

HOME OWNERSHIP PRE-APPLICATION

SUBMITTING THIS APPLICATION DOES NOT GUARANTEE PROGRAM APPROVAL THIS APPLICATION MUST BE COMPLETE (INCLUDE ATTACHMENTS) BEFORE IT IS PROCESSED.

Estes Park Housing Authority, 363 E. Elkhorn Ave. #101, P.O. Box 1200, Estes Park, CO 80517 970-591-2535 970-591-2538 (Fax)

Date				
Applicant	SS#	Date	of Birth	
Co-applicant	SS#	Date	of Birth	
Address	_ City	State	Zip	
Mailing Address	City	State	Zip	
Daytime phone #	_ Evening Phone#_			
Email Address:				
The following information is voluntary. Circle all that apply American Indian Asian Black Hispanic The Estes Park Housing Authority reserves the qualification.	right to ask for addi	tional items shou	ld we deem it necessa	•
Applicant(s) understand the Vista Ridge Condo this propertyYesNo A comp				
To participate in this loan program you and you Ownership training class. Are you willing to m				
As a requirement of this income qualified prope MUST be included and verified. All income for understand this requirement?Yes	r those persons ageNo	18 years and olde	er will be included. D	o you
TO BE COMPLETED BY ESTES PARK HOU Application received by Estes Park Housing Aut Application was received and reviewed for com	thority on this date			

INCOME INFORMATION

Applicant:

Place of Employment	Occupation
Employer Address	Employer Contact Name
Employer Phone #	Employer Email
Gross (before deductions) Income	per
Hire Date (Mo/Yr)	Hours worked per week
Co-Applicant:	
Place of Employment	Occupation
Employer Address	Employer Contact Name
Employer Phone #	Employer Email
Gross (before deductions) Income	per
Hire Date (Mo/Yr)	_ Hours worked per week
Are either Applicant or Co-Applicant Self-Emp	ployed or Unemployed? YesNo
	-Employed, additional information will be required.
If ves, how much per month	ld Support YesNo
Is Child Support Court Ordered Yes	No
Other than Employment, Self-Employment, an	d/or Child Support, please list all other sources of income:

List all household occupants, including applicant: (Please be complete, your eligibility is based on number of persons in your household. Use a separate sheet of paper if necessary) Name_____(applicant) Date of Birth_____ Name_____ Date of Birth_____ Name_____ Date of Birth_____ Name_____ Date of Birth_____ Name______ Date of Birth_____ Are any of the above occupants age 18 years of age AND NOT on the Deed of Trust? Yes_____ No ____ Name of that Occupant_____ Reason for not being on the Deed of Trust_____ Place of employment Gross Wages BANKING, ASSETS, AND LIABILITY INFORMATION **BANKS**: Saving Acct ☐ Yes ☐ No Institution Name_______Balance_____ ☐ Yes ☐ No Institution Name_______Balance_____ Other Use additional sheet of paper if necessary ASSETS: List any other assets and their value: Value Value Do you have any other sources of income? (Include any gifts)_____ Have you ever filed a bankruptcy?______ If Yes how long ago_____ Do you currently own a home Yes______No____

Have you owned a home in the last 3 years? Yes______ No_____

Real Estate Agents Name _____Phone #____

Lender_____Phone #_____

Lender's Email

Real Estate Agents Email_____

SUBMIT ORIGINALS A copy of your information. A copy of the late	L NOT BE PROCESSED. ALL ATTACHMENTS MUST BE COPIES. DO 3. THERE WILL BE A \$5.00 CHARGE FOR COPYING DOCUMENTS. most recent income tax form and W-2 forms. If self-employed enclose 3 years tax ast 2 months pay-stubs for EVERY working family member re-qualification letter from your lender g Verification from all members of the household holding a bank account, as well as ing accounts tion of Employment from all employed members of the household age 18 years + best recent bank statement(s) from each household member of any other Assets	
	end Home buyers Training Class, available through Neighbor to Neighbor or Colora authority (CHFA). This information will be provided upon approval to the program.	
Applicant(s) agrees to income and or wages. Authority, including composition will be caserviceable second de If contract to purchas Applicant(s) agrees to the EPHA. Applicant(s) acknowle and by signing below Applicant(s) attest that	cicant(s) attest that all information submitted is true and accurate. It allow the Estes Park Housing Authority to make inquires to employers regard Applicants also acknowledge that all acts of fraud against the Estes Park Housing Authority to make inquires to employers regard Applicants also acknowledge that all acts of fraud against the Estes Park Housing to house the for application being null and void. Such fraud will also be cause for the ed of trust, held by the Estes Park Housing Authority, to become due and pay the has been executed, said contract will also be null and void. It attends the Home Buyers Education Class and will deliver certificate of completing edges that the Vista Ridge Homeownership Program has been thoroughly explanates to compliance with all terms and conditions of this program. The property you are purchasing will be used as your primary residence. The et allow the exchange of information between the Housing Authority, ander.	using ehold non-yable.
Signature	Date	
Printed Nan	ne	
Signature	Date	
Printed Name		

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION. INCOMPLETE





363 E. Elkhorn Ave., Suite 101 P.O. Box 1200, Estes Park, CO 80517 970-591-2535 970-591-2538 Fax

BANKING VERIFICATION

Applicant Name:		
Applicant Address:		
Applicant Social Security Number	or Bank Account Num	ber:
Bank Name & Address:		
Bank Phone #: Bar	nk Fax #:	Bank Email:
	nce. This information is a	ngs account information of clients and/or family needed to base rental schedules as well as to p is greatly appreciated.
Sincerely, o Kaleigh Smith o Mariann Pug	h o Jessica Moffett	o Scott Moulton o Naomi Hawf
, <u>,</u>	nfidential and is related to	the Estes Park Housing Authority. I understand housing assistance only ; therefore, I hereby
Client Signature	Date	
CLIENT INFORMAT	ION – TO BE COMPLE	TED BY BANK REPRESENTATIVE
Current Checking Account Balance:	\$(average past 6 months)	Interest Rate
Current Savings Account Balance	\$	Interest Rate
Amount in Savings Certificates	\$	Interest Rate
Remarks:		
Bank or Savings Name:		Phone:
Completed By (please print):Signature:		Title: Date:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



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VERIFICATION OF EMPLOYMENT

Employer:		Contact Name:		
Address:		Phone:		
		Email:		
		Fax #:		
RE:		_		
Applicant's Name				
The above Applicant/Resident is applindividual has signed a release below remain confidential. Please return the	giving you permission to suppl	ly us with information. The i		
I certify that this verification has been other interested party.	sent directly to the employer o	and was not hand-carried by	the applicant/tenant or any	
Signature of Property Manager	Printed Name		Date	
Location Address	Email Address	Phone #	Property Fax #	
Consent to Release Information: My sign	ature below authorizes verification	n of my employment informatio	n.	
Applicant/R	esident Signature		Date	
Employa	**Stop Here and I r: Please fill out the information	Return to EPHA**	lo.	
Date of Hire:		on:		
Hours worked per week:	_ in Peak Season Ho	ours worked per week:	in Low Season	
If there is no seasonal impact, c	heck here			
Gross Year-to-Date Earnings: \$	YTD Pe	eriod:// <u>thru</u>	<u> </u>	
Overtime Hrs per week:	(Overtime pay rate: \$	per hour	
Average No. of Shift Differenti	al Hours per week:	Shift Differential Rat	te per Hour: \$	
Does this employee receive? (cir	rcle all that apply) BONUS TIP.	S COMMISSION NONE		
Average bonus/tips/commission Are bonus/commissions guaran				
Date of Next Pay Increase (if kn	nown): Amou	nt of Next Pay Increase	(if known):	
Employer Comments:				
WARNING: Section 1001 of Title 18 of the U	U.S. Code makes it a criminal offense nt or Agency of the U.S. as to any man		`misrepresentation to	
Signature of Employer Represe. Telephone #:		nt Name ail:	Date	
Verification of Employment	_		Feb 2021	