



Garfield County Community Housing Program



\$278,850

**417 Fox Run Ct,
Glenwood Springs,
CO 81601**

Open House: Saturday,
April 15th, 2017, 12-2pm

Application Deadline:
Thursday, April 20th,
2017 @ 5:00pm

Details:

www.garfieldhousing.com

Cindy Sadlowski

618-0319 or 625-3589



- ❖ *Single Family Home, built 2009*
- ❖ *3 bedrooms, 2 baths*
- ❖ *2 car garage*
- ❖ *1538 square feet, Lot: 6915 Sq. ft.
(Per Assessor).*
- ❖ *2016 Taxes: \$1,619.80*
- ❖ *HOA dues are \$155 monthly and include access to the Recreation Center (tennis courts, basketball court, Pool House, and pool. One-time fee of \$500 to join club and pool.)*
- ❖ *Golf course access is not included in HOA.*
- ❖ *Information on Ironbridge Community:
<http://www.ironbridgeclub.com/roaringfork/>*

GARFIELD COUNTY COMMUNITY HOUSING PROGRAM PROGRAM DESCRIPTION

The Garfield County Housing Authority (GCHA) serves residents between Basalt and Parachute for whom conventional housing is unaffordable. GCHA assists individuals, families, seniors and persons with disabilities and works to locate and rent or purchase adequate housing. GCHA also works with the communities and governments on affordable housing policies and guidelines. Our goal is to build healthy communities by ensuring quality housing for all residents in the Roaring Fork and Colorado River valleys.

The GCHA was established in 1984 by the Garfield County Commissioners as a stand-alone agency. GCHA is an independent, quasi-governmental agency.

The GCHA administers Garfield County's Community Housing Program. All homes sold under this program are deed restricted with an annual appreciation cap of 3 percent or the Consumer Price Index (CPI), whichever is greater. All homes must be owner-occupied. Purchasers of Community Housing Units must comply with the County's regulations and guidelines for this program. Please review the application.

Questions: please call (970) 625-3589 or visit www.garfieldhousing.com.

**GARFIELD COUNTY COMMUNITY HOUSING PROGRAM
ELIGIBILITY REQUIREMENTS**

Income Requirement

Maximum Household Gross Incomes:

1 person household - \$58,560 3 person household - \$75,360 5 person household - \$90,360
2 person household - \$66,960 4 person household - \$83,640

Maximum household assets are limited to \$150,000.

Employment or Residency Requirement

Household must occupy the unit as a primary residence upon purchase. Household includes all occupants of the unit. All completed applications will be assigned by the Garfield County Housing Authority to one of three Categories. Category one applicants will receive priority over other category applicants.

Category One: At least one adult household member is a full-time (32 hours per week) employee who is working in Garfield County for a business with their principal office in Garfield County.

Category Two: Applicant household are residents (10 or more months of the year) of Garfield County.

Category Three: Applicant household will reside in the Community Housing Unit but is not currently a resident.

Open House will be Saturday, April 15th, 2017 from 12-2 pm.

Application Deadline is 5:00 pm on Thursday, April 20th, 2017.

To receive a letter of eligibility to purchase, please complete an application packet and submit to an address below (**no faxed or emailed applications**). All information is confidential.

Kristel Langford or Katherine Gazunis
Program Manager Executive Director

Garfield County Housing Authority
1430 Railroad Avenue, Unit F-1
Rifle, CO 81650

970-625-3589

Lottery will be Thursday, April 27th, 2017 at 2:00 pm at the Garfield County Housing Authority in Rifle, CO.

GARFIELD COUNTY COMMUNITY HOUSING PROGRAM

APPLICATION REQUIREMENTS

Submit the following documents for all adult household members, 18-years or older:

- a. Completed application packet. The application packet follows this page (pp 5-16). Please keep the initial pages for your information.
- b. 2 most current years of state and federal tax returns and associated W-2s.
- c. Self-employed individuals will need to provide profit and loss statements, and any other additional documentation proving that the employment is in Garfield County and showing income.
- d. Pay stubs for the last 3 months for all jobs held and 3 pay stubs for any seasonal jobs routinely held.
- e. Current statements for all assets (bank accounts, savings accounts, retirement accounts, IRAs, etc.) indicating current balance, interest rate, or annual dividend or documentation for other assets (real estate, etc).
- f. Copy of pre-qualification letter from a lender that states you are qualified to purchase the home or financial documentation that verifies you can purchase the unit on your own.

Note: GCHA suggests that you ask the lender to include your debt-to-income ratio and approximate payment including taxes and insurance (PITI) so that you have an idea of your monthly expense to own this home. A pre-qualification letter is not a loan commitment.

**Co-ownership and Co-signing – Any co-ownership interest, other than joint tenancy or tenancy-in-common, must be approved by the GCHA.*

- g. Copy of your driver's license(s) and social security card(s), OR a copy of your passport(s).

All information is confidential.

**GARFIELD COUNTY COMMUNITY HOUSING
APPLICATION FORM**

Home: 417 Fox Run Ct, Glenwood Springs, CO 81601

If applying by yourself, only fill out Applicant column. If two adults are applying, fill out both columns individually. If you have questions, please call the Garfield County Housing Authority at (970) 625-3589.

| | <u>APPLICANT</u> | <u>CO-APPLICANT</u> |
|------------------------|-----------------------------|-----------------------------|
| NAME(S) | _____ | _____ |
| MAILING ADDRESS | _____ | _____ |
| | _____ | _____ |
| STREET ADDRESS | _____ | _____ |
| | _____ | _____ |
| | [] Own [] Rent Years ____ | [] Own [] Rent Years ____ |
| PHONE(S) | _____ (H) | _____ (H) |
| | _____ (W) | _____ (W) |
| E-MAIL | _____ | _____ |
| BIRTHDATE | _____ | _____ |

LIST NAMES OF OTHER OCCUPANTS AND RELATIONSHIP. For a child or children to qualify as an additional person for purposes of household income categories, the child or children must be living with you at least half the year (more than 180 days). We will require documentation in joint custody situations.

| | NAME | RELATIONSHIP | AGE |
|----|-------|--------------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

**GARFIELD COUNTY COMMUNITY HOUSING
APPLICATION FORM**

If selected to purchase the unit,

1. Do you intend to use the unit for your primary full-time residence?

Applicant: Yes No
Co-applicant: Yes No

2. Are you employed full-time by a Garfield County employer?

Applicant: Yes No
Co-applicant: Yes No

3. Are you a full-time resident of Garfield County?

Applicant: Yes No
Co-applicant: Yes No

**GARFIELD COUNTY COMMUNITY HOUSING
APPLICATION FORM**

EMPLOYMENT HISTORY: Please list the name of business, address, phone number, contact person and actual dates of employment beginning with your most recent employment for the past year. Use additional copies for additional adult household members.

APPLICANT

EMPLOYER NAME

Address

Phone Number

Contact Person

Dates of Employment

EMPLOYER NAME

Address

Phone Number

Contact Person

Dates of Employment

CO-APPLICANT

EMPLOYER NAME

Address

Phone Number

Contact Person

Dates of Employment

EMPLOYER NAME

Address

Phone Number

Contact Person

Dates of Employment

ATTACH ADDITIONAL SHEETS IF NECESSARY

**GARFIELD COUNTY COMMUNITY HOUSING
APPLICATION FORM**

EMPLOYMENT/INCOME VERIFICATION

Please submit one copy for each employer

I give my permission to the Garfield County Housing Authority to obtain income and employment information required for this application. GCHA will contact my current employer to verify information below.

(Applicant sign on the line above)

Date

Please list employer and income:

PLACE OF EMPLOYMENT _____

ADDRESS _____

GROSS MONTHLY INCOME _____

GROSS ANNUAL INCOME _____

**COMMISSIONS, DIVIDENDS,
EXTRA INCOME** _____

To be completed by Employer.

I verify that the above information is accurate and true:

Employer signature and title

Date

Printed name of the above

Telephone number

**GARFIELD COUNTY COMMUNITY HOUSING
APPLICATION FORM**

ASSET INFORMATION SHEET

Please list all bank accounts, savings accounts and other assets for all adult household members, 18-years and older.

| | <u>APPLICANT</u> | <u>CO-APPLICANT</u> |
|---|-------------------------|----------------------------|
| Institution | _____ | _____ |
| Type of Asset | _____ | _____ |
| Balance | \$ _____ | \$ _____ |
| Institution | _____ | _____ |
| Type of Asset | _____ | _____ |
| Balance | \$ _____ | \$ _____ |
| Institution | _____ | _____ |
| Type of Asset | _____ | _____ |
| Balance | \$ _____ | \$ _____ |
| Vested Interest in a Retirement Fund | _____ | _____ |
| | \$ _____ | \$ _____ |
| Net Worth of Business(es) Owned (Attach Financial Statement) | _____ | _____ |
| | \$ _____ | \$ _____ |
| Other assets | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| TOTAL NET ASSETS | _____ | _____ |

**GARFIELD COUNTY COMMUNITY HOUSING PROGRAM
APPLICATION**

DO YOU OWN ANY PROPERTY?

| | <u>APPLICANT</u> [] Yes [] No | <u>CO-APPLICANT</u> [] Yes [] No |
|--|------------------------------------|---------------------------------------|
| ADDRESS | _____ | _____ |
| | _____ | _____ |
| TYPE OF PROPERTY (Land, House, Apt.) | _____ | _____ |
| VALUE | _____ | _____ |
| AMOUNT OWED | _____ | _____ |
| RENTAL INCOME | _____ | _____ |
| APPRAISED VALUE | _____ | _____ |
| Other partners in the Property ownership? | [] Yes [] No | |
| If yes, how many? | _____ | _____ |

If you currently occupy this property, please indicate your plan if you are the lottery winner. Will you sell this property or rent it? Please remember that the Community Housing Units must be owner-occupied.

**GARFIELD COUNTY COMMUNITY HOUSING
APPLICATION FORM**

**VERIFICATION OF TRUE AND ACCURATE
INFORMATION**

I/we hereby verify that all information provided in this application package is accurate and true. It is understood that I/we will be disqualified from the application and approval process by the Garfield County Housing Authority if it is determined that any or all information is inaccurate or non-verifiable.

I/we shall be notified by the Garfield County Housing Authority as to my/our subsequent disqualification and the reasons thereof.

Applicant

Date

Co-Applicant

Date

Other Adult

Date

**GARFIELD COUNTY COMMUNITY HOUSING
APPLICATION FORM**

**AUTHORIZATION TO OBTAIN COPY OF
LOAN APPLICATION and OTHER LOAN INFORMATION**

This document provides authorization to the Garfield County Housing Authority to obtain your actual loan documentation from the lender you choose for your financing. You do not need to fill out the name of a lender at this time. Upon signing of the contract for purchase and choosing a lender for your financing, you will need to provide the name of your lender to the Garfield County Housing Authority so that they may obtain a copy of your original loan documents as necessary.

The undersigned hereby authorizes my/our lender, _____ to furnish a copy of my/our completed loan application and other requested loan documents to the Garfield County Housing Authority.

Applicant

Date

Co-Applicant

Date

Other Adult

Date

**GARFIELD COUNTY COMMUNITY HOUSING
APPLICATION FORM**

ACCEPTANCE OF GRIEVANCE POLICY

I, _____, wish to apply with the Garfield County Housing Authority (GCHA) to become eligible to purchase community housing. I understand that the affordable unit is made available by the rules set forth in the Garfield County Zoning Regulations and in the Garfield County Affordable Housing Guidelines. I recognize that as part of the regulations and guidelines, the staff of the GCHA is responsible for making a determination about whether I am eligible to purchase an affordable housing unit, and that the determination is made according to financial criteria set forth in the Garfield County Zoning Regulations and the Garfield County Affordable Housing Guidelines.

If I do not agree with the determination of the GCHA staff, I recognize that I have the right to file a grievance in accordance with the regulations, which will be heard by the GCHA Board of Commissioners. I recognize the either the Board or a court may overturn the eligibility decision of the staff of the GCHA.

If I appeal and receive a favorable ruling from either the Board or a court, I hereby acknowledge that my sole remedy will be to have my name put in the next lottery for the next available unit. I waive y right to seek other damages such as specific performance or monetary compensation for any loss or inconvenience I feel I may have sustained as a result of being determined ineligible. I also waive any claim of attorney’s fees if I appeal and prevail.

Applicant

Date

Co-Applicant

Date

Other Adult

Date

**GARFIELD COUNTY COMMUNITY HOUSING
APPLICATION FORM**

**AFFIDAVIT IN COMPLIANCE WITH
C.R.S. 24-77.5-101, et.seq**

APPLICANT:

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one)

_____ 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.

I understand that this sworn statement is required by law 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.

Applicant

Date

**GARFIELD COUNTY COMMUNITY HOUSING
APPLICATION FORM**

**AFFIDAVIT IN COMPLIANCE WITH
C.R.S. 24-77.5-101, et.seq**

CO- APPLICANT:

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one)

_____ 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.

I understand that this sworn statement is required by law 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.

Co-Applicant

Date

**GARFIELD COUNTY COMMUNITY HOUSING
APPLICATION FORM**

ACCEPTANCE OF COMMUNITY HOUSING GUIDELINES PROCEDURES

I understand that if I receive a letter of eligibility from GCHA that:

1. I have 3 business days to sign an intent to purchase letter if required by GCHA.
2. I must enter into a Contract to Purchase and provide \$500 earnest money within 7 business days.
3. I understand that all typical closing costs will apply.
4. I must comply with the deed restriction and all aspects of the Garfield County Community Housing Regulations and Guidelines.
5. I acknowledge that the home must be owner-occupied.

Applicant

Date

Co-Applicant

Date

Other Adult

Date