



APCHA

Aspen | Pitkin | County | Housing | Authority

18 Truscott Place • Aspen, CO 81611

970-920-5456 • www.apcha.org • www.apchahometrek.org

Strengthening Community Through Workforce Housing

QUALIFICATION PACKET FOR OWNERSHIP & LONG-TERM RENTAL APCHA QUALIFICATION PACKET CHECKLIST

You are applying for an employee housing unit which has specific income caps, asset caps, and other restrictions. For APCHA to determine your eligibility, you must provide the following information for anyone in your household who is 18 years or older:



What you need for a complete packet:

- ✓ \$60 processing fee payable to the City of Aspen – **Cash or Check only** (Rental Requalification \$35)
- ✓ Qualification Packet/Application – All Sections
- ✓ Employment Verification Form **completed by each employer** for each applicant
- ✓ Documentation listed below

REQUIRED SUPPORTING DOCUMENTATION (please bring copies of the following):

	Valid picture ID: Colorado driver's license; Colorado ID; or Permanent Resident Card. Valid Passport or out of state ID acceptable for Rental Applications.
	Recent paycheck stub(s) (one per person per job)
	Last 2 years W2s or 1099s, or for all years worked in Pitkin County since last update
	If first time Ownership Application; additional W2s or 1099s for all years worked in Pitkin County (minimum 4 years for top priority)
	Last 2 years tax returns (federal, state and all schedules) TAX EXTENSIONS ARE NOT ACCEPTED
	Last 2 years 1120s for corporations (if applicable)
	Bank statement <Bank name/acct holder name/date/balance/type of acct> for all assets
	Bank statement <Bank name/acct holder name/date/balance/type of acct> for all liabilities (not needed if paid in full monthly)
	Appraisal or Assessor Notice of Value for property owned (if applicable)
	Divorce Decree, Separation Agreement and/or Custody Agreement (if applicable)

OTHER

Homebuyer Education Course Cert of Completion (for Ownership) Framework, Denver Housing Authority or CO Housing and Finance Authority

BE SURE YOU HAVE EVERYTHING - incomplete packets will not be accepted

Self-Employment Documentation – if applicable

	City of Aspen Business License
	Business Plan
	Colorado Secretary of State Business Registration
	Year to Date Profit and Loss
	If applicable, a lease of business space and business taxes for the last two years
	Proof of hours worked, such as copy of current work log or appointment book for the last year that show hours worked daily on each job that state addresses. Administrative hours could count towards total hour requirement.
	Full client list of jobs worked, and amount charged to prove that at least 75% of your income comes from Pitkin County



The Check List may seem daunting. But it doesn't have to be if you are prepared. Below are some quick tips for a smoother application process. All this information needs to be uploaded into your HomeTrek account.

If you are providing a paper copy, submit **copies** of the documents with your application to APCHA. Some places to make copies include: Pitkin County Library, FedEx, UPS.

Federal Tax Return

All pages of the Form 1040 including schedules for the past two years are required. The worksheets are not needed.

Here's an example of the first page of Form 1040 and Schedule C.



Colorado Tax Return Form 104

This is required for the past two years - Here's an example of the first page of Form 104.



Employment W-2

Rental approval requires W2s for the past 2 years.

Purchasing (via lottery), requires W2s for at least 4 years or all the years worked in Pitkin County. The greater number of years provided increases lottery chances.

Here's an example of a W-2.



TAX TRANSCRIPT ORDER PROCESS

1. Once an application is submitted, an email will be sent to you by  Private Eyes. Click on the website link (URL) in the email and enter in the account information provided in the email.
 - a. If you are submitting a rental requalification application, you may have already received an email.
2. Once logged in, on the left-hand side, you will see a button listed as "Transcript". Click that.
3. On the Transcript page, if not already selected, select "Income Verification" then fill in all the required fields (anything with a red asterisk *).
4. Once you have completed filling out the required fields, scroll down to the "Income Verification" selection. **YOU WILL ONLY ORDER ONE TRANSCRIPT.**
 - a. Select "1040"
 - b. In the drop down, select "Return Transcript"
 - c. Select "2024"
5. Upload document column, upload your completed and signed (must have a handwritten signature) 4506-C form. **This form must be filled out without mistakes and must match your tax return documents. If not, it is at risk of being rejected by the IRS.**
6. Once the "Income Verification" page is completed, click on add to cart and navigate through the payment portion of the page.
7. Once the transcript has been ordered you will receive an email from Private Eye on the next steps and how to realize the Transcript from the  IRS.gov website through their online portal **ID.me**.
PLEASE NOTE: TO CREATE AN ACCOUNT ON ID.me, YOU WILL NEED ACCESS TO YOUR VALID ID.

Once the tax return transcript has been released from the  IRS website, it will be sent to the Private Eyes  system, which will then notify APCHA staff (the qualification analyst) for review.

The payment of \$25 dollars will be made directly to the Private Eyes Company . If you need assistance or have questions regarding how to complete the 4506-C form, please reach out to staff.

If you are married and filing jointly, only one tax return transcript will need to be requested. If you filed as a single, or married filing separately, both applicants will need to submit their own separate request for a tax return transcript.

Do not sign this form unless all applicable lines have been completed.

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

1a. Current name			2a. Spouse's current name (<i>if joint return and transcripts are requested for both taxpayers</i>)			
i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name	
1b. First taxpayer identification number (<i>see instructions</i>)			2b. Spouse's taxpayer identification number (<i>if joint return and transcripts are requested for both taxpayers</i>)			
1c. Previous name shown on the last return filed if different from line 1a			2c. Spouse's previous name shown on the last return filed if different from line 2a			
i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name	
3. Current address (<i>including apt., room, or suite no.</i>), city, state, and ZIP code (<i>see instructions</i>)						
a. Street address (<i>including apt., room, or suite no.</i>)		b. City	c. State	d. ZIP code		
4. Previous address shown on the last return filed if different from line 3 (<i>see instructions</i>)						
a. Street address (<i>including apt., room, or suite no.</i>)		b. City	c. State	d. ZIP code		
5a. IVES participant name, ID number, SOR mailbox ID, and address						
i. IVES participant name Private Eyes Screening Group Inc		ii. IVES participant ID number 0000304579	iii. SOR mailbox ID BWILSON210			
iv. Street address (<i>including apt., room, or suite no.</i>) 9080 Double Diamond Parkway Suite C		v. City Reno	vi. State NV	vii. ZIP code 89521		
5b. Customer file number (<i>if applicable</i>) (<i>see instructions</i>)			5c. Unique identifier (<i>if applicable</i>) (<i>see instructions</i>)			
5d. Client name, telephone number, and address (<i>this field cannot be blank or not applicable (NA)</i>)						
i. Client name Aspen/Pitkin County Housing Authority (APCHA)				ii. Telephone number		
iii. Street address (<i>including apt., room, or suite no.</i>) 18 Truscott Place		iv. City Aspen	v. State CO	vi. ZIP code 81611		
Caution: This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (<i>see instructions</i>)						
6. Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts						
a. Return Transcript <input type="checkbox"/>		b. Account Transcript <input type="checkbox"/>	c. Record of Account <input type="checkbox"/>			
7. Wage and Income transcript (W-2, 1098-E, 1099-G, etc.) <input type="checkbox"/>						
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.						
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers						
Line 1a <input type="checkbox"/>		Line 2a <input type="checkbox"/>				
8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (<i>see instructions</i>)						
/ /		/ /		/ /		
Caution: Do not sign this form unless all applicable lines have been completed.						
Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. Note: This form must be received by IRS within 120 days of the signature date.						
<input type="checkbox"/> Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.						
Sign Here	Signature for Line 1a (<i>see instructions</i>)		Date	Phone number of taxpayer on line 1a or 2a		
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed			
	Print/Type name					
	Title (<i>if line 1a above is a corporation, partnership, estate, or trust</i>)					
	Spouse's signature (<i>required if listed on Line 2a</i>)			Date		
	<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative		<input type="checkbox"/> Signatory confirms document was electronically signed			
	Print/Type name					



QUALIFICATION PACKET FOR OWNERSHIP & LONG-TERM RENTAL

QUALIFICATION TYPE				
Rental Or Ownership <input type="checkbox"/> <input type="checkbox"/> (check one or both)	If rental, what is the project/apartment complex name:		Unit #:	# Bedrooms:

HOUSEHOLD INFORMATION				
APPLICANT A				
Name:	Date of Birth:			
Physical Address (Current):	Mailing Address (if different than Physical Address):			
Primary Phone:	Secondary Phone:			
Primary Email:	Secondary Email:			
Emergency Contact / Name:	Emergency Contact / Phone:			
Start date of full-time, consecutive employment in Pitkin County:				
Current Employer(s):				
APPLICANT B				
Name:	Date of Birth:			
Physical Address (Current):	Mailing Address (if different than Physical Address):			
Primary Phone:	Secondary Phone:			
Primary Email:	Secondary Email:			
Emergency Contact / Name:	Emergency Contact / Phone:			
Start date of full-time, consecutive employment in Pitkin County:				
Current Employer(s):				

List of all other household members (if dependent over 18, additional documentation will be required)		
Name:	Relationship:	Date of Birth:
Name:	Relationship:	Date of Birth:
Name:	Relationship:	Date of Birth:

Does anyone in your household intend to have any pet/animal inside the property?		
Type of Pet/Animal:	Breed/Size (if applicable):	

To be completed by Housing Authority Staff		
Approved by:	I.E.	Date:

ASSETS. Items below require documentation of value (statement). If combined, list only once.

Do you have ASSETS as listed below?			Use exact amount shown on documentation	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account(s). If yes, list banks: 1. 2.		Balance/Value \$ 1. 2.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings Account(s). If yes, list banks: 1. 2.		Balance/Value \$ 1. 2.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	CD Money Market Accounts. If yes, list banks: 1. 2.		Balance/Value \$ 1. 2.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stock, Bonds, Investments. If yes, list banks: 1. 2.		Balance/Value \$ 1. 2.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Funds. If yes, list funds: 1. 2.		Balance/Value (Full Value and 60% Value) \$ 1. 2.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	529 Accounts. If yes, list accounts: 1. 2.		Balance/Value \$ 1. 2.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Revocable/Irrevocable Trusts. If yes, list trusts: 1. 2.		Balance/Value \$ 1. 2.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Vehicles			
	Year	Make	Model	License Plate #
<input type="checkbox"/> Yes <input type="checkbox"/> No	Year	Make	Model	License Plate #
	<input type="checkbox"/> Yes <input type="checkbox"/> No	Life Insurance (Cash Value). If yes, list issuer (NA if term policy): 1. 2.		Balance/Value \$ 1. 2.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Down payment gift. If yes, list source of gifts: 1. 2.		Balance/ Value \$ 1. 2.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate (including APCHA Unit). If yes, list property address by type: Include all real estate that any member of your household is associated with directly or indirectly			Balance/Value \$
	Home			
	Mobile Home			
	Land			
	Commercial			
	Time Share			
	Other			
TOTAL ASSETS \$				

LIABILITIES. Items below require documentation of value (statement). If combined, list only once.

Do you have LIABILITIES as listed below?

		Use exact amount shown on documentation
<input type="checkbox"/> Yes	Mortgage Loan. If so list banks/lending entity: 1. 2.	Balance/Value\$ 1. 2.
<input type="checkbox"/> Yes	Automobile Loans. If so list banks/lending entity: 1. 2.	Balance/Value\$ 1. 2.
<input type="checkbox"/> Yes	Student Loans. If so, list banks/lending entity: 1. 2.	Balance/Value \$ 1. 2.
<input type="checkbox"/> Yes	Credit Cards. If balance not paid in full monthly, list entity: 1. 2.	Balance/Value \$ 1. 2.
<input type="checkbox"/> Yes	Other. If so, list details: 1. 2.	Balance/Value \$ 1. 2.
TOTAL LIABILITIES		\$
NET WORTH (assets minus liabilities)		\$

ADDITIONAL SOURCES OF INCOME: Excluding Employment

Amount Per Year (\$)	Child Support/ Alimony	Social Security Income	Dividend/ Interest	Trust Disbursements	Rental Income	Gifts Received – Ongoing Basis	Other Income
APPLICANT A	\$	\$	\$	\$	\$	\$	\$
APPLICANT B	\$	\$	\$	\$	\$	\$	\$

- I/we understand that all members of my/our household are prohibited from being associated with either directly or indirectly any residential real estate including a mobile home in the Ownership Exclusion Zone. This includes but is not limited to the following: any such interest held personally, as a shareholder or member of a corporation; as a partner or joint venture; trustee, settler, or beneficiary of a trust; being on a loan; or receiving rents.
- Such real estate must be listed for sale **prior to or simultaneously with the closing** on the employee housing unit and sold within 180 days of the closing on the employee housing unit; otherwise, I/we must list the employee housing unit for sale immediately as specified in the deed restriction.
- 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 renting/bidding/purchasing the unit within the housing program
- 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.
- I/we authorize APCHA to make necessary inquiries to evaluate my/our employment, assets and income. **I/we give APCHA permission to access my/our credit reports. I/we authorize APCHA to obtain a copy of the completed loan application from the lender.**

Signature of Applicant A	Date:	Signature of Applicant B	Date:
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DEMOGRAPHICS INFORMATION FORM (collected for statistical information)

The information on this form is voluntary and is not a condition of approval.

APPLICANT A

INDICATE YOUR PRIMARY RACIAL IDENTITY		INDICATE YOUR HIGHEST LEVEL OF EDUCATION:	
<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic, Latino, or Spanish <input type="checkbox"/> African/American/Black <input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> White <input type="checkbox"/> Other: <hr/> <input type="checkbox"/> Prefer not to answer	
<input type="checkbox"/> Did Not Complete High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Master's Degree <input type="checkbox"/> Advanced Graduate Work or PhD <input type="checkbox"/> Prefer not to answer	
GENDER		COUNTRY OF ORIGIN: (please list below)	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Other: <hr/> <input type="checkbox"/> Prefer not to answer	
		Please list below: <hr/> <input type="checkbox"/> _____ <input type="checkbox"/> Prefer not to answer	

APPLICANT B

INDICATE YOUR PRIMARY RACIAL IDENTITY		INDICATE YOUR HIGHEST LEVEL OF EDUCATION:	
<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic, Latino, or Spanish <input type="checkbox"/> African/American/Black <input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> White <input type="checkbox"/> Other: <hr/> <input type="checkbox"/> Prefer not to answer	
<input type="checkbox"/> Did Not Complete High School <input type="checkbox"/> High School/GED <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> Master's Degree <input type="checkbox"/> Advanced Graduate Work or PhD <input type="checkbox"/> Prefer not to answer	
GENDER		COUNTRY OF ORIGIN: (please list below)	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Other: <hr/> <input type="checkbox"/> Prefer not to answer	
		Please list below: <hr/> <input type="checkbox"/> _____ <input type="checkbox"/> Prefer not to answer	



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EMPLOYMENT & INCOME VERIFICATION

Rental <input type="checkbox"/>	Or <input type="checkbox"/>	Ownership <input type="checkbox"/>	If rental, what is the project/apartment complex name: (check one or both)	Unit #:	# Bedrooms:
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APPLICANT / TENANT RELEASE STATEMENT

I hereby authorize the release of the following information in order to determine my eligibility for the APCHA program.

Print Name:	Signature
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TO BE COMPLETED BY EMPLOYER

Please complete this form in full and return it to APCHA. Please do not put "unknown" or "varies" – we need specific information.
If an item doesn't apply, put "N/A" – no blanks.

Date of Hire:	Position:
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Physical Address of Employment/Office:
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Base Pay rate: \$ _____ per (circle one)	Average hours per week:	Average bonuses/tips/commissions:
Hour / Week / 2 Weeks / Month / Year		

Year-to-Date: a. Base pay: \$ _____ b. Overtime Pay: \$ _____ c. Tip/Commission/Other pay: \$ _____ d. The above earnings are from (date): _____ e. The above earnings are through (date): _____	
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Do you anticipate any changes in the number of hours the employee works? YES NO If yes, please explain:
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If employment is seasonal/periodic, please specify layoff periods: <input type="checkbox"/> N/A

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.

Employer Signature	Date:
Name / Title:	Company Name:
Email Address:	Telephone / Fax Number: