

Bakersfield Community Land Trust (BCLT) Application

Applicant Information

- Full Name: _____
- Phone Number: _____
- Email Address: _____
- Current Address: _____
- Household Size (Number of People): _____

Partner/Co-Applicant: _____
Phone Number: _____
Email Address: _____

Eligibility Questions

1. **Are you a first-time homebuyer?** (You have not owned a home in the last 3 years)
 - ☐ Yes
 - ☐ No
2. **Do you currently reside in the City of Bakersfield, and do you have a Utility Bill with applicant's name and address, or current lease agreement for rental housing?**
3. **What is your total annual household income?**
 - ☐ \$ _____ (Please refer to the AMI chart for income limits)
 - ☐ Does your income fall within 60% - 80% of the Area Median Income (AMI) for your household size?
 - ☐ Yes
 - ☐ No
4. **Have you obtained a mortgage pre-approval letter from a private lender for at least \$110,000?**
 - ☐ Yes (Please attach your pre-approval letter)
 - ☐ No (If no, contact a lender before submitting this questionnaire)
5. **Can you contribute at least 1% of the home purchase price (minimum \$1,000) from your personal funds as a down payment?**
 - ☐ Yes
 - ☐ No
6. **Are you willing to complete a HUD-approved homeownership education course?**
 - ☐ Yes
 - ☐ No

Next Steps

If you answered “Yes” to all the eligibility questions and have attached your mortgage pre-approval letter, you may qualify for Bakersfield Community Land Trust Program!

Are you interested in a specific property?

☐ Yes, address: _____

☐ No, please add me to the interest list to be notified of future BCLT opportunities

Please submit this completed questionnaire along with your mortgage pre-approval letter to:

Email: info@bakersfieldclt.org. You may also return this questionnaire and mail it to: **Self-Help Enterprises, 8445 W. Elowin Court, Visalia CA, 93291, Attn. Bakersfield Community Land Trust.**

For questions about eligibility, financing, or available homes, contact us at the email above.



Acknowledgment & Signature

By signing below, I certify that the information provided is accurate to the best of my knowledge. I understand that submitting this form does not guarantee approval or homeownership.

Applicant Signature: _____

Date: _____

Household Size/Income Limits

Household Size	1- pers on	2- person	3- person	4- person	5- person	6- person	7- person
Extremely Low- Income (15-30% AMI)	\$18, 450	\$21,100	\$25,820	\$31,200	\$36,580	\$41,960	\$47,340
Very-Low Income (30-50% AMI)	\$30, 800	\$35,200	\$39,600	\$43,950	\$47,500	\$51,000	\$54,500
Low Income (50-80% AMI)	\$49, 250	\$56,250	\$63,300	\$70,300	\$75,950	\$81,550	\$87,200
Moderate Income (80-120% AMI)	\$73, 850	\$84,400	\$94,950	\$105,50 0	\$113,95 0	\$122,40 0	\$130,80 0

**Source: 2024 HCD State Income Limits (Effective May 9, 2024)*

<https://www.hcd.ca.gov/sites/default/files/docs/grants-and-funding/income-limits-2024.pdf>