

**MT. CRESTED BUTTE HOUSING AUTHORITY
APPLICATION FORM
PITCHFORK SUBDIVISION**

Legal Description of Property _____
LOT NUMBER _____
UNIT NUMBER _____

Purchase Price of Lot and Unit \$ _____
(applies only if resale cap applies)

Date of Closing on Property _____

Attach a copy of preliminary closing statement if resale cap applies to ensure that closing costs are not included in resale price cap. _____

Attach a \$500 check for processing fee (applies only to resale capped units - does not apply to initial sale)

Common Address of Property

Applicant Name _____
Address _____

Telephone _____

How many months or years have you continuously lived in Gunnison County? _____ yrs _____ months
Please attach proof of having lived in Gunnison County for the past year (e.g. rent receipts from the past year, property tax statements, mortgage statements, utility bills, payroll records, voter registration records, or other forms as approved by town)

Please list your current employer.
Name _____
Address _____

Telephone _____

(OVER)

Please list your prior employer (if it was in Gunnison County)

Name

Address

Telephone _____

Please attach a copy of your prior year's federal income tax form 1040, 1040A, or 1040EZ and all W-2 forms for verifying that 80% of your total income from employment in Gunnison County.

Please attach copies of receipts showing improvements to the unit which add to the basis in the unit, Special Improvement District Assessments payments, or contracts for future improvements in the unit.

Please list any other real property that you own or have an ownership interest in.

AFFIDAVIT:

I, _____, do hereby certify as an applicant to purchase an owner occupied employee living space controlled by a Pitchfork Occupancy and Resale Deed Restriction, Agreement, and Covenant that:

- a. all of the above, attached, and foregoing information is a true and correct statement of my personal information relevant to the requirements of the Mt. Crested Butte Housing Authority and that I have not withheld any information;
- b. I have read and understand all the terms and conditions of the Occupancy and Resale Deed Restriction, Agreement, and Covenant which applies to the property I am purchasing;
- c. I affirm that I will abide by the terms of the Occupancy and Resale Deed Restriction, Agreement, and Covenant as it applies to the unit I am purchasing.

Signed:

STATE OF COLORADO)
) ss
COUNTY OF GUNNISON)

Subscribed and sworn to before me by _____
this ____ day of _____, _____.

WITNESS my hand and official seal.
My commission expires _____.

Notary Public

STATE OF COLORADO)
) ss
COUNTY OF GUNNISON)

Subscribed and sworn to before me by _____
this ____ day of _____, _____.

WITNESS my hand and official seal.
My commission expires _____.

Notary Public

STATE OF COLORADO)
) ss
COUNTY OF GUNNISON)

Subscribed and sworn to before me by _____
this ____ day of _____, _____.

WITNESS my hand and official seal.
My commission expires _____.

Notary Public

For Office Use Only:

Approved by: _____

Date of approval: _____

If resale with sales price cap:

CPI-U for Boulder-Denver for month of date of previous sale: _____

CPI-U for Boulder-Denver for month prior to closing: _____

Previous Sale Price \$ _____

Add allowable basis improvements or SID's +\$ _____
(with receipts)

Add 3% per annum appreciation +\$ _____
(or .25% per month)

Add CPI-U increase +\$ _____

Total allowable resale price =\$ _____