



210 E. Hyman, Suite 202 • Aspen, CO 81611  
970-920-5050 • www.apcha.org

LEAVE OF ABSENCE REQUEST

Please complete this form and forward to your Homeowners' Association for approval.  
Completed form must be returned to Aspen/Pitkin County Housing Authority (APCHA) at least 30 days prior to leaving.

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

Address: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Evening/Cell Phone: \_\_\_\_\_

Request Dates from: \_\_\_\_\_ To: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Commitment to return to the Aspen/Pitkin County area, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The *Aspen/Pitkin County Affordable Housing Guidelines* allow for a Leave of Absence for owners of up to six months for a qualified retiree or up to one year for owners who are able to show a bona fide reason for leaving and a commitment to return. All homeowners must have approval from their Homeowners' Association for a leave of absence.

Local Emergency Contact Information:

Name(s): \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening/Cell Phone: \_\_\_\_\_

Local Address: \_\_\_\_\_

With an **approved** Leave of Absence owner may rent the unit to a qualified employee(s)\* for the amount of owner's monthly housing expenses: monthly mortgage principal and interest payment, association fees, utilities remaining in owner's name, taxes (if not part of mortgage payment) plus \$50, or the allowable maximum rent listed in the Guidelines for the size and category of your home, whichever is greater. If an Owner requests a second leave of absence (not a qualified retiree), no appreciation will be allowed for the second year.

**Please list MONTHLY home expenses:**

Mortgage Payment(s):	\$ _____
Property taxes (if not included in mortgage payment):	\$ _____
Insurance (if not part of the HOA dues and/or included in mortgage payment):	\$ _____
Monthly Association Fees:	\$ _____
Monthly Average Utilities (if not to be paid by Owner):	\$ _____
Additional Costs (describe below):	\$ _____
Plus	\$ 50.00 _____
<b>TOTAL</b>	<b>\$ _____</b>
 Amount stated in Guidelines:	 \$ _____

**Please provide copies of bills to verify the above information and describe any additional costs below:**

\_\_\_\_\_

\_\_\_\_\_

I (We) hereby verify that all information provided is accurate and true:

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\*Employees must complete the Rental Approval Packet and be approved by APCA prior to occupancy.

**HOA PLEASE SIGN AND RETURN TO APCA, 210 East Hyman Ave., Suite #202, Aspen, CO 81611**

Approved: \_\_\_\_\_ YES      \_\_\_\_\_ NO

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_

**To be completed by APCA:**

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

## AGREEMENT BETWEEN TENANT AND OWNER

I, \_\_\_\_\_ Owner of \_\_\_\_\_  
(hereinafter Property), agree to rent to \_\_\_\_\_ (Tenant) for an amount of  
\$ \_\_\_\_\_ per month.

As Tenant, I understand that I have leased a deed-restricted property and am bound by the Aspen/Pitkin County Housing Authority Guidelines, the HOA Rules and Regulations, and understand that I do not have a right or priority to purchase said property if the property comes up for sale upon the end of the Owner's leave of absence and I do not the right to an appeal.

I (We) hereby verify that all information provided is accurate and true:

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Date