



**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-Employed or Unemployed? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give details including how long. If Self-Employed, additional information will be required.

\_\_\_\_\_

\_\_\_\_\_

Do either applicant or co applicant receive Child Support \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how much per month \_\_\_\_\_

Is Child Support Court Ordered Yes \_\_\_\_\_ No \_\_\_\_\_

Other than Employment, Self-Employment, and/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:**

Checking Acct  Yes  No Institution Name \_\_\_\_\_ Balance \_\_\_\_\_

Saving Acct  Yes  No Institution Name \_\_\_\_\_ Balance \_\_\_\_\_

Checking Acct  Yes  No Institution Name \_\_\_\_\_ Balance \_\_\_\_\_

Saving Acct  Yes  No Institution Name \_\_\_\_\_ Balance \_\_\_\_\_

Other  Yes  No Institution Name \_\_\_\_\_ Balance \_\_\_\_\_

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 # \_\_\_\_\_

Real Estate Agents Email \_\_\_\_\_

Lender \_\_\_\_\_ Phone # \_\_\_\_\_

Lender's Email \_\_\_\_\_

PLEASE ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED. ALL ATTACHMENTS MUST BE COPIES. DO NOT SUBMIT ORIGINALS. THERE WILL BE A \$5.00 CHARGE FOR COPYING DOCUMENTS.

- A copy of your most recent income tax form and W-2 forms. If self-employed enclose 3 years tax information.
- A copy of the last 2 months pay-stubs for EVERY working family member
- Copy of your pre-qualification letter from your lender
- Signed Banking Verification from all members of the household holding a bank account, as well as any other asset holding accounts
- Signed Verification of Employment from all employed members of the household age 18 years +
- Copy of two most recent bank statement(s) from each household member
- Documentation of any other Assets

All applicants must attend Home buyers Training Class, available through Neighbor to Neighbor or Colorado Housing and Finance Authority (CHFA). This information will be provided upon approval to the program.

**By signing below applicant(s) attest that all information submitted is true and accurate.**

**Applicant(s) agrees to allow the Estes Park Housing Authority to make inquires to employers regarding income and or wages. Applicants also acknowledge that all acts of fraud against the Estes Park Housing Authority, including but not limited to misrepresentation of income, assets or family or household composition will be cause for application being null and void. Such fraud will also be cause for the non-serviceable second deed of trust, held by the Estes Park Housing Authority, to become due and payable. If contract to purchase has been executed, said contract will also be null and void.**

**Applicant(s) agrees to attend Home Buyers Education Class and will deliver certificate of completion to the EPHA.**

**Applicant(s) acknowledges that the Vista Ridge Homeownership Program has been thoroughly explained and by signing below agrees to compliance with all terms and conditions of this program.**

**Applicant(s) attest that the property you are purchasing will be used as your primary residence.**

**The applicant(s) agree to allow the exchange of information between the Housing Authority, your REALTOR© and Lender.**

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

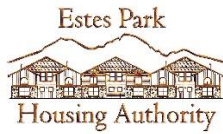
Printed Name \_\_\_\_\_

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

Printed Name \_\_\_\_\_







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

**VERIFICATION OF EMPLOYMENT**

Employer: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Email: \_\_\_\_\_  
 \_\_\_\_\_ Fax #: \_\_\_\_\_

RE: \_\_\_\_\_  
 Applicant's 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.*

\_\_\_\_\_  
 Signature of Property Manager Printed Name Date

\_\_\_\_\_  
 Location Address Email Address Phone # Property Fax #

**Consent to Release Information:** My signature below authorizes verification of my employment information.  
 \_\_\_\_\_  
 Applicant/Resident Signature Date

**\*\*Stop Here and Return to EPHA\*\***

**Employer: Please fill out the information below as completely as possible.**

Date of Hire: \_\_\_\_\_ Position: \_\_\_\_\_

Base Pay: \$ \_\_\_\_\_ per (circle one) YEAR MONTH WEEK HOUR OTHER \_\_\_\_\_

Hours worked per week: \_\_\_\_\_ in Peak Season Hours worked per week: \_\_\_\_\_ in Low Season

If there is no seasonal impact, check here \_\_\_\_\_

Gross Year-to-Date Earnings: \$ \_\_\_\_\_ YTD Period: \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_/\_\_\_\_.

Overtime Hrs per week: \_\_\_\_\_ Overtime pay rate: \$ \_\_\_\_\_ per hour

Average No. of Shift Differential Hours per week: \_\_\_\_\_ Shift Differential Rate per Hour: \$ \_\_\_\_\_

Does this employee receive? (circle all that apply) BONUS TIPS COMMISSION NONE

Average bonus/tips/commission: \$ \_\_\_\_\_ per (circle one) YEAR MONTH WEEK HOUR OTHER

Are bonus/commissions guaranteed? (circle one) YES NO, Explain: \_\_\_\_\_

Date of Next Pay Increase (if known): \_\_\_\_\_ Amount of Next Pay Increase (if known): \_\_\_\_\_

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.**

\_\_\_\_\_  
 Signature of Employer Representative (Print) Print Name Date  
 Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_