



*Strengthening Community Through Workforce Housing*

## BID SUBMISSION FORM

Complete this form for each unit you would like to place a bid on. **All packet information must be up-to-date before a bid can be placed.** There is a \$5.00 fee for each bid.

PROPERTY ADDRESS: \_\_\_\_\_

BID PRICE \$ \_\_\_\_\_  
(Maximum Listed Sales Price or less)

**"APPLICANT A"**

Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Email : \_\_\_\_\_

**"APPLICANT B"**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List the following information for all household members not listed above. Please state if you are expecting.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

**What is your CURRENT living situation (please check):**

**Do you?**  Own  Rent **Is your current residence?**  APCHA Deed Restricted  Other Deed Restricted  Free Market

**What is your current physical address?** \_\_\_\_\_  
Address City

**IN-COMPLEX BID** (current owner in property/complex being listed)?  Yes

- I/we understand that, I/we must not own any developed residential real estate or mobile home in the Ownership Exclusion Zone.
- If buying APCHA property, any real estate owned in the Ownership Exclusion Zone must be listed for sale **prior to or simultaneously with the closing** on the employee housing unit. I/we must sell the property 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: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_