

MASONTHURSTON COMMUNITY LAND TRUST
PRELIMINARY HOME OWNERSHIP APPLICATION

Applicant Name _____ Date _____

Co-Applicant Name _____

Address _____ Apt# _____

City/State _____ Zip Code _____

Phone (Home) _____ (Work) _____

(Cell) _____ Best time/way to reach you _____

E-mail _____

How did you hear about MTCLT? _____

Estimated Total Household **Gross Annual Income** (Before Taxes) \$ _____

Household Size _____

Have you attended a MTCLT orientation? Y or N Date? _____

Have you attended a home buying workshop Y or N Date? _____

Have you been pre-qualified with a Lender? _____

Housing Interest, Check all that apply.

NEW OR CO HOUSING OR EXISTING HOME IN OF REPAIR _____

Other, please specify _____

Are you a member of MTCLT ? Y or N

Comments: _____

Please Mail or Fax this Preliminary Application to MTCLT.

Phone: 1-360-552-6664 or

Address: EAST 100 FOREST

BELFAIR WA, 98528

For office use only
<input type="checkbox"/> Follow up call _____
<input type="checkbox"/> FAA _____