

Strengthening Community Through Workforce Housing

PRE-APPLICATION PACKET FOR 517 PARK CIRCLE

QUALIFICATION TYPE			
RENTAL	517 PARK CIRCLE	CATEGORY 2, 3, 4	1 & 2-BEDROOMS

HOUSEHOLD INFORMATION

APPLICANT A

Name:	Date of Birth:
Physical Address (Current):	Mailing Address (if different than Physical Address):
Primary Phone:	Secondary Phone:
Primary Email:	Secondary Email:
Emergency Contact / Name:	Emergency Contact / Phone:

Start date of full-time, consecutive employment in Pitkin County:

APPLICANT B

Name:	Date of Birth:
Physical Address (Current); How long:	Mailing Address (if different than Physical Address):
Primary Phone:	Secondary Phone:
Primary Email:	Secondary Email:
Emergency Contact / Name:	Emergency Contact / Phone:

Start date of full-time, consecutive employment in Pitkin County:

List of all other household members (if dependent over 18, additional documentation will be required)

Name:	Relationship:	Date of Birth:
Name:	Relationship:	Date of Birth:

LAWFUL PRESENCE AFFIDAVIT (Check one)

APPLICANT A

	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.

APPLICANT B

	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.

INCOME		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer: A. B.	Yearly Salary – What was your 2019 gross income? A. B.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-Employed: A. B.	Yearly Salary – What was your 2019 gross income? A. B.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you or any other household member disposed of, given away or sold any assets for LESS than fair market value in the past 10 years: A. B.	

ADDITIONAL SOURCES OF INCOME: <i>Excluding Employment</i>							
Amount Per Year (\$)	Child Support/ Alimony	Social Security Income	Dividend/ Interest	Trust Disbursements	Rental Income	Gifts Received – Ongoing Basis	Other Income
APPLICANT A	\$	\$	\$	\$	\$	\$	\$
APPLICANT B	\$	\$	\$	\$	\$	\$	\$

Do you have ASSETS as listed below?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account(s). If yes, list banks: A. B.	Balance/Value \$ A. B.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings Account(s). If yes, list banks: A. B.	Balance/Value \$ A. B.
<input type="checkbox"/> Yes <input type="checkbox"/> No	CD Money Market Accounts. If yes, list banks: A. B.	Balance/Value \$ A. B.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stock, Bonds, Investments. If yes, list banks: A. B.	Balance/Value \$ A. B.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Retirement Funds. If yes, list funds: A. B.	Balance/Value \$ A. B.
<input type="checkbox"/> Yes <input type="checkbox"/> No	529 Accounts. If yes, list accounts: A. B.	Balance/Value \$ A. B.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Revocable/Irrevocable Trusts. If yes, list trusts: A. B.	Balance/Value \$ A. B.
		TOTAL ASSETS

By signing below, you swear or affirm the information stated above is true and correct.

Signature of Applicant A	Date:	Signature of Applicant B	Date:
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