



Certifications & Confirmation of Completion

It is our policy to verify all information contained in this application. In acknowledgement of this policy, please initial your name(s) for each item below where indicated. Then sign and date the document where indicated.

I/We certify the following:

1. All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief. _____ **(initial)**
2. I/We are aware that any misrepresentation will result in the forfeiture of my/our right to participate in the Elevation Community Land Trust Homeownership Program and may result in legal action against me/us. _____ **(initial)**
3. I/We certify that all household income, assets and debts for applicant, co-applicant and all household members over age 18 have been included in my/our application and that any misrepresentation thereof may disqualify me/us from participation in this program, now or at a later date. _____ **(initial)**

Consent to Release Information:

1. I/We authorize representatives from Elevation Community Land Trust Homeownership Program to supply and receive information to/from my/our financial institution(s), other housing/down payment assistance programs, my/our Realtor and/or my/our Mortgage Lender to verify the information contained in this application. This information includes, but is not limited to bank statements, employment status, income, outstanding debts and other financial information. I also authorize representatives from Elevation Community Land Trust Homeownership Program to allow inspection and reproduction of any financial records or information in their possession. I/We understand that

information in this application may be shared with funders for the purpose of funding compliance.

_____ (initial)

2. I release all representatives from Elevation Community Land Trust Homeownership Program from any and all liability arising from release of such information. This authorization is limited solely to information requested for the processing of my application for Elevation Community Land Trust Homeownership Program. _____ (initial)

3. If I/we purchase a home under the Homeownership Program, I/we will occupy the home and agree to use the home as my/our primary and principal residence. _____ (initial)

4. I understand that completion of this application does not guarantee that my/our eligibility for program and/or that I/we will successfully purchase a home through the Elevation Community Land Trust Homeownership Program. _____ (initial)

ECLT Anti-Harassment and Anti-Discrimination Agreement:

Elevation Community Land Trust (ECLT) strongly believes in the rights of its employees, independent contractors, and rehabilitation contractors to conduct work on behalf of ECLT and/or related to ECLT's Housing Rehabilitation Programs ("the Programs") in an environment that is free of harassment of any kind. This includes harassment based on religion, sex, gender, pregnancy, ethnicity, race, color, age, national origin, veteran status, marital status, familial status, mental or physical disability, sexual orientation, gender expression or identity, or any other characteristic protected by law (together, "Protected Categories"). ECLT will not tolerate discrimination or harassment in any form.

- 1. I/We understand that harassment of any ECLT employee, independent contractor, or rehabilitation contractor is unacceptable, and will be grounds for automatic disqualification from the Programs.** Harassment includes, but is not limited to, unwelcome verbal, visual or physical conduct that is based on another person's Protected Category. It may include, but is not limited to, actions such as the use of epithets, slurs, negative stereotyping, jokes, or threatening,

intimidating or hostile acts that relate to Protected Categories. _____ (initial)

2. **I/We understand that sexual harassment of any ECLT employee, independent contractor, or rehabilitation contractor is unacceptable, and will be grounds for automatic disqualification from the Programs.** Sexual harassment can involve unwelcome sexual advances, requests for sexual favors, and other verbal, visual or physical conduct of a sexual nature. It can involve conduct by a person of either gender toward a person of the same or opposite gender.

_____ (initial)

3. **I/We accept the terms of the Anti-Harassment & Anti-Discrimination policies of ECLT listed above** _____ (initial)

ECLT is committed to ensuring that no individual is excluded from participation in, denied the benefits of its programs, activities or services, or subject to discrimination on the basis of religion, sex or gender, pregnancy, ethnicity, race, color, age, national origin, veteran status, marital status, familial status, mental or physical disability, sexual orientation, gender expression or identity, or any other characteristic protected by law, including Title VI of the Civil Rights Act of 1964. Participants in the Program should contact one of the following ECLT staff members with questions or concerns.

Equal Opportunity: In accordance with the provisions of the Equal Opportunity Act and Elevation Community Land Trust Homeownership Program's policies, there will be no discrimination against an applicant for these benefits on the basis of age, source of income, sex, race, marital status, sexual orientation, national origin, religion or disability. If you or a member of your household is an individual with a disability, you have the right to request reasonable accommodation for that disability. Elevation Community Land Trust Homeownership Program is committed to assuring that each individual has an equal opportunity to the use and enjoyment of the benefits of this program. For more information, please contact Elevation Community Land Trust directly.

Confidentiality: In order to process an application, Elevation Community Land Trust Homeownership Program may supply and receive information as detailed in the "Consent to Release" clause above. Information may also be released to comply with the auditing requirements of program funders. With these two exceptions, all personal and identifying information on an application remains fully confidential.

Applicant signature _____ Date _____

Co-Applicant signature _____ Date _____

(If you do not have a co-applicant please write in N/A or not applicable on the co-applicant line)

If you believe you have experienced discriminatory behavior, please contact Tiana Patterson at tpatterson@elevationclt.org

