



Aspen/Pitkin County Housing Authority, 530 E. Main, Lower Level, Aspen, CO 81611
PH: (970) 920-5050 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 in 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 on the list. The Housing Office will strive to meet this time frame. Incomplete bid packets will be rejected.

\$50 packet update fee is required annually. W2's/1099's and/or Profit & Loss Statements are required prior to bidding after January 31st of each year and tax returns are required after April 15th. TAX EXTENSIONS WILL NOT BE ACCEPTED. YOU WILL BE CHARGED FOR COPIES MADE FROM ORIGINALS IN THE HOUSING OFFICE SO PLEASE BRING YOUR OWN COPIES.

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

- Each application requires a non-refundable processing fee of \$50 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. **Self-employed applicants may also be required to produce additional documentation including a copy of their current City of Aspen business license.*
- COPIES** of your completed & filed last 2 years' income tax return Form 1040 (Federal, State and all schedules must be attached). If you do not have a copy of your tax return, you can contact the IRS at 1-800-829-1040 for a free copy of your tax transcript. You must speak to a live person in order to have them fax the transcript.
- COPIES** of 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). If you do not have copies of all of your W2's, you can request a social security earnings information report (*form OMB No. 0960-0525*) from the Social Security Administration which may take several weeks to receive. (*Please refer to the Social Security Admin. Website at www.ssa.gov or contact the local Glenwood Springs Social Security office at 866-220-7898 with questions re: this report or form.*)
- 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: (If you need more room, please use an additional piece of paper).

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, deed restricted residence, mobile homes, vacation homes, vacant lots, timeshares or commercial property*).

Yes No Household member: _____

Property Address: _____

Property type: _____

Market Value: _____

Amount Owed: _____

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

Current Employer: _____

Address: _____

Dates of Employment: _____

Previous 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. YOU MUST LIST ALL OF YOUR ASSETS. BACK-UP DOCUMENTATION WILL BE NEEDED FOR ALL ASSETS & LIABILITIES THAT YOU HAVE LISTED – IF YOU WRITE IT DOWN, IT MUST HAVE BACKUP ATTACHED!!*

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:	_____	\$ _____	_____	\$ _____
	TOTAL ASSETS:	\$ _____	TOTAL ASSETS:	\$ _____

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

I/We understand that to qualify for APCHA Deed Restricted/Employee Housing, I/We must not 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 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 immediately according to 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 another 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: _____

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 to 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: _____

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_____ 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: _____

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Signature: _____

Date: _____

To be completed by Housing Staff:

SAVE VERIFICATION #: _____ DATE: _____

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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: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email : _____

List the following information for all household members not listed above. Please state if you are expecting.

Name: _____

Relationship: _____

Age: _____

Name: _____

Relationship: _____

Age: _____

Name: _____

Relationship: _____

Age: _____

Name: _____

Relationship: _____

Age: _____

What is your CURRENT living situation:

Do you? Own Rent

Is your current residence? Deed Restricted Free Market

What city is your current physical address? _____

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 located within the Ownership Exclusion Zone (as defined in the most current version of the APCHA Housing Guidelines which can be found at www.aspenhousingoffice.com). 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 authorize 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: _____

Date: _____