



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

SEASONAL HOUSING RENTAL APPROVAL PACKET

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

- Each application requires a non-refundable processing fee of \$25 payable to the *City of Aspen* - **Cash or Check Only**.
- A **current picture ID** - 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; *or* a Passport & Visa with I-94 form.
- Lawful Presence Affidavit** - completed for each applicant (included in this packet).
- Employment Verification** - completed for each employer for each applicant (additional copies can be found on the Web site or at our office).

Unit # _____ (Circle One) Marolt Ranch Burlingame Holiday House Heatherbed Other _____

PERSONAL INFORMATION:

1. Name: _____ Home Address: _____
Home Phone: _____ Email: _____
2. Name: _____ Home Address: _____
Home Phone: _____ Email: _____
3. Name: _____ Home Address: _____
Home Phone: _____ Email: _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone #: _____
 Name: _____ Relationship: _____ Phone #: _____
 Name: _____ Relationship: _____ Phone #: _____

DO YOU OR ANYONE IN YOUR HOUSEHOLD OWN ANY PROPERTY WITHIN THE OWNERSHIP EXCLUSION ZONE (defined in Guidelines):

Yes No Property Address: _____

VEHICLE INFORMATION:

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

I/We understand that if the documentation that I/We have provided is found to be inaccurate or non-verifiable, I/We will be disqualified. I/We authorize APCHA to make any necessary inquiries to evaluate my(our) full-time employment for the current season.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

To be Completed by Housing Staff:

APPROVED BY: _____ DATE: _____



LAWFUL PRESENCE AFFIDAVIT

I, (print name) _____, 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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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 APCA 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: _____

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