



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. **There may be additional documentation that required by the Qualification Specialist!**

- Valid Colorado picture I.D.** (Driver’s License or I.D. card)
- Social Security Card**
- Lawful Presence Affidavit**
- COPIES** of 2008 Complete Federal Income Tax Return (1-800-829-1040 to obtain a copy from the IRS).
- COPIES** of 2008 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 APCHA to be processed further.
- Self-Employed Households:** Provide the following:
 - COPIES of THREE years complete income tax returns (Federal & State)
 - Copy of City of Aspen Business License
 - Profit & Loss Statement for the next 12-month period
- 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 APCHA 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.
- \$25.00** cash or check non-refundable application fee. Make checks payable to Aspen Country Inn.

Maximum Income Restrictions Apply – NO EXCEPTIONS:

1 Person	\$34,150	3 People	\$43,900
2 People	\$39,050	4 People	\$48,800





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**Tax Credit Application
 Applicant Questionnaire**

Household Information

Name of Applicant: _____

Social Security # _____ Birth Date: _____

Current Address: _____

Daytime Phone: () _____ Evening Phone: () _____

List all household members that are applying to live in this apartment with you.

Name (First, Middle Initial, Last)	Relationship to Head of Household	Male or Female	SS#	Birthdates Month, Date, Year

1. Do you expect any additions to the household with the next twelve months? Yes No
 Name: _____ Relationship: _____
 Explanation: _____
2. Is there anyone living with you now who won't be living with you at this Property? Yes No
 Name: _____ Relationship: _____
 Explanation: _____
3. Do you have full custody of your child (ren)? Yes No
 Explanation: _____
4. Are there any absent household members who under normal conditions would live With you? (For example, a household member away in the military.)? Yes No
 Name: _____ Relationship: _____
 Explanation: _____
5. Does your household have or anticipate having any pets other than those used as Service animals? Yes No
 Explanation: _____
6. Have you or anyone else named on this application filed for bankruptcy? Yes No
 Explanation: _____
7. Have you or anyone else named on this application been convicted of property damage? Yes No
 Explanation: _____
8. Have you or anyone else named on this application been evicted from a rental unit of any type including apartment, home, mobile home or trailer? Yes No
 Explanation: _____

Housing References

List the past **THREE** years of housing references. (If additional space required, use the back of this page.)

Address: _____ Own Rent From: _____ To: _____

Landlord's Name: _____ Phone: _____

Address: _____ Own Rent From: _____ To: _____

Landlord's Name: _____ Phone: _____

Address: _____ Own Rent From: _____ To: _____

Landlord's Name: _____ Phone: _____

Personal References

List a personal reference other than a relative.

Name: _____ Address: _____

Phone: () _____ Relationship: _____ Years Know: _____

Income Information

Income is counted for anyone 18 or older (unless legally emancipated). However, if the income is unearned income such as a grant or benefit, it is counted for all household members including minors. Include all income anticipated for the next 12 months.

Do **YOU** or **ANYONE** in your household receive **OR** expect to receive income from:

9. Employment wages or salaries? (Include overtime, tips, bonuses, commissions and Payments received in cash) Yes No

Household Member _____ Company Name _____ Amount _____

Household Member _____ Company Name _____ Amount _____

10. Self-Employment? (Include overtime, tips, bonuses, commissions and payments Received in cash) Yes No

Household Member _____ Type of Business _____ Amount _____

Household Member _____ Type of Business _____ Amount _____

11. Regular pay as a member of the Armed Forces/Military? Yes No

Household Member _____ Base Name & Branch _____ Amount _____

Household Member _____ Base Name & Branch _____ Amount _____

12. Unemployment benefits or workman's compensation? Yes No

Household Member _____ Company Name _____ Amount _____

Household Member _____ Company Name _____ Amount _____

13. Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families TANF? Yes No

Household Member _____ Case Worker _____ Amount _____

Household Member _____ Case Worker _____ Amount _____

Income Information (continued)

14. Child Support or Alimony? Yes No

Household Member _____ Payor _____ Amount _____

Household Member _____ Payor _____ Amount _____

(a) How is the support received? (Check all that apply)

Child Support Enforcement Agency. Name of Agency: _____

Court of Law. Name of Court: _____

Directly from Individual. Name of Individual: _____

Other. Explain: _____

(b) If support/alimony is court-ordered, but not actually received are you taking legal action to remedy?

Explanation: _____

15. Social Security, SSI or any other payments from the Social Security Administration? Yes No

Household Member _____ SSA Office _____ Amount _____

Household Member _____ SSA Office _____ Amount _____

16. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities? Yes No

Household Member _____ Source of Benefit _____ Amount _____

Household Member _____ Source of Benefit _____ Amount _____

17. Regular payments from a severance package? Yes No

Household Member _____ Source of Benefit _____ Amount _____

Household Member _____ Source of Benefit _____ Amount _____

18. Regular payments from any type of settlement? (For example, insurance settlement) Yes No

Household Member _____ Source of Benefit _____ Amount _____

Household Member _____ Source of Benefit _____ Amount _____

19. Regular gifts or payments from anyone outside of the household?
(This includes anyone supplementing your income or paying any of your bills) Yes No

Household Member _____ Source of Benefit _____ Amount _____

Household Member _____ Source of Benefit _____ Amount _____

20. Regular payments from lottery winnings or inheritances? Yes No

Household Member _____ Source of Benefit _____ Amount _____

Household Member _____ Source of Benefit _____ Amount _____

21. Educational Grants, Scholarships, or other student benefits? Yes No

Household Member _____ Source _____ Amount _____

Household Member _____ Source _____ Amount _____

Income Information (continued)

22. Regular payments from rental property or other types of real estate transactions? Yes No

Household Member _____ Source _____ Amount _____

Household Member _____ Source _____ Amount _____

23. Any other income sources or types not listed. Yes No

Household Member _____ Source _____ Amount _____

Household Member _____ Source _____ Amount _____

24. Do you or any other household members expect any changes to your income in the next 12 months? Yes No

Explanation _____

Asset Information

Include all assets held and the income derived from the asset for ALL HOUSEHOLD MEMBERS INCLUDING MINORS. Do YOU or ANYONE in your household hold:

25. Checking or savings account? Yes No

Household Member _____ Financial Institution _____ Amount _____

Household Member _____ Financial Institution _____ Amount _____

26. Cash on hand over \$500? Yes No

Household Member _____ Amount _____

Household Member _____ Amount _____

27. DO YOU OWN ANY PROPERTY? Real estate, rental property, land contracts/contract for deeds or other real estate holdings. (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property.) Yes No

Household Member: _____ Property Address: _____

Type of Property _____ Value _____ Amount Owed _____

Household Member: _____ Property Address: _____

Type of Property _____ Value _____ Amount Owed _____

28. Personal property held as an investment. (This includes paintings, coin or stamp collections, artwork, collector or show cars, and antiques. This does not include your personal belongings such as your car, furniture or clothing.) Yes No

Household Member _____ Financial Institution _____ Amount _____

Household Member _____ Financial Institution _____ Amount _____

29. CD's, money market account or treasury bills? Yes No

Household Member _____ Financial Institution _____ Amount _____

Household Member _____ Financial Institution _____ Amount _____

30. Stocks, bonds, or securities? Yes No

Household Member _____ Financial Institution _____ Amount _____

Household Member _____ Financial Institution _____ Amount _____

Asset Information (continued)

31. Trust Funds? Yes No
Household Member _____ Financial Institution _____ Amount _____
Household Member _____ Financial Institution _____ Amount _____
32. Pensions, IRAs, Keogh or other retirement accounts Yes No
Household Member _____ Financial Institution _____ Amount _____
Household Member _____ Financial Institution _____ Amount _____
33. Have you or any other household members disposed of or given away any asset(s) for LESS than fair market value within the past 2 years? Yes No
Household Member _____ Amount _____ Explanation _____

Applicant Status

The following questions pertain to specific eligibility requirements of the Housing Credit Program.

34. Are you or any other ADULT household members claiming zero income? Yes No
Household member _____ Explanation _____
35. Are you or any other household members (INCLUDING MINORS) currently a full-time student or expect to be one in the next 12 months? Yes No
Household member _____ Explanation _____
36. Will you or any ADULT household member require a live-in care attendant to live independently? Yes No
Name of Attendant _____ Relationship _____
37. Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? Yes No
Expected Date _____ Name of Agency _____
Contact Person _____ Phone _____

Vehicle Information

List Vehicle information for all vehicles that are owned or operated by any household member.

<u>Tag/License Plate Number</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1: _____	_____	_____
Vehicle #2: _____	_____	_____

Emergency Contact

List someone in the area that is not already on the application.

Name: _____
Address: _____
Phone: () _____ Relationship: _____

Signature Clause

I authorize my consent to have management verify the information contained in this application for purposes of providing my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge.

I consent to release the necessary information including a credit report to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. By signing below I (We) acknowledge as a potential resident(s) of the Federal Tax Credit Housing program that I (We) must provide all required information regarding income and assets on an annual basis, prior to lease renewal.

ALL ADULT household members must sign below:

Signature

Date

Signature

Date

Signature

Date

**FOR
OFFICE
USE ONLY**

Date of Interview: _____ Unit #: _____

Move-in Date: _____



Exhibit E

Resident Statement of Assets

Complete one form per household; include assets of children.

Household Name: _____ Unit # _____

Development Name: Aspen Country Inn City: Aspen, CO

Complete all that apply. Any that **DO NOT** apply enter N/A.

1. My/Our Assets Include:

Source	Cash Value	Int. Rate	Annual Income	Source	Cash Value	Int. Rate	Annual Income
Saving Account	\$		\$	Checking Account	\$		\$
Cash on Hand	\$		\$	Safety Deposit Box	\$		\$
Certificates of Deposit	\$		\$	Money Market Funds	\$		\$
Stocks	\$		\$	Bonds	\$		\$
IRA Accounts	\$		\$	401K Accounts	\$		\$
Keogh Accounts	\$		\$	Trust Funds	\$		\$
Equity in Real Estate	\$		\$	Mortgage/Deed of Trust	\$		\$
Lump Sum Receipts	\$		\$	Capital Investments	\$		\$
Life Insurance Policies	\$		\$				
Other Retirement /Pension Funds	\$		\$				
Personal Property held as an investment	\$		\$				
Treasury Bills	\$		\$				
Other (list):	\$		\$				

Please Note: Certain funds (e.g. Retirement, Pension, Trust) may or may **not** be accessible to you. Include only those amounts, which are.

- * Cash value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- * Personal Property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include necessary personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by the disabled.

2. Within the past two (2) years I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). Those amounts* are included above and are equal to a total of: \$_____ (*The difference between FMV and the received, for each asset on which this occurred).
3. I/we have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.
4. I/we do not have any assets at this time.

The net family assets (as defined in CFR 813.102) above, (check one): DO DO NOT exceed \$5,000 and the annual income from the net family assets is \$_____. This amount is included in the total gross income.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Applicant/Tenant Date

Applicant/Tenant Date

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)
- Other _____

Alien # _____

Date of Birth _____

I-94 # _____

Expiration Date: _____

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: _____

Bank Verification

TO BE COMPLETED BY APPLICANT: *(Complete the Information for each type of account held.)*

Institution's Name: _____ **Account Holder:** _____
Phone Number: () _____ **Home Phone #:** () _____
Fax Number: () _____ **Fax #:** () _____
Address: _____ **Address :** _____

Applicant/Tenant Release Statement:

Applicant/Tenant Name: _____ **Date:** _____
 I hereby authorize the release of the following information in order to determine my eligibility for the Housing Credit Program. Please complete this form in full and return it to the MANAGEMENT COMPANY at your earliest convenience.

Signature: _____ **Social Security #:** _____
I (or my minor children) have the following accounts:

Account Type	Account Number	Account Number	Account Number
<input type="checkbox"/> Checking Account			
<input type="checkbox"/> Savings Account			
<input type="checkbox"/> CDs / Money Markets / Mutuals Funds			
<input type="checkbox"/> IRA, Keogh or Pensions			
<input type="checkbox"/> Trust Funds			

TO BE COMPLETED BY FINANCIAL INSTITUTION: *(Complete the Information for each type of account held.)*

The account holder named above has applied for an apartment governed by the federal government's Housing Credit Program. We must verify all income and asset sources of this person and their household to determine eligibility. Please complete the following information and return as soon as possible in the envelope provided.

Your assistance in completing this form accurately and timely is greatly appreciated!

Account Type	Account Information			
	Account Number	Account Balance	6mo. Average Bal,	Interest Rate/Div
<input type="checkbox"/> Checking Account				
<input type="checkbox"/> Savings Account				
<input type="checkbox"/> CDs / Money Markets / Mutuals Funds				
<input type="checkbox"/> IRA, Keogh or Pensions				
<input type="checkbox"/> Trust Funds				
<input type="checkbox"/> Other				

DOES THIS PERSON OR HIS/HER DEPENDENTS HOLD ANY OTHER ACCOUNTS? Yes No

I certify that this verification has been sent directly to the bank and has not passed through the hands of the applicant or any other party.

Signature of Source: _____ **Date Completed:** _____
Title: _____ **Phone Number:** _____

<p><i>Your assistance in completing this form accurately and timely is greatly appreciated!</i></p>	<p>Please Fax Back to: APCHA – Sandra Largaespada 970-920-5722</p>
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Employment Verification

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

Employer's Name: _____ Employee Name: _____
Phone Number: () _____ Home Phone #: () _____
Fax Number: () _____ Cell Phone #: () _____
Employer's Address: _____ Address: _____

Applicant/Tenant Release Statement:

Applicant/Tenant Name: _____ Date: _____

I hereby authorize the release of the following information in order to determine my eligibility for the Housing Credit Program. Please complete this form in full and return it to the MANAGEMENT COMPANY at your earliest convenience.

Signature: _____ Social Security #: _____

TO BE COMPLETED BY EMPLOYER:

The employee named above has applied for an apartment governed by the federal government's Housing Credit Program. We must verify all income and asset sources of this person and their household to determine eligibility. Please complete the following information and return as soon as possible in the envelope provided.

If the item does not apply, please indicate by placing "N/A" on the appropriate line.

Position or Title: _____ Date of Hire: _____
Compensation Information YES NO

1. Hourly Wages \$ _____
2. # of Hours/Week _____ Has employment been continuous? YES NO
3. # of Weeks/Year (Including paid vacations) _____ If NO, please explain _____
4. Year To Date Earnings \$ _____ Through (date) / / _____

Overtime Information
5. Hourly Overtime Wages \$ _____ Is overtime seasonal? YES NO
6. # of Overtime Hours/Week _____ # of Weeks of OT/Year _____

Raise Information
7. Next Raise (Please state hourly increase) \$ _____ Comments: _____
8. Date of Next Raise _____

Additional Compensation Information
9. Tips/Week \$ _____ Comments: _____
10. Bonuses, Commissions or Other Types \$ _____

Signature Of Source: _____ Title: _____
Print Name Of Source: _____
Date Completed Form: _____ Phone #: () _____

Your assistance in completing this form accurately
and timely is greatly appreciated!

Please Fax Back To:
APCHA – Sandra Largaespada
Fax: 970-920-5722

EXHIBIT M
LEASE ADDENDUM
Accuracy of the Statements
(NOT REQUIRED FOR SECTION 8 OR SECTION 515 LEASES)

Between Aspen Country Inn (Landlord) Whose address is: 38996 Highway 82 #200
Aspen, CO 81611 and (Your name) _____
Address _____ Phone No. _____

The Colorado Housing and Finance Authority, (the Monitoring Agency) requires the following, which shall be deemed incorporated in the Lease. In the event of a conflict between the terms of the Lease or the terms of this Addendum, the terms of this Addendum shall control.

By signing below:

1. The Tenant certifies the accuracy of the statements made in his/her application and certification form.
2. The Tenant agrees that the family income, family composition and other eligibility requirements at the time the lease is executed shall be deemed substantial and material obligations of his or her tenancy, and that he or she will comply promptly with all requests for information with respect thereto during the term of the Lease, from the Owner, the Owner's agents, or the Monitoring Agency. The Tenant's failure to provide accurate information either prior to entering into the Lease or at any time during the term of the Lease or the Tenant's refusal to comply with a request for information during the term of the Lease shall be deemed a violation of a material and substantial obligation of his or her tenancy and constitute cause for immediate termination of the Lease.
3. The Tenant agrees that his or her lease may be terminated on thirty (30) days notice if any noncompliance by such Tenant would adversely affect the federal tax-exempt status of interest on bonds issued to provide funds to make the loan (if applicable).

The foregoing is hereby agreed to by:

Tenant Signature:	_____	Date:	_____
Tenant Signature:	_____	Date:	_____
Tenant Signature:	_____	Date:	_____
Tenant Signature:	_____	Date:	_____