

Application for Anthracite Place Apartments ("APA") Instructions & Information

Dear Anthracite Place Applicant:

Enclosed you will find the full Anthracite Place Application, and most of the supporting documents. Once we receive your application and supporting documents, we will begin processing your application immediately. If there are any additional documents we will need from you, or any corrections we need on any forms, we will call you and email you.

We try to process up to three applications at a time, so the faster you can get needed items back to us, the better your chances are of being offered the available unit.

Below are instructions for you as you begin the full application process:

1. ALL individuals over the age of 18 within your household MUST complete a separate application and all supporting documentation, unless those over 18 are married, then one application is acceptable.

2. Please hand print all information using blue or black ink.

3. Do not leave any section(s) blank. If a section does not apply to your household, enter "NONE" or "N/A," do not leave the section blank.

4. If you need to make a correction, draw one line through the incorrect information, then print the correct information above and initial the change. **Do not use white- out or correction tape on this application.**

5. It is important that all information on all forms be legible, complete and correct. False or misleading information will cause your household's application to be rejected.

6. You MUST enclose a check or money order in the amount of \$30 made out to APA, LLC for your application to be processed.

7. If any of your contact information changes (mailing address, telephone number, etc) it is your responsibility to contact GVRHA in writing to update your information.

8. Applications are processed in order of date and time the <u>completed</u> application and application fee payment is received by GVRHA staff.

9. Please be sure to submit a state issued photo ID with your application.

10. Please be very thorough when going through the enclosed application packet.

11. You must include a check or money order in the amount of \$30.00 made out to APA, LLC in order for us to process your application packet.

If you have any questions at all, please feel free to contact our office.

Sincerely,

Chris Peterson Property Manager

NOTE: If you have been denied occupancy at any GVRHA managed property within the last twelve months, or should you owe money to any GVRHA managed property, your application will not be considered for occupancy until the twelve months has expired and/or money owed has been repaid to the GVRHA.



Dear Applicant:

Along with your application we will need a copy of the following documents for everyone in your household:

- Copy of Social Security Card or documentation of legal immigrant/alien status;
- Copy of photo ID (anyone over 18 years of age); and
- Copy of documentation regarding any unearned income (SSI, SSDI, Child Support Order, Investment Disbursement, etc.).

Once we have received all of the requested information we will begin to process your file. When we process your file we will notify you if there are any additional documents we will require.

Please allow 5-10 business days for us to fully process your file.

Sincerely,

Chris Peterson Housing Specialist & Manager



Anthracite Place Apartments Application

Located at 513 Belleview Avenue, Crested Butte, CO 81224

Managed by Gunnison Valley Regional Housing Authority 202 E. Georgia Avenue, Gunnison, CO 81230 Phone: 970-641-7900 Fax: 888-406-1360 Email: cpeterson@gvrha.org

Head of Household Name		
Head of Household Mailing Address		
City	State	Zip Code
Phone Number	Email	

The information on this form is needed to certify your household. Please complete this **entire** form and **leave no blanks**. If there are any questions that you do not understand, please call GVRHA at 970-641-7900.

part 1 household composition

hh mbr	fuil name	relationship to head of household (hon)	date of birth	social security number
1		НоН		
2				
3				
4				

Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain:

part 2 current/previous residency

Corrent address [provide previous address(es) if less than two years]	dates of residency	rent or own?	monthiy payment	landiorsiname and phone number
	from: to:			
	fram: to			
	from: to			
	from: to			

Does your ho	ousehold wish	to have priority	ofor an apartment	with special	design features	for persons	with
	YES 🗖			_	_	·	

part 3 household income

		isenoid have income, assistance, or benefits from the sources listed below?	assistance amount hn mbr #
	Yes	Self employment (list nature of self employment)	(use net income from business)
	No		\$
	N	Employment with a third-party receiving wages, salary, overtime pay,	
	Yes No	commissions, fees, tips, bonuses, and/or other compensation. If yes, list the	
		information in Part 4 below.	
	Yes	Cash contributions or gifts (including rent or utility payments) received on an ongoing basis from persons not living with you (exclude food stamps,	
	No	groceries, and/or day care costs when the day care center is paid directly by	\$
	¥	the gift-giver)	
	Yes No	Unemployment benefits	\$
	Yes		
	No	Veteran's Administration, GI Bill, or National Guard/military benefits/income	\$
	Yes		
	No	Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships (exclude student loan awards which must be repaid)	\$
	Yes		
	No	Retirement benefits from Social Security	\$
	Yes	Supplemental Security Income (SSI) or Social Security Disability Income	
	No	(SSDI)	\$
	Yes	Unearned income from family members age 17 or under (example: Social	\$
	No	Security, trust fund disbursements, etc.)	\$
	Yes	Disability or death benefits other than Social Security	\$
	No	bisubinty of death benefits other than social security	÷
	Yes	Public housing assistance/Rental assistance/Section 8 voucher. Housing	\$
	No	authority providing the assistance:	
	Yes	I/we receive public assistance income (example: TANF)	\$
	No		<i>A</i>
1_	Yes	Child support payments. If yes, for how many children do you receive support?	\$
	No		Anticipated
	Yes	I am entitled to receive child support payments and am currently making	Amount:
	No	efforts to collect child support owed to us. Describe efforts being made to	\$
		collect child support:	
_			
	Yes	Alimony/spousal support payments	\$
	No		
		Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources:	
	Yes		\$
	No	1.	\$
		2.	
Πν	Ves	Income from real or personal property	(use net earned income)
<u>п</u>	No	meenie nom real of personal property	\$

part 4 current employment information (please attach a separate form for additional employment, if needed)

Resident Name							
Employer Name	2			 	 		
Employer Addre	255			 			
City				 	1	Zip Code	
Date Hired	Salary/Rate of Pay	©	2x a month	Weekly	# Hours Worked Per Week	Work Phone	Work
	\$	S	Monthly Hourly	Biweekly Annually			

Resident Nam	e						
EmployerNan	ne						
Employer Add	ress			 Po.10			
City						Zip Code	
Date Hired	Salary/Rate of	\$	2x a month	Weekly	# Hours Worked	Work Phone	Work
	Pay		Monthly	Biweekly	Per Week		
	\$	5	Hourly	Annually			

Resident Nam	e							
EmployerNam	าย							
Employer Add	ress			 				
City		-	101011-000-000-000-000-000-000-000-000-				Zip Code	
Date Hired	Salary/Rate of	\$	2x a month	Weekly	1	# Hours Worked	Work Phone	Work
	Pay		Monthly	Biweekly		Per Week		
	\$	5	Hourly	Annually				

part 5 previous employment information (not required for retired persons)

Resident Nam	e			Occupation/Titl				
Employer Nam	ne	and the second	Contact Person					
Employer Addı	ress							
City	City			State				Zip Code
Date Hired	Ending Salary/ Rate of Pay \$		2x a month Monthly Hourly		Weekly Biweekly Annually	Term. Date	Work Phone	Work Fax

ſ	Resident Nam	e				Occupation/Title			
	Employer Name					Contact Person			
-	Employer Add	ress		//·*					
-	City			State				Zip Code	
	Date Hired	Ending Salary/		2x a month		Weekly	Term. Date	Work Phone	Work Fax
		Rate of Pay		Monthly		Biweekly			
		\$		Hourly		Annually			

part 6 student status certification

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

please choose one option below that best describes your household

	The household contains at least one occupant who is not a student and has not been and will not be a student for months or more out of the current and/or upcoming calendar year (months need not be consecutive).	five	
	List non-student here:		
 List non-student here: The household contains all students, but is qualified because at least one occupant is a part time student. Verification of time student status is required. List part time student here: The household contains all students who were, are, or will be full time for five months or more out of the current and/oupcoming calendar year (months need not be consecutive). If yes, you must answer all five questions below. 	n of pa	art	
	List part time student here:		
		_	
۵		ind/or	
	그는 그는 것 같은 것 같은 것 같은 것 같은 것 같은 것 같이 가지 않는 것 같이 많이		no
Are	the students married and entitled to file a joint tax return? (attach an affidavit or tax return)f		
	least one student a single parent with child(ren), and this parent is not a dependent of someone else, and the (ren) is/are not dependent(s) of someone other than the parent(s)?		
ls at	least one student receiving Temporary Assistance to Needy Families (TANF)?		
	s at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce stment Act, or under other similar federal, state, or local laws? (attach verification of participation)		
	s the household consist of at least one student who was previously under foster care? (provide verification of cipation)		

part 7 household asset information

	do you have assets as listed below?	hh mbr #	account #is,	interest rate	cash value
□ Yes	Checking account(s). If yes, list bank(s).			%	\$
🗆 No	1.			%	\$

n.		do you have assets as listed below?	hb mbr 4	account #(s)	interest rate	cash value
Ē	N	Savings account(s). If yes, list bank(s).			%	\$
\$	Yes	1.	i i	1		
5	No	2.			%	\$
		 Revocable trust(s). If yes, list bank or trustee name. 			-	
5	Yes	Revolable dust(s). If yes, list bally of dustee hame.			%	\$
(5)	No	1.			%	\$
Ŭ	,,,_	2.			70	4
		I/we own real estate (or hold a mortgage or Deed of Trust). If	6		1	
5	Yes	yes, provide description.			ł.	\$
5	No		6		Į –	
		Personal property that is being held as an investment. If yes,	P.			
5	Yes	describe:			%	\$
\$	No		1			Ť
		Casely hands on Transmiskilly If you list sources /hends	-			
		Stocks, bonds, or Treasury bills. If yes, list sources/bank name(s).	5 1			A
5	Yes				%	\$
5	No	1.	i) i		%	\$
		2.	1			
		Certificate(s) of Deposit (CD) or Money Market account(s). If			LÊ	
5	Yes	yes, list source(s)/bank name(s).			%	\$
	No	1.				A
9	NU			1	%	\$
		2.				and a set
		IRA/Lump Sum Pension/Keogh Account/401k. If yes, list				
5	Yes	bank(s).			%	\$
5	No	1.			%	\$
		2.				
3	Yes	Benefit Cards (Direct Express Debit, TANF, and/or			111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
-	No	unemployment benefits)				\$
J	NO	I/we have a life insurance policy (exclude term policies). If yes,			Concession of the local division of the loca	() () () () () () () () () ()
~		list company,			%	Ś
5	Yes				70	Ŷ
3	No	1.			%	\$
		2.			la sono	
5	Yes	I/we have cash on hand or cash in a safe deposit box.			%	\$
5	No				70	Ş
		I/we have disposed of assets (i.e., gave away money/assets) for	~ ~		-	ŝ.
		less than the fair market value in the past two years. If yes, list				
5	Yes	items and date disposed.			ŧ	\$
	No				1	\$
-					T	4
					[
		//we have income from assets or sources other than those listed				1
		above. If yes, list type below.			\$ 1	
5	Yes				%	\$
51	No				1	1

signatures

I hereby certify that the information completed on this form is given voluntarily and is true and correct. I understand that this pre-application does not imply any obligation or constitute a guarantee or contract by the Gunnison Valley Regional Housing Authority (GVRHA). My signature below not only cretifies that the information proveide is true and correct but also authoritzes GVRHA to conduct a criminal background check, credit check, and landlord references. This background check will include all adulat family members of my household including myself.

Print Name of Applicant	Signature	Date
Print Name of Applicant	Signature	Date
Print Name of Other Adult Household Member	Signature	Date
Print Name of Other Adult Household Member	Signature	Date
Reviewed by (Signature of Owner/Representative)		Date

All household members ages 18 or over must sign and date.

This application will be updated every January after review by the GVHRA Board of Directors.



Re: Anthracite Place Application Process

The Gunnison Valley Regional Housing Authority is now ready to begin accepting the supporting documents for your Anthracite Place Apartments Application. In order for us to fully process your application we will need a copy of the following documents from every person in your household over 18 years of age:

- Copy of a photo ID (Driver's license or State issued ID Card);
- Documentation of legal immigrant/alien status (if applicable);
- Copy of documentation regarding any income not from an employer (SSI, SSDI, Child Support, Investment Disbursement, financial support from family/friends, etc.); and
- Past 3 years Federal Tax returns (ONLY if you are self-employed);

We have enclosed one copy of each of the following forms to be completed for each household member over the age of 18:

- Employment Verification Form and cover letter for your employer;
- Verification of Deposit; and
- Resident Statement of Assets.

We have enclosed one of each of the following forms, <u>only complete one if it applies to you/your</u> household, or anyone in your household:

- Child Support Affidavit;
- Unemployment Affidavit;
- Verification of Household Assistance; and
- Verification of Public Benefits

Once we have received all of the requested information we will begin to process your file. When we process your file we will notify you if there is any additional information we will require. Again, this process is first come, first serve, so the sooner you get the above documents in to our office, the higher you will be on the waiting list.

We will begin the approval/denial process as files are completed, and notify you of our decision in writing within 24-hours of processing your application. We anticipate that Orientation Meetings will be held on June 23, 2016 and July 21, 2016. We will also have an open house for potential residents on Tuesday, June 14, 2016. Details on both the Open House and Orientation Meetings will be announced shortly.



You MUST complete the Resident Statement of Assets.

Tips:

Anything you put on here (banks accounts, cash, benefit cards, life insurance, etc.)counts as an asset. Please be sure to mark the appropriate box at the top of the page.

If you are unsure of the interest rate, please leave the 2nd and 3rd columns blank, you can complete them after we receive your bank account verifications.



resident statement of assets

Instructions: Please complete both Sections 1 and 2. All adults, except married couples, must complete separate forms. Include any assets you own or co-own. Assets include, but are not limited to, checking or savings accounts, real estate, stacks, bonds, and retirement accounts.

Resident Name

Unit Number

section 1 please choose one of the following

□ I/We do not have any assets at this time.

□ I/We have assets. My/our assets are listed below. [Please note: Certain funds (e.g., retirement, pensions, trusts) may or may not be fully accessible to you. Include only those amounts which are accessible.]

source	lu) t 450 value*	(b) interest rate	(a, < b) annual income	source	(a) case 7aux*	(b) interes rate	ta en) annual income
Savings Account	\$	%	\$	Checking Account	\$	%	\$
Cash On Hand	\$	%	s	Safety Deposit Box	\$	%	\$
Certificates of Deposit	5	%	\$	Money Market Funds	\$	%	\$
Stocks	\$	%	\$	Bonds	\$	%	\$
IRA Accounts	\$	%	\$	401k Accounts	\$	%	\$
Keogh Accounts	\$	%	\$	Trust Funds	\$	%	\$
Equity in Real Estate	\$	%	\$	Land Contracts	\$	%	\$
Lump Sum Receipts	\$	%	\$	Capital Investments	5	%	\$
Benefit Cards (Direct Express, TANF, unemployment benefits)	\$	%	\$				

Value of Life Insurance Policies (excluding Term Life)*	\$
Additional Retirement/Pension Funds (not named above)*	\$
Value of Personal Property Held for investment	\$
Other Assets (not included above)	\$

* Cash value is defined as market value less the cost of converting the asset to cash. Costs may include broker's fees, settlement costs, outstanding loans, early withdrawai penalties, etc.

** Personal property held for investment purposes may include, but is not limited to, gem or coin collections, art, or antique cars. Do not include items such as household furniture, daily-use autos, clothing, active business assets, or special equipment for use by the disabled.

section 2 you must choose one of the following

- Within the past two years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). These assets are included above and are equal to a total of \$ ______ (the value to include for each asset equals the difference between FMV and the amount actually received for the asset).
- □ I/We have not sold or given away assets (including cash, real estate, etc.) for less than the fair market value during the past two years.

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/ our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature

Date

Applicant/Resident Signature



Please complete only the top portion of both the

Income Verification

and the

Bank Account Verification!!

It is our responsibility to submit the forms directly to your employer and bank.

Also please note, if you bank with Wells Fargo you will need to complete the form that has their logo in the upper right hand corner, not our standard form!!

INCOME VERIFICATION for Anthracite Place Apartments

To be completed by the Applicant/Employee:

I hereby grant permission to disclose my income to the Gunnison Valley Regional Housing Authority to enable the GVRHA to determine income and eligibility for residency at Anthracite Place Apartments.

Applicant/Employee Name ; ______ Signature ; ______

Employer's Telephone #: Fax # or Email :

(The GVRHA may contact your Employer to confirm/inquire about the information outlined below.)

MUST BE COMPLETED BY THE EMPLOYER:

The above employee has applied for residency at Anthracite Place Apartments, an income a Low Income Housing Tax Credit complex. Every statement of employment, must state anticipated income, not past income. Please indicate below what you anticipate the above named employee will receive in wages, tips, bonuses, benefits, and also any anticipated time off (seasonal closures) or leaves of absence.

Employment Start Date:	//	YTD Earnings:	
Employment schedule:	Hours per week	AND Weeks per year	
Current Hourly Rate:	Anticipa	ted Raise (Date & Amount)	
Estimated Tip Amount Per	Week:		
Anticipated Annual Gross In	ncome (Salaried Employ	rees Only) ;	
Anticipated Overtime (Hou	rly Employees Only):		
Anticipated Bonuses/Comn	nissions/other:		í
Employer Signature ;		Date :	
Name & Title:			
		s;	
Please Return To ;			
GVRHA		Phone: 970-641-7900	
202 East Georgia Ave.		Fax: 888-406-1360	
Gunnison, CO 81230		Email: cpeterson@gvrha.org	

BANK ACCOUNT VERIFICATION

The use of white out, black out	, or alteration of	original information	will void this document)

Project Name:	Unit ID:	Date:	
Applicant/Tenant:	SSN:		

Bank Contact:

		Contact Person:			
Address:		Phone:		Fax:	
City:	State:		Zip:	Email:	

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 Low Income Housing Tax Credit Program. The Information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely

TURN THIS FORM TO: VK4A · APA, LIC FRA 888 · 406 1360

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY BANK

CHECKING Account Number	Avg 6 Month Balance	Interest Rate	Current Balance
	\$	%	\$
	\$	%	\$
	\$	%	\$
	\$	%	\$
SAVINGS Account Number	Current Balance	Interest Rate	
	\$	%	
	\$	%	
	\$	%	
	\$	%	
OTHER Account (i.e. CD; Money Market; Debit, etc.)	Current Balance	Interest Rate	Withdrawal Penalty
	\$	%	
	\$	%	
	\$	%	
	\$	%	

If additional space is needed please attach a separate sheet with information, date and signature

Signatur	e	Date
Ň	ame and Title of Person Supplying the Informatio	n
Phone #	Fax #	E-Mail

Spectrum Enterprises 2013



Verification of Deposit Housing Assistance Agencies



For faster processing, please complete the form on your computer before printing.

This form is for housing assistance agencies requesting consumer deposit information. Please complete the form including the customer authorization signature and fax to the number noted below. Your completed request will be faxed to the return fax number provided on this form.

TYPE or complete in BLACK INK. Use only CAPITAL LETTERS

Fax Requests To	1-844-879-0412
Online Instructions	www.wellsfargo.com/biz/vod
Balance Confirmation Services	

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	_	-	r	_					-								-							_	-	-		<u> </u>	
G	u	n	n	li	s	0	n	£	V	a	1	1	е	У		R	е	g	i	0	n	а	1		Η	Α			
Com	Company Name																												
А	n	t	h	r	a	С	i	t	е		Ρ	1	a	С	е		Α	р	a	r	t	m	е	t	n	s			
Atter	ntion																						AG						
2	0	2		Е		G	е	0	r	g	i	a		А	v	е	n	u	е										
Stree	et Ad	dres	S																								<u></u>		
G	u	n	n	i	S	0	n															С	0		8	1	2	3	0
City																						Stat	e		Zip				
С	р	е	t	е	r	s	0	n	0	g	v	r	h	a		0	r	g											
Requ	leste	r Er	mail	(optio	onal)																								
9	7	0	-	6	4	1	-	7	9	0	0							8	8	8	-	4	0	6	-	1	3	6	0
Req	ueste	er Ph	ione	Num	ber													Retu	m Fa	ax Ni	umb	er							

SECTION 2: CUSTOMER INFORMATION

							J			
ustomer One Full Name (First Middle Last)	<u> </u>		T T		<u> </u>	<u> </u>	T T			<u> </u>
ustomer Two Full Name (First Middle Last)				2 3						
	Acc	ount Nun	nber(s) (R	equired)		r - r -				<u> </u>
stomer One Social Security Number		<u>i i i i</u>				ÎÎ	1 T	11	_	
							+++		_	
							+ +	+ 1		
Month Day Year								-		

I/We authorize and direct Wells Fargo Bank to release the following information to the above mentioned requestor on my deposit accounts listed above or if only a Social Security Number is provided, all open depository accounts: Account Number, Account Type, Open or Closed, Account Holder(s), Current/Closing Balance, Open/Close Date, Current Interest Rate, Previous Six Average Statement Balances and Previous Six Months Interest Paid. In addition, CDs and IRAs will include: Term, Maturity Date, Interest Payment, Interest Method and Penalty.

Signature of Account Holder

Date



Please use the Seasonal Worker Affidavit if:

- your employer closes during the slow seasons
 - your employer closes for holidays
 - you have more than one employer
- or you normally take more than 1 week off per year.

SEASONAL WORKER AFFIDAVIT

Any adult applying to live in a tax credit unit who has a seasonal job should complete this form

cant/Tenant:	Unit	#:
of Seasonal Employer:		
r employed at this job for only a portion of the year	?	
YES NO		
list the dates that you do not work at this job:		
		-
your lay off period, please check the following as a	applicable:	
I will receive unemployment benefits	[]YES	[] NO
I have/will look for another job	[]YES	[]NO
-		[]NO
Other	[]YES	[]NO []NO
If YES to 1, 2 or 3 please list the amount of incom	e expected to be recei	ved:
	of Seasonal Employer: remployed at this job for only a portion of the year YES NO list the dates that you do not work at this job: your lay off period, please check the following as a I will receive unemployment benefits I have/will look for another job I will receive gift income from friends/family/etc I will remain with zero income status Other	list the dates that you do not work at this job: your lay off period, please check the following as applicable: I will receive unemployment benefits [] YES I have/will look for another job [] YES I will receive gift income from friends/family/etc [] YES I will remain with zero income status [] YES

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

(Signature of Tenant)

Date

(Signature of Manager)

Date



The following forms may or may not apply to your household. If they do not apply please do not return them with your application.

UNEMPLOYED STATUS AFFIDAVIT

All adults who are unemployed should complete this form

Full Name: I am currently unemployed: [] YES []NO I work on a seasonal basis depending on the time of year: [] YES []NO I receive benefit income such as unemployment, disability, workers compensation: [] YES []NO [] If my employment status changes between now and the move in (or recertification) date I understand that I must inform the manager before moving into this apartment I have been unemployed for _____ years and _____ months My last job paid \$_____ per hour and I worked _____ hours per week ***Please complete either Section A, B, or C as applicable*** Section A _____, state that I am currently unemployed and I [print name], _____ that I do not anticipate becoming employed within the next twelve months. Section B , state that I am currently unemployed. I am [print name]. not aware of a start date at this time. However, I anticipate becoming employed in the upcoming 12 months. Based upon my prior employment history and educational training, I anticipate earning \$ from anticipated employment over the next twelve months. (Please supply documentation to support this, such as previous tax returns and/or W-2) Section C

/ [print name],	, state that I am currently unemployed but I
have been hired for a new job which has not yet begun.	
The company is:	
The start date is:	
The salary is:	
*Manager will contact employer for verification of this income	

I certify that the information given above is true to the best of my knowledge and that any misrepresentation of information will lead to cancellation and/or rejection of my application for tenancy. I am signing this under penalty of perjury.

Applicant/Tenant Signature:	*******	Date
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SPECTRUM ENTERPRISES 2013



IF you receive Child Support for more than one child, please complete one form for each child.



I certify that the following is true regarding my current child support situation for: (a separate form is required for each child)

Child's Name	Child's Date of Birth
Head of Household Name	Unit Number

please complete the section below that applies to this child

□ I receive child support in the amount of \$ _____ per _____ (week/month/year).

If support is received, one of the following must be selected:

- D My support is court-ordered (provide court order, divorce decree, or separation agreement).
- □ My support is not court-ordered (provide contact information for person who provides support).

Support Provider Name:

Support Provider Telephone and/or Email:_____

I do not receive child support, and it has not been court-ordered. I am not pursuing legal action because (must provide a reason);

Responsible party's location is unknown

Responsible party is incarcerated

- Financial reasons
- Responsible party is deceased
- This is a protective custody case
- Other (describe): ____

□ I do not receive child support, but it has been court-ordered (provide court order, divorce decree, or separation agreement).

signature

By my signature below, I also certify that I understand it is my responsibility to notify the landlord of any changes to the status of child support.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Signature of Resident

Date

Printed Name of Resident



Only use the Verification of Household Assistance if a friend, family member, or organization helps to pay your household bills.

The person who helps to pay household bills MUST complete this form and return it directly to our office. (<u>cpeterson@gvrha.org</u> or fax 888-406-1360)



Verification of Household Assistance

I, _______purchase or pay for the following items on a weekly or monthly basis for ______Unit #_____. (Example: toiletries, cleaning supplies, diapers, formula, phone bill, cable bill, car insurance, etc.) _______ Weekly/Monthly \$_____ _____ Weekly/Monthly \$______ _____ Weekly/Monthly \$______

Total Monthly Amount Rcvd \$_____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

I certify that the information supplied in this form is true and correct to the best of my knowledge.

(Provider Signature)

(Date)

Verification of Household Assistance



If you receive any type of Public Benefits including, but not limited to, SNAP, TANF, LEAP, please complete the top portion of the form. We will submit the form to the correct County office.



VERI	FICATION OF PUBLIC BEN	
Agency: Fax:	Address:	
Re: Applicant/Tenant Nar	ne	
The above Applicant/Tenant is apply income/benefits/assistance. The indiv Gunnison Valley Regional Housing A provided will remain confidential. Pleas	ying to participate in a housing idual has signed the release below uthority/Anthracite Place Apartmen	eiving you permission to supply the
Gunnison Valley Regional Housing A Attn: Chris Peterson	-	
202 E. Georgia Avenue Gunnison, CO 81230	Fax: 888-400 Email: cpeter	-1360 rson@gvrha.org
Tenant/Applicant Signature	Last 4 of SSN	Date
Tenant/Applicant Signature Agency: Ple Type/Source of Benefit/ Assistance	Last 4 of SSN ase complete the information requ Gross Amount	
Agency: Ple Type/Source of Benefit/	ase complete the information requ	ested below.
Agency: Ple Type/Source of Benefit/	ase complete the information requ	ested below.
Agency: Ple Type/Source of Benefit/	ase complete the information requ Gross Amount	ested below. Frequency
Agency: Ple Type/Source of Benefit/ Assistance Warning: Section 1001 of Title 18 of the U.S. Ci	ase complete the information requ Gross Amount	ested below. Frequency

202 E. Georgia Avenue, Gunnison, CO 81230 • (970) 641-7900 • (888) 406-1360 FAX