



18 Truscott Place • Aspen, CO 81611

970-920-5050 • www.apcha.org • www.apchahometrek.org

Strengthening Community Through Workforce Housing

QUALIFICATION PACKET FOR SEASONAL 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:

- ✓ \$35 processing fee payable to the City of Aspen – **Cash or Check only**
- ✓ Qualification Packet/Application – All Sections
- ✓ Employment Verification Form **completed by each employer**
- ✓ Valid picture ID: Driver's License or State ID; or Permanent Resident Card or Valid Passport..

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

PROJECT/APARTMENT COMPLEX NAME (check one)

- | | | | | |
|---------------------------------------|-------------------------------------|--|---------------------------------------|---------|
| <input type="checkbox"/> Marolt Ranch | <input type="checkbox"/> Burlingame | <input type="checkbox"/> Holiday House | <input type="checkbox"/> Heatherbed | Unit #: |
| <input type="checkbox"/> Highlands | <input type="checkbox"/> Cortina | <input type="checkbox"/> Ullr | <input type="checkbox"/> Other: _____ | |

APPLICANT INFORMATION

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:

LAWFUL PRESENCE AFFIDAVIT (Check one)

APPLICANT

I, _____, swear or affirm under penalty or perjury under the laws of the State of Colorado that:

I am a United States citizen, **OR**

I am a Permanent Resident of the United States, **OR**

I am lawfully present in the United States pursuant to Federal law.

To be completed by Housing Authority Staff

Approved by:

I.E.

Date:



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Where do you work or will be working in Pitkin County?	
Employer:	Start Date of Employment:

Do you or anyone in your household own any property within the Ownership Exclusion Zone? (defined in Reuglations)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Property Address:

Do you or anyone in your household intend to have any pet/animal inside the apartment? (include mammals, amphibians, birds, fish, crustaceans, insects and arachnids)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Pet/Animal:	Size/Breed (if applicable):

Vehicle Information:				
<input type="checkbox"/> Yes <input type="checkbox"/> No	Year:	Make:	Model:	License Plate #:

- I 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.
- I understand that if the documentation that I/we have provided is found to be false or non-verifiable, I will be disqualified.
- I authorize APCHA to make necessary inquiries to evaluate my/our employment, assets and income.

Signature of Applicant:	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.	
INDICATE YOUR PRIMARY RACIAL IDENTITY <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> African/American/Black <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to answer	INDICATE YOUR HIGHEST LEVEL OF EDUCATION: <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 <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____ <input type="checkbox"/> Prefer not to answer	COUNTRY OF ORIGIN: (please list below) Please list below: <input type="checkbox"/> _____ <input type="checkbox"/> Prefer not to answer

EMPLOYMENT & INCOME VERIFICATION

(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
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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:

Base Pay rate: \$ _____ per (circle one) Hour / Week / 2 Weeks / Month / Year	Average hours per week:	Average bonuses/tips/commissions:
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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:

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