

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

BANKING VERIFICATION

Applicant Name: _____

Applicant Address: _____

Applicant Social Security Number or Bank Account Number: _____

Bank Name & Address: _____

Bank Phone #: _____ **Bank Fax #:** _____ **Bank Email:** _____

This form is to request information regarding banking or savings account information of clients and/or family members receiving Housing Assistance. This information is needed to base rental schedules as well as to conform with Federal regulations. Your participation and help is greatly appreciated.
Thank you.

Sincerely,
o Wendy Fisher o Jeff Mabry o Jessica Moffett o Scott Moulton

I hereby request that the following information be furnished to the Estes Park Housing Authority. I understand that this information will be kept confidential and is related to housing assistance **only**; therefore, I hereby authorize release of this information.

Client Signature Date

CLIENT INFORMATION – TO BE COMPLETED BY BANK REPRESENTATIVE

Current Checking Account Balance: \$ _____ Interest Rate _____
(average past 6 months)

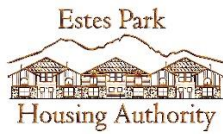
Current Savings Account Balance \$ _____ Interest Rate _____

Amount in Savings Certificates \$ _____ Interest Rate _____

Remarks: _____

Bank or Savings Name: _____ Phone: _____
Completed By (please print): _____ Title: _____
Signature: _____ 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 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.

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

Applicant/Resident Signature

Date

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

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 EPHA Staff

Printed Name

Date

Contact us via: EPHA@Estes.org 970 591 2535 office

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: