia@chaffeehousing.org

Name(s) _____

Address _____ City _____ State _____ Zip _____

Phone: home _____ work _____ cell _____

Email _____

1. How long have you lived, and/or worked in Chaffee County? _____ / _____

2. Do you own or have you owned a home in the last three years? Yes ☐ No ☐

If yes, please explain _____

3. Family (or Household) Composition and Income (include **anyone** living in your home)

Please list **all household members** including children (members do not have to be related):

Name	Age	Gross Annual Income
		\$
		\$
		\$
		\$
		\$
		\$

4. Do you have childcare expenses? Yes ☐ No ☐ If yes, how much? \$ _____/month

5. Do you have medical or disability expenses beyond health insurance and regular co-pays?
Yes ☐ No ☐ If yes, how much? \$ _____/month

6. Do you have any debt? Yes ☐ No ☐ If yes, please fill out the following for each one:

Debt #1: balance owed = \$ _____ Current minimum monthly payment = \$ _____

Debt #2: balance owed = \$ _____ Current minimum monthly payment = \$ _____

Debt #3: balance owed = \$ _____ Current minimum monthly payment = \$ _____

Debt #4: balance owed = \$ _____ Current minimum monthly payment = \$ _____

Debt #5: balance owed = \$ _____ Current minimum monthly payment = \$ _____

If you are applying with a co-applicant, we will need information on both of you (see backside).

Do you have a repayment plan in place? Yes ☐ No ☐

7. Do you have Student Loans? Yes ☐ No ☐ If yes, please fill out the following for each one:

Total Student Loan balance owed = \$ _____ Min. monthly payment = \$ _____

Is your loan in deferral? Yes ☐ No ☐ Was it forgiven? Yes ☐ No ☐

Are you current on payments? Yes ☐ No ☐

Are you participating in an Income-based Repayment program? Yes ☐ No ☐

8. Do you receive SNAP benefits? Yes ☐ No ☐ If yes, how much? \$ _____/month

(please continue to the back side >>>)

- Please provide any additional information or comments that are pertinent to your application, including co-applicant information that does not fit on the first page:

[illegible]

Applicant 2 signature _____ Date _____

