

## Documentation Check List

These items are **MANDATORY** for anyone over 18 years of age – **NO EXCEPTIONS!**

Bring the **COMPLETED** application back to the Aspen/Pitkin County Housing Authority Office by \_\_\_\_\_. **If you do not, or if the application is not complete, Housing cannot establish a basis for eligibility and will automatically go to the next person on the list.** If you have any questions completing this application, please call the Housing Office at 429-2772. **Additional documentation may be required.**

- ☐ **Valid Colorado picture I.D.** (Driver's License or I.D. card)
- ☐ **Social Security Card**
- ☐ **Lawful Presence Affidavit**
- ☐ **COPIES** of 2015 Complete Federal Income Tax Return
- ☐ **COPIES** of 2015 W-2's/1099's.
- ☐ **COPIES** of Most current paystub from all employers.
- ☐ **Employment Verification form** (attached) for each employer. **DO NOT TAKE THIS FORM TO YOUR EMPLOYER** Please note that you fill out **ONLY** the **"CONSENT TO RELEASE INFORMATION"** portion. If you have more than one job, please ask for another form - one for each employer.
- ☐ **Self-Employed Households:** Provide the following:
  - ☐ Copy of City of Aspen Business License
  - ☐ Profit & Loss Statement for the NEXT 12-month period
  - ☐ CURRENT Profit & Loss Statement
  - ☐ Certification of Income for self employed.
  - ☐ Business Plan
- ☐ **Own Real Estate:** If yes, please provide the following:
  - ☐ Actual Value of Real Estate for each property owned.
  - ☐ Copy of last Mortgage Statement for each property owned.
  - ☐ If this property is for rental, please provide the rental lease.
- ☐ **Divorced:** If yes, please provide the following:
  - ☐ Official document showing child support and custody agreement.
  - ☐ Official divorce decree.
- ☐ **Retired:** If you are collecting Social Security benefits please provide the following:
  - ☐ Copy of latest Social Security Award letter.
  - ☐ Unemployed Resident Affidavit.
- ☐ **Unemployed:** if you are expecting to receive unemployment benefits during the next 12 month:
  - ☐ Letter from Colorado Department of Labor and Unemployment.
  - ☐ Unemployed Resident Affidavit.
- ☐ **Assets Verification form** (attached) **DO NOT TAKE THIS FORM TO YOUR BANK OR INVESTING ORGANIZATION!** Please note that you fill out **ONLY** the **"CONSENT TO RELEASE INFORMATION"** portion. If you have more than one account or investment, please ask for another form - one for each bank, investment organization, credit union, etc., where you have an account.
- ☐ **\$40.00** cash or check for a non-refundable application fee. Make checks payable to Truscott LLLP

**Maximum Income Restrictions Apply – NO EXCEPTIONS:**

|                 |                 |                 |                 |
|-----------------|-----------------|-----------------|-----------------|
| <b>1 Person</b> | <b>\$49,080</b> | <b>3 People</b> | <b>\$63,120</b> |
| <b>2 People</b> | <b>\$56,100</b> | <b>4 People</b> | <b>\$58,400</b> |



# ASPEN/ PITKIN COUNTY HOUSING AUTHORITY

## Certification Questionnaire

### For applicants and recertifying residents

|                         |              |
|-------------------------|--------------|
| Head of Household Name: | Unit number: |
| Phone number:           | E-mail:      |

The information on this form is needed to certify/re-certify your household. **Please complete this entire form and leave no blanks.** If there are any questions that you do not understand, please call our Tax Credit Specialist at (970) 429-2772. Thank you for your cooperation.

#### Part I. Household Composition

| HH Mbr  | Full Name | Relationship to Head of Household (HoH) | Date of Birth | Student? (Includes grades K-12) |                             | If a student: Full Time (FT) or Part Time (PT) ? |                             |
|---|-----------|---|---------------|---------------------------------|-----------------------------|--|-----------------------------|
| 1   |           | <b>HoH</b>                              |               | Yes <input type="checkbox"/>    | No <input type="checkbox"/> | FT <input type="checkbox"/>                      | PT <input type="checkbox"/> |
| 2   |           |   |               | Yes <input type="checkbox"/>    | No <input type="checkbox"/> | FT <input type="checkbox"/>                      | PT <input type="checkbox"/> |
| 3   |           |   |               | Yes <input type="checkbox"/>    | No <input type="checkbox"/> | FT <input type="checkbox"/>                      | PT <input type="checkbox"/> |
| 4   |           |   |               | Yes <input type="checkbox"/>    | No <input type="checkbox"/> | FT <input type="checkbox"/>                      | PT <input type="checkbox"/> |
| Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain: |           |   |               |                                 |                             | Yes <input type="checkbox"/>                     | No <input type="checkbox"/> |

#### Part II. Tenant Income

| Does your household have income, assistance, or benefits from the sources listed below ? |                             |   | Monthly gross Income/ Assistance amount    | HH Mbr # |
|--|-----------------------------|---|--|----------|
| Yes <input type="checkbox"/>   | No <input type="checkbox"/> | Self employment. (List nature of self employment)<br>_____  | (Use net income from Business)<br>\$ _____ |          |
| Yes <input type="checkbox"/>   | No <input type="checkbox"/> | Employment receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <b>If yes, list the information in Part III.</b>   |  |          |
| Yes <input type="checkbox"/>   | No <input type="checkbox"/> | Cash contributions or gifts (including rent or utility payments) received on an ongoing basis from persons not living with you (exclude food stamps, groceries and/or day care costs when the day care center is paid directly by the gift-giver) | \$ _____                                   |          |
| Yes <input type="checkbox"/>   | No <input type="checkbox"/> | Unemployment benefits   | \$ _____                                   |          |
| Yes <input type="checkbox"/>   | No <input type="checkbox"/> | Veteran's administration, GI Bill, or National Guard/military benefits/income   | \$ _____                                   |          |
| Yes <input type="checkbox"/>   | No <input type="checkbox"/> | Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships (exclude student loan awards which must be repaid)  | \$ _____                                   |          |
| Yes <input type="checkbox"/>   | No <input type="checkbox"/> | Retirement benefits from Social Security  | \$ _____                                   |          |
| Yes <input type="checkbox"/>   | No <input type="checkbox"/> | Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)  | \$ _____                                   |          |
| Yes <input type="checkbox"/>   | No <input type="checkbox"/> | Unearned income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)  | \$ _____                                   |          |
| Yes <input type="checkbox"/>   | No <input type="checkbox"/> | Disability or death benefits other than Social Security   | \$ _____                                   |          |
| Yes <input type="checkbox"/>   | No <input type="checkbox"/> | Public housing assistance/Rental assistance/Section 8 voucher.<br>Housing authority providing the assistance:   | \$ _____                                   |          |
| Yes <input type="checkbox"/>   | No <input type="checkbox"/> | I/We receive public assistance income (Example: TANF)   | \$ _____                                   |          |

**Part II. Tenant Income (Cont.)**

| Does your household have income, assistance, or benefits from the sources listed below? |                             |   | Monthly gross<br>Income/ Assistance<br>amount | HH<br>Mbr # |
|---|-----------------------------|---|---|-------------|
| Yes <input type="checkbox"/>  | No <input type="checkbox"/> | Child Support payments. If yes, for how many children do you receive support?<br>_____  | \$ _____                                      |             |
| Yes <input type="checkbox"/>  | No <input type="checkbox"/> | I am entitle to receive child support payments and am currently making efforts to collect child support owed to us. Describe efforts being made to collect child support.<br>_____<br>_____ | Anticipated amount:<br>\$ _____               |             |
| Yes <input type="checkbox"/>  | No <input type="checkbox"/> | Alimony/spousal support payments  | \$ _____                                      |             |
| Yes <input type="checkbox"/>  | No <input type="checkbox"/> | Periodic payments from trust, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources:<br>1 _____<br>2 _____                     | \$ _____<br>\$ _____                          |             |
| Yes <input type="checkbox"/>  | No <input type="checkbox"/> | Income from real or personal property   | (Use net earned income)<br>\$ _____           |             |

**Part III. Current Employment Information - Please attach a separate form for additional employment, if needed.**

| JOB 1                 |   |   |  |                              |                       |  |  |
|-----------------------|---|---|--|------------------------------|-----------------------|--|--|
| Resident name         |   |   |  | Occupation/Title             |                       |  |  |
| Employer name         |   |   | Contact Person name  |                              |                       |  |  |
| Employer Address      |   |   | City   | State                        | Zip Code              |  |  |
| Employer Work Phone   |   | Employer Work Fax   |  | Employer Work e-mail address |                       |  |  |
| Date of hired         | Rate of pay<br>\$ _____                                     | <input type="checkbox"/> Hourly<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Biweekly | <input type="checkbox"/> 2x a month<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Annually | Hours worked per week        | Weeks worked per year |  |  |
| Is this Job seasonal? | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | If Yes, Please specify layoff periods:<br>_____   |  |                              |                       |  |  |

| JOB 2                 |   |   |  |                              |                       |  |  |
|-----------------------|---|---|--|------------------------------|-----------------------|--|--|
| Resident name         |   |   |  | Occupation/Title             |                       |  |  |
| Employer name         |   |   | Contact Person name  |                              |                       |  |  |
| Employer Address      |   |   | City   | State                        | Zip Code              |  |  |
| Employer Work Phone   |   | Employer Work Fax   |  | Employer Work e-mail address |                       |  |  |
| Date hired            | Rate of pay<br>\$ _____                                     | <input type="checkbox"/> Hourly<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Biweekly | <input type="checkbox"/> 2x a month<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Annually | Hours worked per week        | Weeks worked per year |  |  |
| Is this Job seasonal? | Yes <input type="checkbox"/><br>No <input type="checkbox"/> | If Yes, Please specify layoff periods:<br>_____   |  |                              |                       |  |  |

**Part III. Current Employment Information - Please attach a separate form for additional employment, if needed. (Cont.)**

|                       |  |   |                   |   |                     |  |  |                       |  |                       |  |
|-----------------------|--|---|-------------------|---|---------------------|--|--|-----------------------|--|-----------------------|--|
| <b>JOB 3</b>          |  |   |                   |   |                     |  |  |                       |  |                       |  |
| Resident name         |  |   |                   |   |                     | Occupation/Title   |  |                       |  |                       |  |
| Employer name         |  |   |                   |   | Contact Person name |  |  |                       |  |                       |  |
| Employer Address      |  |   |                   |   |                     | City   |  | State                 |  | Zip Code              |  |
| Employer Work Phone   |  |   | Employer Work Fax |   |                     | Employer Work e-mail address   |  |                       |  |                       |  |
| Date hired            |  | Rate of pay<br>\$ _____   |                   | <input type="checkbox"/> Hourly<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Biweekly |                     | <input type="checkbox"/> 2x a month<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Annually |  | Hours worked per week |  | Weeks worked per year |  |
| Is this Job seasonal? |  | Yes <input type="checkbox"/><br><br>No <input type="checkbox"/> |                   | If Yes, Please specify layoff periods:  |                     |  |  |                       |  |                       |  |
|                       |  |   |                   |   |                     |  |  |                       |  |                       |  |

**Part IV. Previous Employment Information (Not required for retired persons)**

|                  |  |                                |  |   |                     |  |  |                  |  |            |  |          |  |
|------------------|--|--------------------------------|--|---|---------------------|--|--|------------------|--|------------|--|----------|--|
| Resident name    |  |                                |  |   |                     | Occupation/Title   |  |                  |  |            |  |          |  |
| Employer name    |  |                                |  |   | Contact Person name |  |  |                  |  |            |  |          |  |
| Employer Address |  |                                |  |   |                     | City   |  | State            |  | Zip Code   |  |          |  |
| Date hired       |  | Ending Rate of pay<br>\$ _____ |  | <input type="checkbox"/> Hourly<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Biweekly |                     | <input type="checkbox"/> 2x a month<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Annually |  | Termination Date |  | Work Phone |  | Work Fax |  |

|                  |  |                                |  |   |                     |  |  |                  |  |            |  |          |  |
|------------------|--|--------------------------------|--|---|---------------------|--|--|------------------|--|------------|--|----------|--|
| Resident name    |  |                                |  |   |                     | Occupation/Title   |  |                  |  |            |  |          |  |
| Employer name    |  |                                |  |   | Contact Person name |  |  |                  |  |            |  |          |  |
| Employer Address |  |                                |  |   |                     | City   |  | State            |  | Zip Code   |  |          |  |
| Date hired       |  | Ending Rate of pay<br>\$ _____ |  | <input type="checkbox"/> Hourly<br><input type="checkbox"/> Weekly<br><input type="checkbox"/> Biweekly |                     | <input type="checkbox"/> 2x a month<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Annually |  | Termination Date |  | Work Phone |  | Work Fax |  |

**Part V. Student Status Certification**

**Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.**

Please chose **one** option below that best describes your **household**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | The household contains <b>at least one occupant who is not a student</b> and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). Please List non-student here:<br>_____ |
| <input type="checkbox"/> | The household contains <b>all students</b> , but is qualified because <b>at least one occupant is a part time student</b> . Verification of part time student status is required. Please list part time student here:<br>_____  |

**Part V. Student Status Certification (Cont.)**

|  |   |                          |                          |
|--|---|--------------------------|--------------------------|
| <input type="checkbox"/>   | The household contains <b>all students who were, are, or will be full time students</b> for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). <b>If yes, you must answer all five questions below.</b> |                          |                          |
|  |   | Yes                      | No                       |
| Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)  |   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is at least one student a single parent with child(ren), <b>and</b> this parent is not a dependent of someone else, <b>and</b> the child(ren) is/are not dependent(s) of someone other than the parent(s)?                             |   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is at least one student receiving Temporary Assistance to Needy Families (TANF)?   |   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation) |   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the household consist of at least one student who was previously under foster care? (provide verification of participation)   |   | <input type="checkbox"/> | <input type="checkbox"/> |

**Part VI. Asset Information Certification Questionnaire**

| Do you have assets as listed below? |                             |   | HH Mbr #       | Acct #(s)      | Interest Rate | Cash Value     |
|-------------------------------------|-----------------------------|---|----------------|----------------|---------------|----------------|
| Yes <input type="checkbox"/>        | No <input type="checkbox"/> | Checking account(s). If yes, list bank(s)<br>1 _____<br>2 _____   | _____<br>_____ | _____<br>_____ | %<br>%        | _____<br>_____ |
| Yes <input type="checkbox"/>        | No <input type="checkbox"/> | Savings account(s). If yes, list bank(s)<br>1 _____<br>2 _____  | _____<br>_____ | _____<br>_____ | %<br>%        | _____<br>_____ |
| Yes <input type="checkbox"/>        | No <input type="checkbox"/> | Revocable trust(s). If yes, list bank or trustee name.<br>1 _____<br>2 _____  | _____<br>_____ | _____<br>_____ | %<br>%        | _____<br>_____ |
| Yes <input type="checkbox"/>        | No <input type="checkbox"/> | I/we own real estate (or hold a mortgage or Deed of Trust). If yes, provide description.<br>1 _____<br>2 _____        | _____<br>_____ | _____<br>_____ | %<br>%        | _____<br>_____ |
| Yes <input type="checkbox"/>        | No <input type="checkbox"/> | Personal property that is being held as an investment. If yes, describe:<br>1 _____<br>2 _____                        | _____<br>_____ | _____<br>_____ | %<br>%        | _____<br>_____ |
| Yes <input type="checkbox"/>        | No <input type="checkbox"/> | Stocks, bonds, or Treasury bills. If yes, list sources/bank name(s).<br>1 _____<br>2 _____                            | _____<br>_____ | _____<br>_____ | %<br>%        | _____<br>_____ |
| Yes <input type="checkbox"/>        | No <input type="checkbox"/> | Certificate(s) of Deposit (CD) or Money Market account(s). If yes, list source(s)/bank name(s).<br>1 _____<br>2 _____ | _____<br>_____ | _____<br>_____ | %<br>%        | _____<br>_____ |
| Yes <input type="checkbox"/>        | No <input type="checkbox"/> | IRA/Lump Sum Pension/Keogh Account/401k. If yes, list bank(s).<br>1 _____<br>2 _____                                  | _____<br>_____ | _____<br>_____ | %<br>%        | _____<br>_____ |
| Yes <input type="checkbox"/>        | No <input type="checkbox"/> | Benefit Cards (Direct Express Debit, TANF, and/or unemployment benefits)  | _____          | _____          |               | _____          |

**Part VI. Asset Information Certification Questionnaire (Cont.)**

|                              |                             |  |                |                |                           |                |
|------------------------------|-----------------------------|--|----------------|----------------|---------------------------|----------------|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | I/we have a life insurance policy (exclude term policies). If yes, list company.<br>1 _____<br>2 _____   | _____<br>_____ | _____<br>_____ | _____<br>_____%<br>_____% | _____<br>_____ |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | I/we have cash on hand or cash in a safe deposit box.<br>1 _____<br>2 _____  | _____<br>_____ | _____<br>_____ | _____<br>_____%<br>_____% | _____<br>_____ |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | I/we have disposed of assets (i.e., gave away money/assets) for less than the fair market value in the past two years. If yes, list items and date disposed.<br>1 _____<br>2 _____ | _____<br>_____ | _____<br>_____ | _____<br>_____            | _____<br>_____ |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | I/we have income from assets or sources other than those listed above. If yes, list type below.<br>1 _____<br>2 _____  | _____<br>_____ | _____<br>_____ | _____<br>_____            | _____<br>_____ |

**Part VII. Signatures**

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

|                                 |                    |               |
|---------------------------------|--------------------|---------------|
| _____<br>Print name of Resident | _____<br>Signature | _____<br>Date |
|---------------------------------|--------------------|---------------|

|                                 |                    |               |
|---------------------------------|--------------------|---------------|
| _____<br>Print name of Resident | _____<br>Signature | _____<br>Date |
|---------------------------------|--------------------|---------------|

|                                 |                    |               |
|---------------------------------|--------------------|---------------|
| _____<br>Print name of Resident | _____<br>Signature | _____<br>Date |
|---------------------------------|--------------------|---------------|

|                                 |                    |               |
|---------------------------------|--------------------|---------------|
| _____<br>Print name of Resident | _____<br>Signature | _____<br>Date |
|---------------------------------|--------------------|---------------|

|   |               |
|---|---------------|
| _____<br>Reviewed by (Signature of Owner/ Representative) | _____<br>Date |
|---|---------------|

**All household members ages 18 or over must sign and date.**

**ASPEN/ PITKIN COUNTY HOUSING AUTHORITY**  
**Lawful Presence Affidavit**

I, \_\_\_\_\_ swear or affirm under penalty of perjury under the laws of the State of Colorado that (Check one)

- ☐ I am a United State citizen.
- ☐ I am Permanent Resident of the United States.
- ☐ 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.

- ☐ I-94      Arrival-Departure Record.
- ☐ I-327      Re-entry 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-786      Photo employment authorization card.

Alien or I-94 #      \_\_\_\_\_

Expiration Date:      \_\_\_\_\_

Date of Birth:      \_\_\_\_\_

I understand that law requires 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.

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

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

To be completed by APCHA staff:

SAVE Verification # \_\_\_\_\_ Date \_\_\_\_\_

Completed by: \_\_\_\_\_  
Name Signature

**ASPEN/ PITKIN COUNTY HOUSING AUTHORITY**  
**Verification of Employment**

Employer: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
Applicant/Resident Name

The above Applicant/Resident is applying to/participating in a housing program that requires verification of income. The individual has signed a release below giving you permission to supply us with information. The information provided will remain confidential. Please return the completed form to the address/fax below.

I certify that this verification has been sent directly to the employer and was not hand-carried by the applicant/tenant or any other interested party.

|  |   |  |
|--|---|--|
| _____<br>Signature of Owner/Agent                            | Sandra Largaespada<br>Name of Owner/Agent | Tax Credit Qualification Specialist<br>Title |
| 18 Truscott Place, Aspen, CO. 81611<br>Owner/Agent's Address | (970) 429-2772<br>Phone #                 | (970) 920-5722<br>Fax #                      |
|  |   | / /<br>Date                                  |

**Consent to Release Information: My signature below authorizes verification of my employment information.**

|                                       |             |
|---------------------------------------|-------------|
| _____<br>Applicant/Resident Signature | / /<br>Date |
|---------------------------------------|-------------|

**EMPLOYER: Please fill out the information below as completely as possible.**  
**If the item does not apply, please indicate by placing "N/A" on the appropriate line. Do not put "Question Marks" (?)**  
**"Unknown" or "varies" or any other vague responses including +/- we need specific information.**

Position or Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Base pay \$ \_\_\_\_\_ Per (check one) ☐ Year ☐ Month ☐ Week ☐ Hour ☐ Other \_\_\_\_\_

If hourly, hours worked per week: \_\_\_\_\_ Year-to-Date Earnings: \$ \_\_\_\_\_ Thru date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Overtime Hours per Week \_\_\_\_\_ Overtime pay rate \$ \_\_\_\_\_

Average No. of shift differential hours per week: \_\_\_\_\_ Shift differential Rate per hour: \$ \_\_\_\_\_

Does this employee receive? (check all that apply) ☐ Bonuses ☐ Tips ☐ Commissions ☐ None

Average bonus/tips/commission: \$ \_\_\_\_\_ Per (check one) ☐ Year ☐ Month ☐ Week ☐ Hour ☐ Other \_\_\_\_\_

Are bonus/commissions Guaranteed? ☐ Yes ☐ No, Explain: \_\_\_\_\_

Date of next pay increase (If known) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Amount of next pay increase (if known) \$ \_\_\_\_\_

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

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.**

|   |  |                      |               |
|---|--|----------------------|---------------|
| _____<br>Print Name Of employer Representative: | _____<br>Title:                          | _____<br>Telephone # | _____<br>Date |
| _____<br>Signature of employer Representative:  | _____<br>Employer Representative e-mail: |                      |               |



**ASPEN/ PITKIN COUNTY HOUSING AUTHORITY  
ASSET VERIFICATION**

**THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY APPLICANT/TENANT**

Financial Institution: \_\_\_\_\_

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

Fax #: \_\_\_\_\_

The individual/household named below has applied for residency or is currently residing in housing that requires verification of all assets and any income earned from the assets. The information will remain confidential. This Verification is being requested in connection with the undersigned's eligibility for residency in the following community:

Project Name: Truscott Phase II/Aspen County Inn

I certify that this verification has been sent directly to the financial institution and was not hand-carried by the applicant/tenant or any other interested party.

|                                   |   |                      |
|-----------------------------------|---|----------------------|
| _____<br>Signature of Owner/Agent | _____<br>Tax Credit Qualification Specialist<br>Title | _____<br>/ /<br>Date |
|-----------------------------------|---|----------------------|

**Consent to Release Information - By my signature, I hereby authorize disclosure of information on any account held by me, or any of my dependents, in order to determine my eligibility to rent as required by Section 42 of the Internal Revenue Code or other Affordable Housing Program.**

\_\_\_\_\_  
Applicant/Tenant Signature

\_\_\_\_\_  
Printed Name of Applicant/Tenant

|               |                         |
|---------------|-------------------------|
| _____<br>Date | _____<br>Soc Sec Number |
|---------------|-------------------------|

|  |        |                                    |
|--|--------|------------------------------------|
| Return Form by:                                      | Mail:  | Sandra Largaespada                 |
|  |        | 18 Truscott Place                  |
|  |        | Aspen, CO. 81611                   |
|  | E-mail | sandra.largaespada@cityofaspen.com |
|  | Fax:   | (970) 920-5722                     |
| If you have any questions please call (970) 429-2772 |        |                                    |

**THIS SECTION TO BE COMPLETED BY FINANCIAL INSTITUTION**

Please provide the information requested below:

\*Please provide the **average 6-month** balances for checking accounts and current balances for savings accounts listed

| Asset Type | Open Date      | Account No. | Account Balance * | % Rate | Annual Int.<br>from Asset |
|------------|----------------|-------------|-------------------|--------|---------------------------|
| _____      | ____/____/____ | _____       | \$ _____          | _____  | \$ _____                  |
| _____      | ____/____/____ | _____       | \$ _____          | _____  | \$ _____                  |
| _____      | ____/____/____ | _____       | \$ _____          | _____  | \$ _____                  |
| _____      | ____/____/____ | _____       | \$ _____          | _____  | \$ _____                  |

I hereby certify that the information supplied in this section is true and complete to the best of my knowledge.

|                  |             |
|------------------|-------------|
| Signature: _____ | Date: _____ |
|------------------|-------------|

|                     |              |
|---------------------|--------------|
| Printed Name: _____ | Phone: _____ |
|---------------------|--------------|

Title: \_\_\_\_\_

**NOTE:** Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

### Animal Affidavit

I, \_\_\_\_\_, affirm that I do not have, nor do I intend to have any animals/pets, inside the apartment # \_\_\_\_\_ at any time upon signing this lease.

\_\_\_\_\_ I understand that “pets” include but are not limited to mammals, amphibians, birds, fish, crustaceans, insects, and arachnids.

\_\_\_\_\_ I understand that pets other than dogs and cats may or may not be approved by the Property Manager. If approved, it must be in writing from the Property Manager ***before*** the pet is brought onto the property.

\_\_\_\_\_ I understand that guests are not allowed to bring their pets into the apartment nor are they allowed to bring them onto the property grounds.

\_\_\_\_\_ I understand I cannot “pet sit” any animals in my apartment or on the property.

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Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

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Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

**ASPEN/ PITKIN COUNTY HOUSING AUTHORITY**  
ANNUAL DEMOGRAPHICS INFORMATION FORM

The information on this form will be provided to the Colorado Housing and Finance Authority as part of annual demographics survey. Completion of this form is voluntary and is not a condition of occupancy.

☐ I do not wish to provide this information.

How many occupants over the age of 62 will be living in the household? \_\_\_\_\_

Number of Children under the Age of 18 living in the household: \_\_\_\_\_

Is this a single parent family? (check one) ☐ Yes ☐ No

If this is a single parent family, is the head of household male or female? ☐ Male ☐ Female

Indicate the primary source of household income from the following list (check one):

- |  |  |  |                                       |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Wages           | <input type="checkbox"/> Child Support | <input type="checkbox"/> Social Security | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Pension       | <input type="checkbox"/> TANF            | <input type="checkbox"/> Military Pay |
| <input type="checkbox"/> SSI/SSDI        | <input type="checkbox"/> Alimony       | <input type="checkbox"/> Other           | <input type="checkbox"/> None         |

How many people in the household contribute to the household income? \_\_\_\_\_

Indicate the occupation of the head of household? (check one)

- |                                       |   |  |                                      |
|---------------------------------------|---|--|--------------------------------------|
| <input type="checkbox"/> Service      | <input type="checkbox"/> Clerical/Admin             | <input type="checkbox"/> Full Time Student                   | <input type="checkbox"/> Military    |
| <input type="checkbox"/> Managerial   | <input type="checkbox"/> Paraprofessional/Technical | <input type="checkbox"/> Production/Construction/Maintenance |                                      |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Retired                    | <input type="checkbox"/> Refuse                              | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Technical    | <input type="checkbox"/> Transportation             | <input type="checkbox"/> Unemployed                          |                                      |

Does anyone in this household have a disability which requires either modification of the living quarters, or any kind of supportive service assistance? \_\_\_\_\_

Indicate the primary racial identity of the household: (check one)

- |   |   |   |                                  |
|---|---|---|----------------------------------|
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> African-American | <input type="checkbox"/> Asian/Pacific/Islander | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Other (Hispanic) | <input type="checkbox"/> Multi-Racial     | <input type="checkbox"/> Native American/Intuit |                                  |

Resident Signature \_\_\_\_\_

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

Property: \_\_\_\_\_

Unit Number: \_\_\_\_\_

ASPEN PITKIN COUNTY HOUSING AUTHORITY  
TENANT CONTACT INFORMATION

UNIT # \_\_\_\_\_ Date of Info: \_\_\_\_\_

TENANT # 1

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

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

Cell Phone: \_\_\_\_\_

Home Phone \_\_\_\_\_

Drivers Lic # \_\_\_\_\_

TENANT # 2

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

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

Cell Phone: \_\_\_\_\_

Home Phone \_\_\_\_\_

Drivers Lic # \_\_\_\_\_

EMERGENCY CONTACT INFO:

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

Relation: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Home Phone \_\_\_\_\_

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

Relation: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_

Home Phone \_\_\_\_\_