



EMPLOYEE HOUSING RENTAL APPROVAL PACKET

For approval on APCA-managed units, W2's, 1099's and/or Employment History Report from the Social Security Office may be required.

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**. The processing fee to re-qualify every two years is \$25.
- A **valid** Colorado driver's license or a Colorado 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.
- Lawful Presence Affidavit (complete for each applicant and is included in this packet).
- COPIES** of most recent paycheck stub(s) or an up-to-date profit and loss statement if self employed.
- COPIES** of complete 2011 federal income tax return Form 1040 (including all schedules), with W2's & 1099's attached. If you do not have a copy of your tax return, contact the IRS at 1-800-829-1040 for a free copy of your tax transcript. You must speak to a live person at the IRS in order to have them fax the transcript. *Self-employed applicants may be required to produce additional documentation including a copy of their current City of Aspen business license.*
TAX EXTENSIONS ARE NOT ACCEPTED.
- Employment Verification** (complete for each employer for each applicant).

PROJECT NAME: _____ **UNIT NO.** _____ **NO. OF BEDROOMS:** _____

PERSONAL INFORMATION:

Applicant A: _____	Applicant B: _____
Current Address: _____	Current Address: _____
Mailing Address: _____	Mailing Address: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Email: _____	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: _____

EMERGENCY CONTACT:

Name: _____	Relationship: _____	Contact #: _____
Name: _____	Relationship: _____	Contact #: _____

To be Completed by Housing Staff:

APPROVED BY: _____ DATE: _____



VEHICLE INFORMATION:

Year: _____ Make/Model: _____ License Plate #: _____
Year: _____ Make/Model: _____ License Plate #: _____

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.*

Applicant A

Applicant B

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.*

Applicant A

Applicant B

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 APCA Deed Restricted/Employee Housing, I/We must not own any developed residential real estate or mobile home in the Ownership Exclusion Zone.

I understand that I/We must re-qualify every two years.

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 renting/bidding/purchasing the unit within the housing program.

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. I/We authorize APCA to make necessary inquiries to evaluate my/our employment, assets and income.

Signature: _____

Date: _____

Signature: _____

Date: _____



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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: _____



EMPLOYMENT & INCOME VERIFICATION

UNIT ADDRESS APPLYING FOR: _____

TO BE COMPLETED BY APPLICANT: (Complete the Information for each job)

Applicant/Tenant Release Statement:

I hereby authorize the release of the following information in order to determine my eligibility for the Aspen/Pitkin County Employee Housing Program. Please complete this form in full and return it to APCHA at your earliest convenience.

Employee Name: _____ Signature: _____

TO BE COMPLETED BY EMPLOYER:

The above-named employee has applied for an employee rental or sales unit. Every statement of employment, income and residence of a prospective tenant or owner must be verified under the Aspen/Pitkin County Affordable Housing Guidelines. Please indicate below the employee's current annual income (including wages, overtime, bonuses, commissions and/or other compensation received on a regular basis), and check that documentation has been provided on that Employment Eligibility Verification Form (I-9). **DO NOT LEAVE ANY BLANKS!**

Annual Gross Income _____

Overtime (anticipated) _____

Bonuses/Commissions/Other _____

TOTAL _____

Start Date _____

Position _____

Employment Schedule _____ Hours Per Week _____ Months per Year

Yes No I have examined the document(s) necessary for the Form I-9 to establish eligibility to work in the United States. The Form I-9 is on file with the above employee's records at his/her place of business.

Employer Signature: _____ Date: _____

Name and Title: _____

Company Name: _____

Address: _____

Telephone Number: _____

Please deliver to: Aspen/Pitkin County Housing Office 530 E. Main Street, Lower Level Aspen, CO 81611 (970) 920-5050



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