



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

### LAZY GLEN SUBDIVISION PURCHASE PACKET

101 Lazy Glen, Snowmass, CO 81654, PH 970-927-3632, Fax 970-927-9389

**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 Lazy Glen 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 Lazy Glen 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 Lazy Glen ownership qualifications contained in the following documents: Declaration of Protective Covenants, Conditions and Restrictions; Article of Incorporation; By-Laws, Fishing Easement; 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: \_\_\_\_\_

**LAZY GLEN HOMEOWNERS ASSOCIATION**

101 Lazy Glen, Snowmass, CO 81654, PH 970-927-3632, Fax 970-927-9389

**Affidavit of Qualification, Agreement and Intent to Use Lazy Glen Subdivision  
lot under the provisions of the Deed Restriction, Occupancy and Resale Agreement for Lazy Glen Subdivision,  
Reception No. 465136.**

This document pertains to purchase of Lot \_\_\_\_\_, Lazy Glen Subdivision.

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

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

1. Deed Restriction, Occupancy and Resale Agreement Lazy Glen Subdivision (Reception No. 465136).
2. Declaration of Covenants, Conditions and Restrictions for Lazy Glen Subdivision.
- 3.

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 Lazy Glen Subdivision.**

**LAZY GLEN 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, 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: \_\_\_\_\_

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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

To be completed by Housing Staff:

SAVE VERIFICATION #: \_\_\_\_\_ DATE: \_\_\_\_\_



**LAWFUL PRESENCE AFFIDAVIT**

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To be completed by Housing Staff:		
SAVE VERIFICATION #: _____	DATE: _____	