

Do either applicant or co applicant receive Child Support _____ Yes _____ No
If yes, how much per month _____

Is Child Support Court Ordered _____ Yes _____ No

Any Other Income:

Please list any 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 _____ 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 are over 18 years of age AND NOT on the Deed of Trust? ____ Yes ____ No

If Yes, provide their place of employment _____ Gross Wages _____

BANKING, ASSETS AND LIABILITY INFORMATION

BANKS:

Saving Acct Yes No Institution Name _____ Balance _____

Checking 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 _____

DEBTS:

Please List All Debts:

_____ Monthly Payment _____

_____ Monthly Payment _____

_____ Monthly Payment _____

_____ Monthly Payment _____

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 # _____

Lender _____ Phone # _____

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 most recent pay-stubs for EVERY working family member
- Verification for all other income sources
- Copy of most recent bank statement (s)
- Documentation of all other Assets

All applicants must attend Home buyers Training Class, available through Neighbor to Neighbor, phone number 970-484-7498.

By signing below applicant(s) attest that all information submitted is true and accurate. Applicant here by 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 also agrees to attend Home Buyers Education Class and will deliver certificate of completion to the EPHA. Applicant 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.

Signature _____ Date _____

Printed Name _____

Signature _____ Date _____

Printed Name _____

MAXIMUM INCOME LIMITS

The chart bellows indicates the MAXIMUM total household income allowable under this program. These limits include ALL sources of income.

# of persons in households	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
	\$38,750	\$44,300	\$49,800	\$55,350	\$59,800	\$64,200	\$68,650	\$73,100