



Aspen Country Inn
 38996 Highway 82 #200
 Aspen, CO 81611

Phone: 970.429-2772
 Fax: 970.920-5722

Documentation Check List

These items are **MANDATORY** for anyone over 18 years of age – **NO EXCEPTIONS!**

Bring the **COMPLETED** application back to the Housing Office by _____. **If you do not, or if the application is not complete, Housing cannot establish a basis for eligibility and will automatically go to the next person on the list.** If you have any questions completing this application, please call the Housing Office at 920-5050. **Additional documentation may be required.**

- Valid Colorado picture I.D.** (Driver's License or I.D. card)
- Social Security Card**
- Lawful Presence Affidavit**
- COPIES** of 2011 Complete Federal Income Tax Return (1-800-829-1040 to obtain a copy from the IRS).
- COPIES** of 2011 W-2's/1099's.
- COPIES** of Most current paystub from all employers.
- Employment Verification form** (attached) for each employer. **DO NOT TAKE THIS FORM TO YOUR EMPLOYER!** If you have more than one job, please ask for another form. Please note that you fill out the TOP portion ONLY. Return the form to APCA to be processed further.
- Self-Employed Households:** Provide the following:
 - Copy of City of Aspen Business License
 - Profit & Loss Statement for the next 12-month period
 - Current Profit & Loss Statement
 - Certification of Income for self employed borrowers.
- Own Other Real Estate:** If yes, please provide the following:
 - Actual Value of Real Estate provided by Assessor's Office for each property owned
 - Copy of Mortgage Statement for each property owned
 - If this property is for rental, please provide the rental lease.
- Divorced:** If yes, please provide the following:
 - Official document showing child support and custody agreement
 - Official divorce decree.
- Retired:** If you are collecting Social Security benefits please provide the following:
 - Copy of latest Social Security Award letter.
- Unemployed:** if you are expecting to receive unemployment benefits during the next 12 month:
 - Letter from Colorado Department of Labor and Unemployment.
- Bank Verification form** (attached) for each bank, investment organization, credit union, etc., where you have an account. **DO NOT TAKE THIS FORM TO YOUR BANK!** Please note that you fill out the TOP portion ONLY. Return the form to APCA to be processed further.
- Exhibit E, Asset Statement Form** (attached) filled out completely. If any item does not apply, please put N/A next to it. Leave NO blanks on this form.
- Exhibit M, Accuracy of the Statements made in this Application.** Fill out completely.
- \$40.00** cash or check non-refundable application fee. Make checks payable to Aspen Country Inn.

Maximum Income Restrictions Apply – NO EXCEPTIONS:

1 Person	\$38,900	3 People	\$50,000
2 People	\$44,450	4 People	\$55,550



**Certification Questionnaire
(For Applicants and Recertifying Residents)**

Head of Household Name: _____ Apartment # _____
Phone # _____

The information on this form is needed in order to certify/re-certify your household. Please complete this **entire** form and leave **no blanks**. If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

Part I. Household Composition

HH Mbr	Full Name	Relationship to Head of Household (HoH)	Date of Birth	Student? (Answer Yes for grades K-12)	If Student: Full Time (FT) or Part Time (PT) Student?
1		HoH		Yes <input type="checkbox"/> No <input type="checkbox"/>	FT <input type="checkbox"/> PT <input type="checkbox"/>
2				Yes <input type="checkbox"/> No <input type="checkbox"/>	FT <input type="checkbox"/> PT <input type="checkbox"/>
3				Yes <input type="checkbox"/> No <input type="checkbox"/>	FT <input type="checkbox"/> PT <input type="checkbox"/>
4				Yes <input type="checkbox"/> No <input type="checkbox"/>	FT <input type="checkbox"/> PT <input type="checkbox"/>
5				Yes <input type="checkbox"/> No <input type="checkbox"/>	FT <input type="checkbox"/> PT <input type="checkbox"/>
6				Yes <input type="checkbox"/> No <input type="checkbox"/>	FT <input type="checkbox"/> PT <input type="checkbox"/>

Do you expect any additions to the household within the next 12 months? (check one) Yes No
If yes, please explain:

Part II. Tenant Income

Yes	No	Does your household have income from the sources listed below?	Monthly gross Income	HH Mbr #
<input type="checkbox"/>	<input type="checkbox"/>	Self employment. (List nature of self employment) _____	(use net income from business) \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Employment with a third party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. If yes, list the employment information in Part III below.		
<input type="checkbox"/>	<input type="checkbox"/>	Cash contributions or gifts (including rent or utility payments) received on an ongoing basis from persons not living with you (exclude food stamps, groceries and/or day care costs when the day care center is paid directly by the gift-giver)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Unemployment benefits	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Veteran's Administration, GI Bill or National Guard/Military benefits/income	\$ _____	

**Certification Questionnaire
(For Applicants and Recertifying Residents)**

Yes	No	Does your household have income, assistance, or benefits from the sources listed below?	Monthly Income or Assistance Amt	HH MBR #
<input type="checkbox"/>	<input type="checkbox"/>	Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships (exclude student loan awards which must be repaid)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Retirement benefits from Social Security	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Unearned income from family members age 17 or under (example: Social Security, Trust Fund disbursements, etc.)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Disability or death benefits other than Social Security	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Public Housing Assistance/Rental Assistance/Section 8 Voucher Housing Authority providing the assistance: _____	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I/we receive Public Assistance Income (example: TANF)	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Child support payments. If yes, for how many children do you receive support? _____	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	I am entitled to receive child support payments and am currently making efforts to collect child support owed to us. Describe efforts being made to collect child support: _____	Anticipated Amt: \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Alimony/spousal support payments	\$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources: 1) _____ 2) _____	\$ _____ \$ _____	
<input type="checkbox"/>	<input type="checkbox"/>	Income from real or personal property	(use net earned income) \$ _____	

Part III. Current Employment Information
(please attach a separate form for additional employment, if needed)

Resident's name		Occupation/Title		Work Phone	
Name, Address of Employer, and Contact Person			City	State	Zip Code
Date Hired	Salary/Rate of Pay: \$ _____	<input type="checkbox"/> Twice a month	<input type="checkbox"/> Weekly	# of hours worked per week	Work Fax
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Biweekly		
		<input type="checkbox"/> Hourly	<input type="checkbox"/> Annually		

**Certification Questionnaire
(For Applicants and Recertifying Residents)**

Part III. Current Employment Information (cont.)

Resident's name		Occupation/Title		Work Phone	
Name, Address of Employer, and Contact Person			City	State	Zip Code
Date Hired	Salary/Rate of Pay: \$ _____	<input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# of hours worked per week	Work Fax

Resident's name		Occupation/Title		Work Phone	
Name, Address of Employer, and Contact Person			City	State	Zip Code
Date Hired	Salary/Rate of Pay: \$ _____	<input type="checkbox"/> Twice a month <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	<input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	# of hours worked per week	Work Fax

**Part IV. Previous Employment Information
(Not required for retired persons)**

Resident's name		Occupation		Work Phone	
Name, Address of Employer, and Contact Person			City	State	Zip Code
Date Hired	Ending Salary/ Rate of pay \$ _____ per _____	Termination Date		Work Fax	

Resident's name		Occupation		Work Phone	
Name, Address of Employer, and Contact Person			City	State	Zip Code
Date Hired	Ending Salary/ Rate of pay \$ _____ per _____	Termination Date		Work Fax	

Part V. Student Status Certification

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Does anyone in your household anticipate becoming a full time student in the next 12 months who is not currently a full time student now?
<input type="checkbox"/>	<input type="checkbox"/>	Does the household consist entirely of persons who are all full time students five or more months in a calendar year (Examples: College/University, trade school, etc.)?
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member been a full time student during the past 12 months? If yes, give the dates (mo/yyyy):
<input type="checkbox"/>	<input type="checkbox"/>	Has any household member attended school in this calendar year _____? If yes, give the month/dates (mo/yyyy):

**Certification Questionnaire
(For Applicants and Recertifying Residents)**

<p>If you answered yes to the previous question, are you:</p> <p><input type="checkbox"/> Married and filing a joint tax return</p> <p><input type="checkbox"/> Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program</p> <p><input type="checkbox"/> Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)</p>	<p><input type="checkbox"/> Single parent with child(ren), and the parent is not a dependent of another individual, and the child(ren) are not dependents of another individual other <i>than their parents</i></p> <p><input type="checkbox"/> A person previously under the care and placement of the state agency (foster care)</p>
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Part VI. Asset Information Certification Questionnaire

Yes	No	Do you have assets as listed below?	HH Mbr #	Acct #(s)	Interest Rate	Cash Value
<input type="checkbox"/>	<input type="checkbox"/>	Checking account(s). If yes, list bank(s) and the account number(s) 1) _____ 2) _____	_____ _____	_____ _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Savings account(s). If yes, list bank(s) and the account number(s) 1) _____ 2) _____	_____ _____	_____ _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Revocable trust(s). If yes, list bank or Trustee Name: _____	_____ _____	_____ _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we own real estate (or hold a mortgage or Deed of Trust). If yes, provide description: _____	_____ _____	_____ _____		\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Personal property that is being held as an investment. If yes, describe: _____	_____ _____	_____ _____	_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Stocks, bonds, or Treasury Bills. If yes, list sources/bank names and the account number(s) 1) _____ 2) _____	_____ _____	_____ _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	Certificates of Deposit (CD) or Money Market Account(s). If yes, list sources/bank names and the account number(s) 1) _____ 2) _____	_____ _____	_____ _____	_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	IRA/Lump Sum Pension/Keogh Account/401(k). If yes, list bank(s) and the account number(s) 1) _____ 2) _____	_____ _____	_____ _____	_____% _____%	\$ _____ \$ _____

**Certification Questionnaire
(For Applicants and Recertifying Residents)**

Yes	No	Do you have assets as listed below?	HH Mbr #	Acct #(s)	Interest Rate	Cash Value
<input type="checkbox"/>	<input type="checkbox"/>	I/we have a life insurance policy (exclude term policies). If yes, what is/are the policy/account number(s) _____	_____ _____		_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have cash on hand or cash in a safe deposit box.	_____ _____		_____%	\$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have disposed of assets (i.e. gave away money/assets) for less than the fair market value in the past 2 years. If yes, list items and date disposed: _____ _____	_____ _____		_____% _____%	\$ _____ \$ _____
<input type="checkbox"/>	<input type="checkbox"/>	I/we have income from assets or sources other than those listed above. If yes, list type below: _____	_____ _____		_____%	\$ _____

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

Print name of Applicant/Resident Signature of Applicant/Resident Date

Print name of Applicant/Resident Signature of Applicant/Resident Date

Print name of Other Adult HH Mbr Signature of Other Adult HH Member Date

Print name of Other Adult HH Mbr Signature of Other Adult HH Member Date

Reviewed by (Signature of Owner/Representative) Date

DEMOGRAPHICS INFORMATION FORM (To be completed by residents)

The information on this form will be provided to the Colorado Housing and Finance Authority as part of an annual demographics survey. Completion of this form is voluntary and is not a condition of occupancy.

Date: _____

Unit Number: _____

I do not wish to provide this information.

How many occupants over the age of 62 will be living in the household? _____

Number of Children under the Age of 18 living in the household: _____

Is this a single parent family? (check one) Yes No

If this is a single parent family, is the head of household male or female? Male Female

Indicate the primary source of household income from the following list (check one):

- | | | | |
|--|--|---------------------------------------|--|
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Child Support | <input type="checkbox"/> Military Pay | <input type="checkbox"/> None |
| <input type="checkbox"/> Other | <input type="checkbox"/> Pension | <input type="checkbox"/> Refused | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> SSDI/Disability | <input type="checkbox"/> TANF | <input type="checkbox"/> Wages | <input type="checkbox"/> Unemployment |

How many people in the household contribute to the household income? _____

Indicate the occupation of the head of household? (check one)

- | | | | |
|---------------------------------------|---|--|-------------------------------------|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Clerical/Admin | <input type="checkbox"/> Full Time Student | <input type="checkbox"/> Managerial |
| <input type="checkbox"/> Military | <input type="checkbox"/> Paraprofessional/Technical | <input type="checkbox"/> Production/Construction/Maintenance | |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Refused | <input type="checkbox"/> Retired | <input type="checkbox"/> Service |
| <input type="checkbox"/> Technical | <input type="checkbox"/> Transportation | <input type="checkbox"/> Unemployed | |

Does anyone in this household have a disability which requires either modification of the living quarters, or any kind of supportive service assistance? _____

Indicate the primary racial identity of the household: (check one)

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Refused |
| | | <input type="checkbox"/> Asian |

LAWFUL PRESENCE AFFIDAVIT

I, _____, swear or affirm under penalty of 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 requires 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 office staff:

SAVE VERIFICATION #: _____ DATE: _____

**Aspen/Pitkin County Housing Authority
Verification of Employment**

X

Employer: _____
Address: _____
Fax #: _____
RE: _____
Applicant/Resident Name

The above Applicant/Resident is applying to/participating in a housing program that requires verification of income. The individual has signed a release below giving you permission to supply us with information. The information provided will remain confidential. Please return the completed form to the address/fax below.

I certify that this verification has been sent directly to the employer and was not hand-carried by the applicant/tenant or any other interested party.

Qualifications

Signature of Owner/Agent _____ Title _____ Date _____
39551 Highway 82, Aspen, CO 81611 970-920-5722
Owner/Agent's Address Owner/Agent's Fax Number

Consent to Release Information: My signature below authorizes verification of my employment information.

X

Applicant/Resident Signature _____ Date _____

Employer: Please fill out the information below as completely as possible.

Date of Hire: _____ Position: _____
Base Pay: \$ _____ per (check one) Year Month Week Hour Other: _____
If hourly, hours worked per week: _____ Year-to-Date Earnings: \$ _____ thru / /
Overtime Hrs per week: _____ Overtime pay rate: \$ _____
Average No. of Shift Differential Hours per week: _____ Shift Differential Rate per Hour: \$ _____
Does this employee receive? (check all that apply) Bonuses Tips Commission None
Average bonus/tips/commission: \$ _____ per (check one) Year Month Week Hour
Are bonus/commissions Guaranteed? Yes No, Explain: _____
Date of Next Pay Increase (if known): _____ Amount of Next Pay Increase (if known): \$ _____
If employment is seasonal/periodic, please specify layoff periods: _____
Employer Comments: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Signature of Employer Representative _____ Title _____ Date _____

Telephone # _____

Please fax back to: (970) 920-5722 or e-mail to: sandra.largaespada@ci.aspen.co.us

**Aspen/Pitkin County Housing Authority
ASSET VERIFICATION**

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/TENANT

Financial Institution: _____

Address: _____

The individual/household named below has applied for residency or is currently residing in housing that requires verification of all assets and any income earned from the assets. The information will remain confidential. This Verification is being requested in connection with the undersigned's eligibility for residency in the following community:

Project Name: Truscott/Aspen Country Inn

I certify that this verification has been sent directly to the financial institution and was not hand-carried by the applicant/tenant or any other interested party.

Qualifications

Signature of Owner/Agent _____ Title _____ Date _____

By my signature, I hereby authorize disclosure of the asset information requested below in order to determine my eligibility to rent as required by Section 42 of the Internal Revenue Code or other Affordable Housing Program.

Applicant/Tenant Signature

Printed Name of Applicant/Tenant

Date

SSN Last 4 Digits

Return Form to:

Sandra Largaespada
Fax # 970-920-5722

THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION

Please provide the information requested below:

<u>Asset Type</u>	<u>Open Date</u>	<u>Account No.</u>	<u>Account Balance *</u>	<u>% Rate</u>	<u>Annual Int. From Asset</u>
_____	___/___/___	_____	\$ _____	_____	_____
_____	___/___/___	_____	\$ _____	_____	_____
_____	___/___/___	_____	\$ _____	_____	_____
_____	___/___/___	_____	\$ _____	_____	_____

*Please provide the average 6-month balances for checking accounts and current balances for savings accounts listed.

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Title: _____

NOTE: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Please fax back to: (970) 920-5722 or e-mail to: sandra.largaespada@ci.aspen.co.us