



**OWNERSHIP APPLICATION PACKET FOR BUSINESSES**

**DATE & TIME RECEIVED:** \_\_\_\_\_

**RECEIVED BY:** \_\_\_\_\_

**DEED RESTRICTED APPLICATION CHECKLIST FOR GVRHA- BUSINESS**

Applicant Name(s):

\_\_\_\_\_

Property Address (if applicable):

\_\_\_\_\_

\_\_\_\_\_

*Below is a list of all the supporting documents in the order in which we will need them with your application.*

- **Year to date profit detailed report**
- **Previous year end budget to actuals**
- **List of employees on payroll**
- **Local business license**
- **Lender letter**

*Please attach this form on the top of your application package with all documents in the order in which they are listed above. It can take up to two weeks to determine eligibility on your file. You will be notified via email of your eligibility.*

***NOTICE: Application packets require a \$50 non-refundable processing fee. Please include a check or money order made out to GVRHA with your application***



**BUSINESS OWNERSHIP APPLICATION PACKET**

*Please submit application packets to GVRHA via mail or in person. Applications can take up to 2 weeks to process. Please make sure you have ALL of your documents submitted. The information provided will be used by GVRHA to qualify buyers for deed restricted housing. This is confidential and will remain in a secured area.*

BUSINESS DETAILS	
BUSINESS NAME:	OWNER 1 NAME :
PHONE:	OWNER 2 NAME:
EMAIL:	NUMBER OF EMPLOYEES:
MAILING ADDRESS:	PHYSICAL ADDRESS:

*Please provide a brief description of your what your business model is and what services you provide to the Gunnison County:*

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**BUSINESS ASSET INFORMATION**

**GROSS ANNUAL INCOME INFORMATION**

<i>CASH FLOW</i>	<i>CASH VALUE (\$)</i>
ESTIMATED ANNUAL PROFIT	
ESTIMATED ANNUAL EXPENSES:	
NET TOTAL	

**ASSET INFORMATION**

<i>DESCRIPTION OF ASSET</i>	<i>INSTITUTION WHERE HELD</i>	<i>CASH VALUE</i>
CHECKING		
CHECKING		
SAVINGS		
SAVINGS		
STOCKS & MUTUAL FUNDS		
CERTIFICATES OF DEPOSIT		
ASSESSED VALUE OF REAL ESTATE OWNED		
		<b>TOTAL</b>
NET VALUE OF BUSINESS OWNED		

**PROPERTY OWNED**

<i>PROPERTY ADDRESS</i>	<i>TYPE OF PROPERTY</i>	<i>ASSESSOR'S VALUE</i>	<i>GROSS MONTHLY RENTAL INCOME</i>
			<i>MORTGAGE PAYMENT</i>
			<i>TAXES/ INSURANCE/ HOA EXPENSES</i>
			<i>NET RENTAL INCOME</i>



**BUSINESS ADDITIONAL INFORMATION**

<b>PROPERTY OWNED</b>			
<i>PROPERTY ADDRESS</i>	<i>TYPE OF PROPERTY</i>	<i>ASSESSOR'S VALUE</i>	<i>GROSS MONTHLY RENTAL INCOME</i>
			<i>MORTGAGE PAYMENT</i>
			<i>TAXES/ INSURANCE/ HOA EXPENSES</i>
			<i>NET RENTAL INCOME</i>

<b>PROPERTY OWNED</b>			
<i>PROPERTY ADDRESS</i>	<i>TYPE OF PROPERTY</i>	<i>ASSESSOR'S VALUE</i>	<i>GROSS MONTHLY RENTAL INCOME</i>
			<i>MORTGAGE PAYMENT</i>
			<i>TAXES/ INSURANCE/ HOA EXPENSES</i>
			<i>NET RENTAL INCOME</i>

<b>PROPERTY OWNED</b>			
<i>PROPERTY ADDRESS</i>	<i>TYPE OF PROPERTY</i>	<i>ASSESSOR'S VALUE</i>	<i>GROSS MONTHLY RENTAL INCOME</i>
			<i>MORTGAGE PAYMENT</i>
			<i>TAXES/ INSURANCE/ HOA EXPENSES</i>
			<i>NET RENTAL INCOME</i>



## ACKNOWLEDGEMENT OF RESTRICTIVE COVENANT/ DEED RESTRICTION

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

OWNER NAME: \_\_\_\_\_

\_\_\_\_\_

SUBDIVISION APPLYING FOR \_\_\_\_\_

I/ We will rent the above mentioned property to a GVRHA qualified applicant.

OR

I/ We as owner of the above-mentioned property will own a business that meets the definition of Gunnison County Employer as defined in the applicable Housing Guidelines.

AND

I/ We have read the Deed Restriction. I/We understand in particular the Ownership Limitations, Maximum Resale Price, and Remedies sections, their implications, and am willing to abide by all covenants contained in the Deed Restriction.

I/ We agree to complete and 'affidavit of compliance' **EACH YEAR** we own this property. This affidavit will come from GVRHA, and I/we agree to complete and return it to GVRHA on a yearly basis. (This is known as the 'Deed Monitoring' process)

## AFFIRMATION

I, the undersigned, hereby declare, under penalty of perjury, that the information provided in this Acknowledgement is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



EQUAL  
HOUSING  
OPPORTUNITY

**CERTIFICATION AND CONSENT**

**CERTIFICATION**

I/We the undersigned, hereby certify that:

- All of the information contained in this Application is true, correct, and complete.
- I/We are aware that any misrepresentation may result in me/us being disqualified for entry into an affordable housing lottery, or, in qualification to purchase deed-restricted housing.
- I/We certify that all members of the house hold are legal residents of the United States

I/We the undersigned, hereby certify that my/our answers to the following questions are true:

*(For any "Yes" answers please identify which applicant it is applicable to)*

Are there any outstanding judgements against your business?

           Yes                 No

Are you party to a lawsuit?

           Yes                 No

Is any part of your down payment borrowed?

           Yes                 No

Have you had an ownership interest in a property in the past 3 years?

*If yes, was it a principal residence (PR), second home (SH), or investment property (IP)*

           Yes                 No                 PR/SH/IP

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*





**CERTIFICATION AND CONSENT**

**CONSENT TO RELEASE INFORMATION**

I authorize representatives from the GVRHA to inspect and reproduce documentation provided with this application for purposes of determining the businesses eligibility to purchase any deed-restricted properties within the GVRHA jurisdiction.

I/We understand that completion of this application does not guarantee that my/our application will be approved.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EQUAL OPPORTUNITY:** *In accordance with the provisions of the Equal Opportunity Act there will be no discrimination against applicant for these benefits on the basis of race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (18 or older), disability, or genetic information.*

**CONFIDENTIALITY:** *To process an application the GVRHA may supply and receive information as detailed in the "Consent to Release Information" clause above. Information may also be released to comply with the auditing requirements of program funders or grantors. With these two exceptions, all personal and identifying information contained within an application remains fully confidential.*

