



Aspen/Pitkin County Housing Authority, 210 East Hyman Ave., Suite #202, Aspen, CO 81611
PH: (970) 920-5050 www.apcha.org

ASPEN VILLAGE SUBDIVISION PURCHASE PACKET

31 Aspen Village, Aspen, CO 81611, PH 970-923-4337, Fax 970-923-4916

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, a US military card, US Coast Guard Merchant Mariner card, a Native American tribal document or a Permanent Resident card.
- 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 prior year's 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 and/or 1099's from last year.
- AFFIDAVIT** of Qualification, Agreement and Intent to Use for Aspen Village Subdivision.

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: _____

RESIDENCE HISTORY: Complete only if residing at current address for less than two years.

Address: _____

Dates of Residence: _____

Address: _____

Dates of Residence: _____

To be Approved by Housing Staff: APPROVED BY: _____ DATE: _____

START DATE OF EMPLOYMENT IN PITKIN COUNTY: _____

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: _____

EMPLOYMENT HISTORY: Please list ALL employment information for the past year.

Current Employer: _____
Address: _____
Dates of Employment: _____

Previous Employer: _____
Address: _____
Dates of Employment: _____

VEHICLE INFORMATION

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

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

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

PET INFORMATION

Name: _____ Description: _____ License Tag #: _____

Name: _____ Description: _____ License Tag #: _____

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 Roaring Fork Valley. 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 in our inventory.

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 purchasing this property or any other. I/We authorize APCHA to make necessary inquiries to evaluate my/our employment, assets and income. **I/We give APCHA and the Aspen Village Homeowners Association permission to access my/our credit reports. I/We authorize APCHA to obtain a copy of the completed loan application from the lender.**

I/We have read and fully understand and meet all of the Aspen Village ownership qualifications contained in the following documents: Declaration of Protective Covenants, Conditions and Restrictions, Resolution 165-2000, Deed Restriction, Occupancy and Resale Agreement.

I/We understand there will be a Memorandum of Acceptance of the Deed Restriction, Occupancy and Resale Agreement that will be executed at closing and recorded with the Pitkin County Clerk and Recorder.

Signature: _____ Date: _____

Signature: _____ Date: _____

ASPEN VILLAGE HOMEOWNERS ASSOCIATION

31 Aspen Village, Aspen, CO 81611, PH 970-923-4337, Fax 970-923-4916

**Affidavit of Qualification, Agreement and Intent to use Aspen Village Subdivision
lot under the provisions of RESOLUTION NO. 165-2000.**

This document pertains to purchase of Lot _____, Aspen Village Subdivision.

The lots in Aspen Village Subdivision are subject to resale restrictions imposed as a condition of subdivision approval in order to retain Aspen Village as permanent housing for resident employees. These restrictions may be enforced by AVHA and/or by the APCHA.

Purchaser acknowledges that Purchaser has received and read a copy of the following documents:

1. Resolution 165-2000 (Reception No. 455955).
2. Amended Deed Restriction, Occupancy and Resale Agreement Aspen Village Subdivision (Reception No. 458925).
3. Amended and Restated Declaration of Covenants, Conditions and Restrictions for Aspen Village Subdivision and in particular understands the lot ownership, use and transfer restrictions of Article 1 and Article IV, Section 7, and the use, building and architectural control restrictions of Article VI of such covenants (Reception No. 458926).

Purchaser has, for one year or more, been and agrees to continue to be, employed or earn income in the Roaring Fork Valley by working at least 1500 hours per year; unless Purchaser is a retired and over 65 years of age and has been previously employed or earned income within the Roaring Fork Valley for three consecutive years immediately before retirement; or is a disabled person having been previously so employed prior to such disability, and intends and agrees to continue to use the Lot as Purchaser's principal place of residence.

Purchaser agrees to the provisions stated in section F, Resolution 165-2000 regarding ownership of developed residential property in the Roaring Fork River drainage.

This signed affidavit and attached documentation constitutes Purchaser's application for ownership, statements of qualification, and verification that all information submitted is true and accurate.

Purchaser: _____ Purchaser: _____

STATE COLORADO)
) ss
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20 ____,

By _____, Purchaser.

WITNESS my hand and official seal.

My commission expires _____.

Notary Public _____.

FOR INTERNAL USE ONLY:

The applicant is approved as a Purchaser qualified to acquire a Lot in Aspen Village Subdivision.

ASPEN VILLAGE HOMEOWNERS ASSOCIATION

Date: _____ By: _____ Title: _____
(Print and Sign)

ASPEN/PITKIN COUNTY HOUSING AUTHORITY

Date: _____ By: _____ Title: _____(Print and Sign)

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.

If you are a **Permanent Resident**, you must submit a 1-551 ResidentAlien/Permanent Resident Card in addition to a Colorado ID.

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: _____

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.

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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: _____