



Aspen/Pitkin County Housing Authority, 530 E. Main, Lower Level, Aspen, CO 81611  
(970)920-5050 [www.aspenhousingoffice.com](http://www.aspenhousingoffice.com)

## EMPLOYEE HOUSING BID SUBMISSION PACKET

This application constitutes a bid/offer for the purchase of an employee housing unit. Winner(s) must sign a formal contract and pay \$2000 earnest money within three business days after the lottery or the bid/offer will be revoked and the Housing Office will proceed to the next individual. The Housing Office will strive to meet this time frame. Incomplete bid packets will be rejected.

**\$40 packet update is required annually. W2's/1099's and/or Profit & Loss Statements are required prior to bidding after January 31<sup>st</sup> each year and tax returns are required after April 15<sup>th</sup>. *TAX EXTENSIONS WILL NOT BE ACCEPTED.***

### THE FOLLOWING MUST BE SUBMITTED FOR ANYONE 18 YEARS OR OLDER:

- Each application requires a non-refundable processing fee of \$40 payable to the City of Aspen-Cash or Check Only.
- A valid CO driver's license or a CO ID card; or a US military card or a military dependent's ID card; or US Coast Guard merchant marine card; or a Native American tribal document; or a Permanent Resident card.
- A bid form must be completed for each bid (\$5.00 each). No charge for one bid if submitted with packet.
- COPIES** of most recent paycheck stub(s) or an up to date profit and loss statement if self employed.
- COPIES** of complete 2007 and 2008 Income Tax returns (Federal, State and all schedules must be attached). You may contact the IRS at 1-800-829-1040 to obtain a free copy. **Self-employed applicants may be required to produce additional documentation.**
- COPIES** W2's, 1099's and/or Employment History Report from the Social Security Office for all years worked in Pitkin County (minimum of 4 years to be in top priority). The local Social Security office (970-945-8609) is located at 201 14<sup>th</sup> Street, Room #101, Glenwood Springs, CO. Hours are 9a-4p, Monday through Friday.
- COPIES** of bank statements, mortgage statements, tax bills, appraisals, stock documents, retirement funds, etc. to prove actual value of assets. (60% of total amount in retirement fund will count towards assets).

### PERSONAL INFORMATION:

**Applicant A:** \_\_\_\_\_

**Applicant B:** \_\_\_\_\_

Start Date of Employment in Pitkin County \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

### HOUSEHOLD INFORMATION: List names of all other household members:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

To be Approved by Housing Staff:

APPROVED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

START DATE OF EMPLOYMENT IN PITKIN COUNTY: \_\_\_\_\_



**RESIDENCE HISTORY:** Complete only if residing at current address for less than two years.

**“APPLICANT A”**

**“APPLICANT B”**

Address: \_\_\_\_\_

Dates of Residence: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Residence: \_\_\_\_\_

**DO YOU OR ANYONE IN YOUR HOUSEHOLD OWN ANY PROPERTY?** Real estate, rental property, etc. (This includes your personal residence, mobile homes, vacation homes, timeshares or commercial property). If additional space is needed, use the back of this form.

Yes  No Household member: \_\_\_\_\_

Property Address: \_\_\_\_\_ Property type: \_\_\_\_\_

Market Value: \_\_\_\_\_ Amount Owed: \_\_\_\_\_

**EMPLOYMENT HISTORY:** Please list ALL employment information for the past two years.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

**INCOME:** Include all sources of income.

Employer: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

Employer: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_

Child Support/Alimony: \_\_\_\_\_

Social Security: \_\_\_\_\_

Dividends/Interest: \_\_\_\_\_

Rental Income: \_\_\_\_\_

Other Income: \_\_\_\_\_



**ASSETS AND LIABILITIES:** *If combined, list only once.*

**REMEMBER – BACK-UP DOCUMENTATION WILL BE NEEDED FOR ALL ASSETS & LIABILITIES!!**

ASSETS:	Name of Entity	Balance	Name of Entity	Balance
Bank or Credit Union:	_____	\$ _____	_____	\$ _____
Bank of Credit Union:	_____	\$ _____	_____	\$ _____
Stocks & Bonds:	_____	\$ _____	_____	\$ _____
Real Estate:	_____	\$ _____	_____	\$ _____
Retirement Funds:	_____	\$ _____	_____	\$ _____
Automobiles:	_____	\$ _____	_____	\$ _____
Business:	_____	\$ _____	_____	\$ _____
Other:	_____	\$ _____	_____	\$ _____
	<b>TOTAL ASSETS:</b>	\$ _____	<b>TOTAL ASSETS:</b>	\$ _____

LIABILITIES:	Name of Entity	Balance	Name of Entity	Balance
Mortgage Loan:	_____	\$ _____	_____	\$ _____
2 <sup>nd</sup> Mortgage Loan:	_____	\$ _____	_____	\$ _____
Automobile(s) Loan:	_____	\$ _____	_____	\$ _____
Student Loans:	_____	\$ _____	_____	\$ _____
Credit Card(s):	_____	\$ _____	_____	\$ _____
Other:	_____	\$ _____	_____	\$ _____
	<b>TOTAL LIABILITIES:</b>	\$ _____	<b>TOTAL LIABILITIES:</b>	\$ _____
<b>TOTAL NET WORTH (assets minus liabilities)</b>				\$ _____

I/We understand that to qualify for APCHA Deed Restricted/Employee Housing, I/We must now own any developed residential real estate or mobile home in the Ownership Exclusion Zone. If free market property is owned, I/We must list it for sale prior to or simultaneously with the closing on the employee housing unit. I/We must well the free-market property within 180 days of the closing on the employee housing unit; otherwise, I/We must list the employee housing unit for sale immediately according the deed restriction covering the unit.

**I/We understand that if I/We rent or own deed-restricted property and if I/We are found to be out of good standing with that property, I/We will be disqualified from bidding/purchasing the unit within the housing lottery.**

I/We understand that if the documentation that I/We have provided is found to be false or non-verifiable, I/We will be disqualified from this lottery and/or other lotteries. I/We authorize APCHA to make necessary inquiries to evaluate my/our employment, assets and income. **I/We give APCHA permission to access my/our credit reports. I/We authorize APCHA to obtain a copy of the completed loan application from the lender.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# SUBMISSION BID FORM

Complete this form for each unit you would like to place a bid on. All packet information must be up to date before a bid can be placed. There is a \$5.00 fee for each bid.

PROPERTY ADDRESS: \_\_\_\_\_

BID PRICE \$ \_\_\_\_\_

### "APPLICANT A"

### "APPLICANT B"

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_

List the following information for all household members:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Age: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Age: \_\_\_\_\_

### Please check all applicable.

Do you?  Own  Rent

Is this property?  Deed Restricted  Free Market

Where is this property located? \_\_\_\_\_

I/We understand that to qualify for APCHA Deed Restricted/Employee Housing, I/We must not own any developed residential real estate or a mobile home in the Ownership Exclusion Zone. If free market property is owned, I/We must list it for sale prior to or simultaneously with closing on the employee housing unit. I/We sell the free market property within 180 days of the closing on the employee housing unit; otherwise, I/We must list the employee housing unit for sale according to the deed restriction covering the unit.

**I/WE UNDERSTAND THAT IF I/WE RENT OR OWN OTHER DEED-RESTRICTED PROPERTY AND IF I/WE ARE FOUND TO BE OUT OF GOOD STANDING WITH THAT PROPERTY, I/WE WILL BE DISQUALIFIED FROM BIDDING/PURCHASING A UNIT WITHIN THE HOUSING LOTTERY.**

I/We give APCHA permission to access my/our credit report. I/We authroize APCHA to obtain a copy of the completed loan application from the lender. I/We understand that there is a possibility of an in-complex bid for the unit specified above.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_



**LAWFUL PRESENCE AFFIDAVIT**

I, \_\_\_\_\_, swear or affirm under penalty or perjury

under the laws of the State of Colorado that (check one):

\_\_\_\_\_ I am a United States citizen, or

\_\_\_\_\_ I am a Permanent Resident of the United States, or

\_\_\_\_\_ I am lawfully present in the United States pursuant to Federal law.

If you are not a US Citizen, you must submit one of the following documents in addition to a Colorado ID:

- \_\_\_\_\_ Unexpired foreign passport with I-94 Arrival/Departure Record
- \_\_\_\_\_ I-327 Reentry Permit
- \_\_\_\_\_ I-551 Resident Alien/permanent Resident Card
- \_\_\_\_\_ I-571 Refugee Travel Document
- \_\_\_\_\_ I-688 (photo temporary resident card)
- \_\_\_\_\_ I-688B (employment authorization document)
- \_\_\_\_\_ I-766 (photo employment authorization card)

Alien or I-94#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I understand that law required this sworn statement because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior ot receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

I certify the information given above is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Housing Staff:

SAVE VERIFICATION #: \_\_\_\_\_ DATE: \_\_\_\_\_



**LAWFUL PRESENCE AFFIDAVIT**

I, \_\_\_\_\_, swear or affirm under penalty or perjury

under the laws of the State of Colorado that (check one):

\_\_\_\_\_ I am a United States citizen, or

\_\_\_\_\_ I am a Permanent Resident of the United States, or

\_\_\_\_\_ I am lawfully present in the United States pursuant to Federal law.

If you are not a US Citizen, you must submit one of the following documents in addition to a Colorado ID:

- \_\_\_\_\_ Unexpired foreign passport with I-94 Arrival/Departure Record
- \_\_\_\_\_ I-327 Reentry Permit
- \_\_\_\_\_ I-551 Resident Alien/permanent Resident Card
- \_\_\_\_\_ I-571 Refugee Travel Document
- \_\_\_\_\_ I-688 (photo temporary resident card)
- \_\_\_\_\_ I-688B (employment authorization document)
- \_\_\_\_\_ I-766 (photo employment authorization card)

Alien or I-94#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I understand that law required this sworn statement because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior ot receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

I certify the information given above is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by Housing Staff:

SAVE VERIFICATION #: \_\_\_\_\_ DATE: \_\_\_\_\_

