



## Anthracite Place Apartments - Frequently Asked Questions

**What does LIHTC stand for, and what does it mean?** Low Income Housing Tax Credit (LIHTC) is a dollar-for-dollar tax credit in the United States for affordable housing investments. It was created under the Tax Reform Act of 1986 that provides incentives for the utilization of private equity (in the form of tax credits to an investor) in the development of affordable housing aimed at low-income Americans.

**How big is Anthracite Place Apartments?** Anthracite Place is a 30-unit complex with 6 two-bedroom apartments and 24 one-bedroom apartments. Apartments range in size from approximately 550 sq ft to 785 sq ft.

**What income limits make a person eligible to move into Anthracite Place?** Anthracite Place has apartments earmarked for applicants who make under 50% of Area Median Income (AMI), and some units earmarked for applicants who make under 60% of income.

### What are the current 2024 AMI Levels for Gunnison County?

|                    |     |          |     |          |
|--------------------|-----|----------|-----|----------|
| 1 person household | 50% | \$36,050 | 60% | \$43,260 |
| 2 person household | 50% | \$41,200 | 60% | \$49,440 |
| 3 person household | 50% | \$46,350 | 60% | \$55,620 |
| 4 person household | 50% | \$51,500 | 60% | \$61,800 |



GUNNISON VALLEY REGIONAL HOUSING AUTHORITY

Enclosed you will find the Anthracite Place Apartments rental application. Once we receive your application and supporting documents, we will begin the review process and notify you of any other items we will need. If a unit is not available at this time, you will be added to the waitlist.

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.
2. Please use blue or black ink.
3. **Do not leave any section(s) blank. If a section does not apply to your household enter "N/A," do not leave any 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. Applications are processed in order of date and time the completed application is received by GVRHA staff.
7. Please be sure to submit a copy of a state issued photo ID or passport with your application. You must be a citizen of the US to apply.
8. Income:  
If you are currently employed: (you received a W-2 for taxes) please include copies of your most recent 2 paycheck stubs from any and all employers.  
  
If you are self employed: Include your last tax return including all pages and the Schedule C, a business summary, and a current year Profit and Loss statement to date.
9. Complete the Resident Statement of Assets form. All assets will be verified at a later date.
11. If you receive SSI or SSDI, please include a copy of all pages of your award letter.
12. When a unit becomes available, we will reach out to verify the information provided on the application and an application fee of \$30 will be due then.

Please be very thorough when going through the enclosed application packet. Management will contact you if there is any missing information and you will be given the opportunity to submit it.



Anthracite Place Apartments  
513 Belleview Ave  
Crested Butte, CO 81224

Return application to:  
GVRHA  
200 E Virginia Ave  
Gunnison, CO 81230  
housing@gvrha.org  
970-641-7900

Date and time complete  
application received: \_\_\_\_\_

## move-in application

|                           |       |          |
|---------------------------|-------|----------|
| Head of Household Name    |       |          |
| Head of Household 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 the apartment manager. Thank you for your cooperation.

### part 1 household composition

| hh mbr | full name | relationship to head of household (hoh) | date of birth | social security number |
|--------|-----------|---|---------------|------------------------|
| 1      |           | HoH                                     |               |                        |
| 2      |           |   |               |                        |
| 3      |           |   |               |                        |
| 4      |           |   |               |                        |
| 5      |           |   |               |                        |
| 6      |           |   |               |                        |

Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain: ☐ Yes ☐ No

### part 2 current/previous residency

| current address<br>[provide previous address(es) if less than two years] | dates of residency | rent or own? | monthly payment | landlord/mortgage co. name |
|--|--------------------|--------------|-----------------|----------------------------|
|  | from:<br>to:       |              |                 |                            |
|  | from:<br>to:       |              |                 |                            |
|  | from:<br>to:       |              |                 |                            |
|  | from:<br>to:       |              |                 |                            |



## part 3 household income

| does your household have income, assistance, or benefits from the sources listed below? |   | monthly income/<br>assistance amount   | hh mbr # |
|---|---|--|----------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Self employment ( <i>list nature of self employment</i> )   | ( <i>use net income from business</i> )<br>\$  |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Employment with a third-party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. <i>If yes, list the information in Part 4 below.</i>  |  |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Unemployment benefits   | \$   |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Veteran's Administration, GI Bill, or National Guard/military benefits/income   | \$   |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Educational assistance (for full and part time students) in the forms of grants, scholarships, or fellowships ( <i>exclude student loan awards which must be repaid</i> )   | \$   |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Retirement benefits from Social Security  | \$   |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)  | \$   |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | <b>Unearned</b> income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)   | \$   |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Disability or death benefits other than Social Security   | \$   |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance:  | \$   |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | I/we receive public assistance income (example: TANF)   | \$   |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Child support payments. If yes, for how many children do you receive support?   | \$   |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | I am entitled to receive child support payments and am currently making efforts to collect child support owed to us. Describe efforts being made to collect child support:  | Anticipated Amount:<br>\$  |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Alimony/spousal support payments  | \$   |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Periodic payments from trusts, annuities, inheritance, retirement funds or pensions, insurance policies or lottery winnings. If yes, list sources:<br>1.<br>2.  | \$<br>\$   |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Income from real or personal property   | ( <i>use net earned income</i> )<br>\$   |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance?<br><br>If yes, who provides the cash assistance?<br>_____<br><br>What is the average cash amount you receive? _____   | How often do you receive the cash assistance?<br><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____ |          |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                                | Do your family, friends, or any other person or organization outside of your household help you pay a bill or expense, such as for utilities, car, gas, insurance, bus pass, telephone, cable/internet, diapers, etc.?<br><br>If yes, who helps you pay the bills or expenses?<br>_____<br><br>What is the average amount of assistance you receive? \$ _____ | How often do they pay the bills or expense?<br><input type="checkbox"/> Weekly <input type="checkbox"/> Monthly<br><input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____   |          |

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

|                  |                          |  |   |                         |            |          |
|------------------|--------------------------|--|---|-------------------------|------------|----------|
| Resident Name    |                          |  |   | Occupation/Title        |            |          |
| Employer Name    |                          |  |   | Contact Person          |            |          |
| Employer Address |                          |  |   |                         |            |          |
| City             |                          |  |   | State                   | Zip Code   |          |
| Date Hired       | Salary/Rate of Pay<br>\$ | <input type="checkbox"/> 2x a month<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Hourly | <input type="checkbox"/> Weekly<br><input type="checkbox"/> Biweekly<br><input type="checkbox"/> Annually | # Hours Worked Per Week | Work Phone | Work Fax |

|                  |                          |  |   |                         |            |          |
|------------------|--------------------------|--|---|-------------------------|------------|----------|
| Resident Name    |                          |  |   | Occupation/Title        |            |          |
| Employer Name    |                          |  |   | Contact Person          |            |          |
| Employer Address |                          |  |   |                         |            |          |
| City             |                          |  |   | State                   | Zip Code   |          |
| Date Hired       | Salary/Rate of Pay<br>\$ | <input type="checkbox"/> 2x a month<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Hourly | <input type="checkbox"/> Weekly<br><input type="checkbox"/> Biweekly<br><input type="checkbox"/> Annually | # Hours Worked Per Week | Work Phone | Work Fax |

|                  |                          |  |   |                         |            |          |
|------------------|--------------------------|--|---|-------------------------|------------|----------|
| Resident Name    |                          |  |   | Occupation/Title        |            |          |
| Employer Name    |                          |  |   | Contact Person          |            |          |
| Employer Address |                          |  |   |                         |            |          |
| City             |                          |  |   | State                   | Zip Code   |          |
| Date Hired       | Salary/Rate of Pay<br>\$ | <input type="checkbox"/> 2x a month<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Hourly | <input type="checkbox"/> Weekly<br><input type="checkbox"/> Biweekly<br><input type="checkbox"/> Annually | # Hours Worked Per Week | Work Phone | Work Fax |

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

|                  |                                 |  |   |            |            |          |
|------------------|---------------------------------|--|---|------------|------------|----------|
| Resident Name    |                                 |  | Occupation/Title  |            |            |          |
| Employer Name    |                                 |  | Contact Person  |            |            |          |
| Employer Address |                                 |  |   |            |            |          |
| City             |                                 |  | State   |            |            | Zip Code |
| Date Hired       | Ending Salary/Rate of Pay<br>\$ | <input type="checkbox"/> 2x a month<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Hourly | <input type="checkbox"/> Weekly<br><input type="checkbox"/> Biweekly<br><input type="checkbox"/> Annually | Term. Date | Work Phone | Work Fax |

|                  |                                     |  |   |            |            |          |
|------------------|-------------------------------------|--|---|------------|------------|----------|
| Resident Name    |                                     | Occupation/Title   |   |            |            |          |
| Employer Name    |                                     | Contact Person   |   |            |            |          |
| Employer Address |                                     |  |   |            |            |          |
| City             |                                     | State  |   |            | Zip Code   |          |
| Date Hired       | Ending Salary/<br>Rate of Pay<br>\$ | <input type="checkbox"/> 2x a month<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Hourly | <input type="checkbox"/> Weekly<br><input type="checkbox"/> Biweekly<br><input type="checkbox"/> Annually | Term. Date | Work Phone | Work Fax |

## 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**

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | The household contains <b>at least one occupant who is not a student</b> and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive).              |
|                          | List non-student here:<br><br>  |
| <input type="checkbox"/> | The household contains <b>all students</b> , but is qualified because at least one occupant is a <b>part time</b> student. Verification of part time student status is required.  |
|                          | List part time student here:<br><br>  |
| <input type="checkbox"/> | The household contains <b>all students who were, are, or will be full time</b> for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If yes, you must answer all five questions below. |

|  | yes                      | no                       |
|--|--------------------------|--------------------------|
| Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)f   | <input type="checkbox"/> | <input type="checkbox"/> |
| Is at least one student a single parent with child(ren), <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than the parent(s)?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Is at least one student receiving Temporary Assistance to Needy Families (TANF)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation) | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the household consist of at least one student who was previously under foster care? (provide verification of participation)   | <input type="checkbox"/> | <input type="checkbox"/> |

## part 7 household asset information

| do you have assets as listed below?                      |  | hh<br>mbr # | account #(s) | interest<br>rate | cash value |
|--|--|-------------|--------------|------------------|------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Checking account(s). If yes, list bank(s). |             |              |                  |            |
|  | 1.   |             |              | %                | \$         |
|  | 2.   |             |              | %                | \$         |



| do you have assets as listed below?                      |  | hh<br>mbr # | account #(s) | interest<br>rate | cash value |
|--|--|-------------|--------------|------------------|------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Savings account(s). If yes, list bank(s).<br>1.<br>2.  |             |              | %<br>%           | \$<br>\$   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Trust(s). If yes, please indicate which type (revocable or non-revocable), bank, and/or trustee's name.<br>1.<br>2.  |             |              | %<br>%           | \$<br>\$   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I/we own real estate (or hold a mortgage or Deed of Trust). If yes, provide description.   |             |              |                  | \$         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Personal property that is being held as an investment. If yes, describe:   |             |              | %                | \$         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Stocks, bonds, or Treasury bills. If yes, list sources/bank name(s).<br>1.<br>2.   |             |              | %<br>%           | \$<br>\$   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Certificate(s) of Deposit (CD) or Money Market account(s). If yes, list source(s)/bank name(s).<br>1.<br>2.  |             |              | %<br>%           | \$<br>\$   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | IRA/Lump Sum Pension/Keogh Account/401k. If yes, list bank(s).<br>1.<br>2.   |             |              | %<br>%           | \$<br>\$   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Benefit Cards (Direct Express Debit, TANF, and/or unemployment benefits)   |             |              |                  | \$         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I/we have a life insurance policy (exclude term policies). If yes, list company.<br>1.<br>2.   |             |              | %<br>%           | \$<br>\$   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I/we have cash on hand or cash in a safe deposit box.  |             |              | %                | \$         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I/we have disposed of assets (i.e., gave away money/assets) for less than the fair market value in the past two years. If yes, list items and date disposed.       |             |              |                  | \$         |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | I/we have income from assets or sources other than those listed above (i.e. electronic accounts: Venmo, PayPal, Bitcoin, GoFundMe, etc.). If yes, list type below. |             |              | %                | \$         |

If forms are completed electronically, one of the following boxes must be checked:

- ☐ This form was completed electronically by the resident.
- ☐ Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).

---

## signatures

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

---

|                         |           |      |
|-------------------------|-----------|------|
| Print Name of Applicant | Signature | Date |
|-------------------------|-----------|------|

---

|                         |           |      |
|-------------------------|-----------|------|
| Print Name of Applicant | Signature | Date |
|-------------------------|-----------|------|

---

|                               |           |      |
|-------------------------------|-----------|------|
| Print Name of Other Applicant | Signature | Date |
|-------------------------------|-----------|------|

---

|                               |           |      |
|-------------------------------|-----------|------|
| Print Name of Other Applicant | Signature | Date |
|-------------------------------|-----------|------|

---

|   |      |
|---|------|
| Reviewed by (Signature of Owner/Representative) | Date |
|---|------|

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





## certification of student status

Head of Household Name

Unit Number

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

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | The household contains <b>at least one occupant who is not a student</b> and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive).                     |
|                          | List non-student here:<br><br>   |
| <input type="checkbox"/> | The household contains <b>all students</b> , but is qualified because at least one occupant is a <b>part time</b> student. Verification of part time student status is required.   |
|                          | List part-time student here:<br><br>   |
| <input type="checkbox"/> | The household contains <b>all students who were, are, or will be full time</b> for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). <b>If yes, you must answer all five questions below.</b> |

|  | yes                      | no                       |
|--|--------------------------|--------------------------|
| Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)  | <input type="checkbox"/> | <input type="checkbox"/> |
| Is at least one student a single parent with child(ren), <b>and</b> this parent is not a dependent of someone else, <b>and</b> the child(ren) is/are not dependent(s) of someone other than the parent(s)?                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Is at least one student receiving Temporary Assistance to Needy Families (TANF)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation) | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the household consist of at least one student who was previously under foster care? (provide verification of participation)   | <input type="checkbox"/> | <input type="checkbox"/> |

If forms are completed electronically, one of the following boxes must be checked:

- ☐ This form was completed electronically by the resident.
- ☐ Management or someone outside of the household assisted with completing the form electronically (Authorization to Assist is attached).

### signatures

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement. This form must be signed by each household member age 18 and older.

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date

Resident Signature

Date



## 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 and assets of children.

Assets include, but are not limited to, checking or savings accounts, real estate, stocks, 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  | (a) cash value* | (b) interest rate | (a x b) annual income | source  | (a) cash value* | (b) interest rate | (a x b) annual income |
|---|-----------------|-------------------|-----------------------|---|-----------------|-------------------|-----------------------|
| Savings Account   | \$              | %                 | \$                    | Checking Account  | \$              | %                 | \$                    |
| Cash On Hand  | \$              | %                 | \$                    | Safety Deposit Box  | \$              | %                 | \$                    |
| Certificates of Deposit                                     | \$              | %                 | \$                    | Money Market Funds  | \$              | %                 | \$                    |
| Stocks  | \$              | %                 | \$                    | Bonds   | \$              | %                 | \$                    |
| IRA Accounts  | \$              | %                 | \$                    | 401k Accounts   | \$              | %                 | \$                    |
| Keogh Accounts  | \$              | %                 | \$                    | Trust Funds   | \$              | %                 | \$                    |
| Equity in Real Estate                                       | \$              | %                 | \$                    | Land Contracts  | \$              | %                 | \$                    |
| Lump Sum Receipts   | \$              | %                 | \$                    | Capital Investments   | \$              | %                 | \$                    |
| Benefit Cards (Direct Express, TANF, unemployment benefits) | \$              | %                 | \$                    | Electronic Accounts: (Venmo, PayPal, Bitcoin, GoFundMe, etc.) | \$              | %                 | \$                    |

|   |    |
|---|----|
| 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 withdrawal 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.

If forms are completed electronically, one of the following boxes must be checked:

- ☐ This form was completed electronically by the resident.
- ☐ Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).

## resident statement of assets

---

signature

---

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

Date