

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:

- ✓ \$50 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)
	Current profit and loss statement (if self-employed)
	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 or printed screen shot showing current balance for all assets
	Bank statement or printed screen shot showing current balance 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 Class Completed (for Ownership) www.ehomeamerica.org/dha

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

helpful tips

The Check List (*opposite side*) may seem daunting. But it doesn't have to be if you are prepared. Below are some quick tips for a smoother application process.

For starters, do make **copies** of the documents prior to submitting your application to APCA (charges \$1.00 per page). Some places to make copies include: Pitkin County Library, FedEx, Aspen Reprographics, or Sandy's Office Supply. Most charge 10¢ per page.

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 - (Not required if Colorado not filed).

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.



Form **W-2 Wage and Tax Statement 2014**
 Department of the Treasury—Internal Revenue Service

QUALIFICATION PACKET FOR OWNERSHIP & LONG-TERM RENTAL

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

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 & LIABILITIES. Items below require documentation of value (statement or screen shot). 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:		Balance/Value \$	
	1.		1.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings Account(s). If yes, list banks:		Balance/Value \$	
	1.		1.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	CD Money Market Accounts. If yes, list banks:		Balance/Value \$	
	1.		1.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stock, Bonds, Investments. If yes, list banks:		Balance/Value \$	
	1.		1.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Funds. If yes, list funds:		Balance/Value (Full Value and 60% Value) \$	
	1.		1.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	529 Accounts. If yes, list accounts:		Balance/Value \$	
	1.		1.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Revocable/Irrevocable Trusts. If yes, list trusts:		Balance/Value \$	
	1.		1.	
<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):		Balance/Value \$	
	1.		1.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Down payment gift. If yes, list source of gifts:		Balance/ Value \$	
	1.		1.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Real Estate (including APCA Unit). If yes, list property address by type:		Balance/Value \$	
	Include all real estate that any member of your household is associated with directly or indirectly			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Home			
	Mobile Home			
	Land			
	Commercial			
	Time Share			
	Other			
TOTAL ASSETS			\$	

Do you have LIABILITIES as listed below?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Mortgage Loan. If so list banks/lending entity: 1. 2.	Balance/Value\$ 1. 2.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Automobile Loans. If so list banks/lending entity: 1. 2.	Balance/Value\$ 1. 2.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Loans. If so, list banks/lending entity: 1. 2.	Balance/Value \$ 1. 2.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Cards. If balance not paid in full monthly, list entity: 1. 2.	Balance/Value \$ 1. 2.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other. If so, list details: 1. 2.	Balance/Value \$ 1. 2.
TOTAL LIABILITIES		\$
NET WORTH (assets minus liabilities)		\$

ADDITIONAL SOURCES OF INCOME: <i>Excluding Employment</i>							
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	\$	\$	\$	\$	\$	\$	\$

LAWFUL PRESENCE AFFIDAVIT (<i>Check one</i>)	
APPLICANT A	
I, _____, swear or affirm under penalty or perjury under the laws of the State of Colorado that:	
<input type="checkbox"/>	I am a United States citizen, OR
<input type="checkbox"/>	I am a Permanent Resident of the United States, OR
<input type="checkbox"/>	I am lawfully present in the United States pursuant to Federal law.
APPLICANT B	
I, _____, swear or affirm under penalty or perjury under the laws of the State of Colorado that:	
<input type="checkbox"/>	I am a United States citizen, OR
<input type="checkbox"/>	I am a Permanent Resident of the United States, OR
<input type="checkbox"/>	I am lawfully present in the United States pursuant to Federal law.

- 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, settlor, 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:
--------------------------	-------	--------------------------	-------



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

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 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: _____ <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: _____ <input type="checkbox"/> Prefer not to answer	Please list below: <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 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: _____ <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: _____ <input type="checkbox"/> Prefer not to answer	Please list below: <input type="checkbox"/> _____ <input type="checkbox"/> Prefer not to answer

EMPLOYMENT & INCOME VERIFICATION

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

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
-------------	-----------

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:
Physical Address of Employment/Office:	

Base Pay \$:	Year:	Month:	Week:	Other /NA:
Average hours per week:	Year-to-Date Earnings \$		Thru (DD/MM/YY):	
Overtime hours per week:	Overtime pay rate \$:			
Average No. of Shift Differential Hours per week (<i>evenings/ holiday</i>)	Shift Differential Rate per Hour \$:			

Does this employee receive? (include all that apply)	Amount	Frequency	Guaranteed?	Comments
Bonuses	\$			
Tips	\$			
Commissions	\$			

If employment is seasonal/periodic, please specify layoff periods:

Date of Next Pay Increase (if known):	Amount of Next Pay Increase (if known) \$:
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: