IRONBRIDGE
GOLF CLUB & MOUNTAIN COMMUNITY

Garfield County Community Housing Program

$400,550

513 Fox Run Ct,
Glenwood Springs,
CO 81601

Application Deadline:
Thurs, Sept 24th, 2026
@ 5:00pm

Lottery:
Thurs, October 8th, 2026
@ 2:00pm

Details:
www.garfieldhousing.com
Jackie Daly
625-3589 or 309-4775

- *Single Family Home*
- *3 bedrooms, 2 baths*
- *2 car garage*
- *1538 square feet (per Assessor)*
- *Built 2009*
- *2025 Taxes: $2,017.24*
- *HOA dues are $150 monthly.*

Uncork & Unwin

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 for 2026:

1 person household - $95,880	3 person household - $123,240	5 person household - $147,960
2 person household - $109,560	4 person household - $136,920	

Maximum household assets are limited to $150,000.

Employment or Residency Requirement

Household must occupy the unit as a primary residence upon purchase. The 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 households 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.

Application Deadline is 5:00 pm on Thursday, September 24th, 2026.

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

Kristel Langford
Program Manager
Garfield County Housing Authority
1430 Railroad Avenue, Unit F-1
Rifle, CO 81650
970-625-3589

Lottery will be Thursday, October 8th, 2026 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, 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) OR a copy of your passport(s), and a copy of your social security card(s).

All information is confidential.

GARFIELD COUNTY COMMUNITY HOUSING
APPLICATION FORM

Home: 513 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.

	APPLICANT	**CO-APPLICANT**
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 _____

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.

	APPLICANT	**CO-APPLICANT**
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?

	APPLICANT [ ] Yes [ ] No	**CO-APPLICANT** [ ] 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