



**GUNNISON COUNTY, COLORADO  
2014 WORKFORCE HOUSING LINKAGE FEE  
EXEMPTION APPLICATION**

**GUNNISON COUNTY COMMUNITY DEVELOPMENT DEPARTMENT  
PLANNING OFFICE**

221 N. WISCONSIN ST, STE D., GUNNISON, CO 81230

TELEPHONE: 970-641-0360 FAX: 970-641-8585

Website: <http://www.gunnisoncounty.org/planning.html>

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DATE RECEIVED BY COMMUNITY DEVELOPMENT DEPARTMENT : \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Applicant Information**

Full Name:				
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Address:				<i>Apartment/Unit #</i>
	<i>Mailing Address</i>			
			<i>State</i>	<i>ZIP Code</i>
	<i>City</i>			
Home Phone:	(    )	Alternate Phone:	(    )	
E-mail Address:				
Marital Status:				
Spouse's Name:				
Spouse's Phone:	(    )			

**Permit Information**

Building Permit Application Number:			
Legal/ Physical Address:			
	<b><u>OCCUPANT'S FULL NAME</u></b>	<b><u>RELATIONSHIP</u></b>	
Occupant #1:			
Occupant #2:			
Occupant #3:			
Occupant #4			
Occupant #5			

**INCOME REVIEW SECTION**  
**PLEASE ATTACH TAX RETURNS FOR THE FOLLOWING YEARS**  
 2013 Income Tax Filing Information

<b>Primary Tax Payer Profile</b>		<b>Income Reported:</b>		
<i>Last</i>		<i>First</i>		<i>M.I.</i>
Address on Return (City, State , Zip)			<b>Tax ID or Social Security#</b>	
Primary Phone:	( )	Alternate Phone:	( )	
<b>Secondary Tax Payer Profile</b>		<b>Income Reported:</b>		
<i>Last</i>		<i>First</i>		<i>M.I.</i>
Address on Return (City, State , Zip)			<b>Tax ID or Social Security#</b>	
Primary Phone:	( )	Alternate Phone:	( )	

**2012 Income Tax Filing Information**

<b>Primary Tax Payer Profile</b>		<b>Income Reported:</b>		
<i>Last</i>		<i>First</i>		<i>M.I.</i>
Address on Return (City, State , Zip)			<b>Tax ID or Social Security#</b>	
Primary Phone:	( )	Alternate Phone:	( )	
<b>Secondary Tax Payer Profile</b>		<b>Income Reported:</b>		
<i>Last</i>		<i>First</i>		<i>M.I.</i>
Address on Return (City, State , Zip)			<b>Tax ID or Social Security#</b>	
Primary Phone:	( )	Alternate Phone:	( )	

**2011 Income Tax Filing Information**

<b>Primary Tax Payer Profile</b>		<b>Income Reported:</b>		
<i>Last</i>		<i>First</i>		<i>M.I.</i>
Address on Return (City, State , Zip)			<b>Tax ID or Social Security#</b>	
Primary Phone:	( )	Alternate Phone:	( )	
<b>Secondary Tax Payer Profile</b>		<b>Income Reported:</b>		
<i>Last</i>		<i>First</i>		<i>M.I.</i>
Address on Return (City, State , Zip)			<b>Tax ID or Social Security#</b>	

Primary Phone:	(    )	Alternate Phone:	(    )
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**Residency Documentation**

Please provide copies of the any of the following:

- a. Employment address
- b. Utility Bills
- c. Driver's License and car registration address
- d. Bank or financial institution address
- e. Voter registration card

**Privacy Act Notice:** This information will be solely used by the Department in determining whether you qualify for an exemption under the **Workforce Housing Linkage Fee (Board of County Commissioners Resolutions No. 2006-44, No. 2011-49, No. 2012-09)** It will not be disclosed outside this Department except if required and permitted by law.

I/We hereby certify that all of the information submitted is true and complete. I/We made no misrepresentations in the application or other documents, not did I/We omit any pertinent information:

\_\_\_\_\_  
Signature of Applicant/Primary Tax Payer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Secondary Tax Payer

\_\_\_\_\_  
Date

For Internal Use Only		
<b>Received By:</b>	<b>Date</b>	
<b>Approved/Denied By:</b>	<b>Date:</b>	
<b>Comments:</b>		