

# TOWN OF WINTER PARK HOUSING

## SITZMARK APARTMENT APPLICATION



### Important Information

1. **All applications are due into the Town of Winter Park by 11:59 pm, Friday July 28, 2017!**
  - a. Applications can be dropped off in person at 50 Vasquez Road, Winter Park.
  - b. Applications can be mailed to: Town of Winter Park, attn.: John Crone, PO Box 3327, Winter Park, CO 80482.
  - c. Applications can be emailed to [jcrone@wpgov.com](mailto:jcrone@wpgov.com).
2. The housing lottery is scheduled for 4:00 pm on Friday, August 11 at Town Hall.

### Housing Types and Rates

1. WR2 – Two bedroom/two bathroom workforce restricted (not income restricted): **\$1470/month**
2. WR1- One bedroom/one bathroom workforce restricted (not income restricted): **\$850/month**
3. IR2 - Two bedroom/two bathroom workforce restricted and income restricted: **\$1250/month**
  - a. To qualify for IR2 Housing the entire household's verifiable income must be at or below 80% AMI according to the following chart:

<u>1 Person</u>	<u>2 Person</u>	<u>3 Person</u>	<u>4 Person</u>
\$41,650	\$47,600	\$53,550	\$59,450

### General Procedures

1. Applications must include all members of a Household, whether related or not, including children and special needs family members.
2. **All applicants must complete Section I and Section III. Only applicants for IR2 units need to complete Section II.**
3. Any misrepresentations on the application materials will result in the entire Household being deemed non-compliant and any tenancies will be terminated.
4. If selected, all adult members of the Household shall be required to be parties to the lease and shall be subject to the rules and regulations for the project.

### Familial Relationships

1. A "spouse" is considered to be anyone with whom the qualified applicant is a life partner in a holy matrimony, marriage, civil union, domestic partnership or common-law marriage. The term is gender neutral.
2. "Children" of a qualified applicant are considered to be those persons under the age of 19-years old who are full-time students and who are either under the custodial care of one or more of the applicants in the Household regardless of such child's biological relationship with the custodian or were under such custodial care until the age of eighteen and are still claimed as dependents of the custodian.

### Winter Park Jobs

1. Self-employed applicants who maintain a Winter Park commercial space as their primary place of business are deemed to be working in Winter Park jobs.

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2. If an applicant thinks that any job worked in the last fifteen years may qualify as a Winter Park job, the applicant should include the job on their work history and should provide a written explanation as to why the job should be considered a Winter Park job.
3. If an applicant has worked 1200 hours/year at a Winter Park job, that applicant is deemed to have worked continuously during that year.

### Eligible Income

1. Eligible Income limits only apply to those units that specifically call out for income restrictions.
2. All income will be considered in determining eligibility for income restricted units. This includes, but is not limited to: dividends/interest, trust disbursements, maintenance/child support, social security income, retirement fund disbursements, and rental income.
3. All assets will be considered in determining eligibility for income restricted units.
4. Applicants who own Grand County residential property may still apply for housing opportunities; however, if selected for housing, such applicants will be required to dispose of their Grand County property.

### Appeals

1. Any decision or determination regarding the Housing Selection Guidelines and Processes or the Housing Selection Rules and Procedures of the Board of the Winter Park Affordable Housing Corporation or of the Winter Park Town Council is considered a final decision.
2. If an applicant has new information or evidence, they may ask for reconsideration of any adverse Housing Selection decisions made by either the Board of the Winter Park Affordable Housing Corporation or by the Winter Park Town Council. Such a request must be made within fourteen (14) days of the adverse decision at which time the ability to ask for reconsideration will be deemed waived.

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### Section I (to be completed by all applicants)

UNIT TYPE: \_\_\_\_\_

#### **HOUSEHOLD INFORMATION**

**Applicant #1:** \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Applicant #2:** \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Applicant #3:** \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Applicant #4:** \_\_\_\_\_

Current Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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**Other Household Members (children under age 19 who are full-time students and/or special needs family members):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**DOES ANYONE IN THE HOUSEHOLD INTEND TO HAVE A PET OR SERVICE ANIMAL?**  Yes  No

Type of Pet(s): \_\_\_\_\_ Size/Breed (if applicable): \_\_\_\_\_

**VEHICLES (Subject to individual project limitations):**

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ License Plate#: \_\_\_\_\_

Year: \_\_\_\_\_ Make/Model: \_\_\_\_\_ License Plate#: \_\_\_\_\_

**DOES ANYONE IN THE HOUSEHOLD OWN RESIDENTIAL PROPERTY IN GRAND COUNTY?**  Yes  No

Type: \_\_\_\_\_ Location: \_\_\_\_\_

Type: \_\_\_\_\_ Location: \_\_\_\_\_

**DOES ANYONE IN THE HOUSEHOLD QUALIFY FOR PRIORITY ON A TYPE "A" - ADA ACCESSIBLE UNIT?**  
 YES  NO

**DOES ANYONE IN THE HOUSEHOLD CURRENTLY LIVE IN HOUSING PROVIDED BY THE TOWN OF WINTER PARK OR THE WINTER PARK AFFORDABLE HOUSING CORPORATION?**  
 YES  NO

**HAS ANYONE IN THE HOUSEHOLD EVER APPLIED FOR BUT NOT BEEN GRANTED TOWN OF WINTER PARK HOUSING (i.e. Hideaway Junction or Miller's Inn)?**

Applicant: \_\_\_\_\_ Project: \_\_\_\_\_ Date: \_\_\_\_\_

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# TOWN OF WINTER PARK HOUSING

## SITZMARK APARTMENT APPLICATION



### **EMPLOYMENT HISTORY (Please provide up to 15 years of Winter Park employment)**

#### **Applicant #1 (Please attach additional sheets if needed.):**

Current Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

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Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

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### **EMPLOYMENT HISTORY (Please provide up to 15 years of Winter Park employment)**

#### **Applicant #2 (Please attach additional sheets if needed.):**

Current Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

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### **EMPLOYMENT HISTORY (Please provide up to 15 years of Winter Park employment)**

#### **Applicant #3 (Please attach additional sheets if needed.):**

Current Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

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### **EMPLOYMENT HISTORY (Please provide up to 15 years of Winter Park employment)**

#### **Applicant #4 (Please attach additional sheets if needed.):**

Current Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Address / Phone: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Hours per Week: \_\_\_\_\_

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Each applicant over the age of eighteen years-old must complete the following:

### **Applicant #1: LAWFUL PRESENCE AFFIDAVIT**

**Please provide a copy of one of the following:**

- 1) A valid Colorado driver's license or a Colorado identification card issued under article 2 of title 42, C.R.S., unless the applicant holds a license or card issued under part 5 of article 2 of title 42, C.R.S.; **OR**
- 2) A United States military card or a military dependent's identification card; **OR**
- 3) A United States Coast Guard Merchant Mariner card; **OR**
- 4) A Native American tribal document.

**Please complete the following:**

I, (print name) \_\_\_\_\_, swear  
or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

- I am a United States citizen, **OR**  
 I am a Permanent Resident of the United States, **OR**  
 I am lawfully present in the United States pursuant to Federal law.

If you are not a US Citizen, you must submit one of the following documents in addition to a Colorado ID:

- Unexpired foreign passport with I-94 Arrival/Departure Record  
 I-327 Reentry Permit  
 I-551 Resident Alien/permanent Resident Card  
 I-571 Refugee Travel Document  
 I-688 (photo temporary resident card)  
 I-688B (employment authorization document)  
 I-766 (photo employment authorization card)

Alien or I-94#: \_\_\_\_\_ DS #: \_\_\_\_\_  
(go to website <https://i94.cbp.dhs.gov>) (top right # on Certificate of Eligibility form)

Expiration Date: \_\_\_\_\_

I understand that law required this sworn statement because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

I certify the information given above is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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Each applicant over the age of eighteen years-old must complete the following:

### Applicant #2: LAWFUL PRESENCE AFFIDAVIT

Please provide a copy of one of the following:

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### **Applicant #3: LAWFUL PRESENCE AFFIDAVIT**

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**Section II (To be completed by applicants seeking income restricted units. If you are not applying for an income restricted unit this section is not required)**

### EMPLOYMENT & INCOME VERIFICATION APPLICANT #1

**TO BE COMPLETED BY APPLICANT:** (Complete the information for each current job)  
(Self-employed applicants complete both sections)

#### Applicant/Tenant Release Statement:

I hereby authorize the release of the following information in order to determine my eligibility for the Winter Park Housing Program. Please complete this form in full and return it to the Town of Winter Park at your earliest convenience.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

#### TO BE COMPLETED BY EMPLOYER

The above-named employee has applied for a workforce housing unit. Please indicate below the employee's current annual income (including wages, overtime, bonuses, commissions and/or other compensation received on a regular basis), and check that documentation has been provided on that Employment Eligibility Verification Form (I-9). **DO NOT LEAVE ANY BLANKS!**

Annual Gross Income: \_\_\_\_\_

Overtime (anticipated): \_\_\_\_\_

Bonuses/Commissions/Other: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Start Date \_\_\_\_\_

Position \_\_\_\_\_

Employment Schedule \_\_\_\_\_ Hours per Week

\_\_\_\_\_ Months per Year

Yes  No  I have examined the document(s) necessary for the Form I-9 to establish eligibility to work in the United States. The Form I-9 is on file with the above employee's records at his/her place of business.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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### EMPLOYMENT & INCOME VERIFICATION APPLICANT #2

**TO BE COMPLETED BY APPLICANT:** (Complete the information for each current job)  
(Self-employed applicants complete both sections)

**Applicant/Tenant Release Statement:**

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Signature: \_\_\_\_\_

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Annual Gross Income: \_\_\_\_\_

Overtime (anticipated): \_\_\_\_\_

Bonuses/Commissions/Other: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Start Date \_\_\_\_\_

Position \_\_\_\_\_

Employment Schedule \_\_\_\_\_ Hours per Week

\_\_\_\_\_ Months per Year

Yes  No  I have examined the document(s) necessary for the Form I-9 to establish eligibility to work in the United States. The Form I-9 is on file with the above employee's records at his/her place of business.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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# TOWN OF WINTER PARK HOUSING

## SITZMARK APARTMENT APPLICATION



### EMPLOYMENT & INCOME VERIFICATION APPLICANT #3

<b>TO BE COMPLETED BY APPLICANT: (Complete the information for each current job)</b> (Self-employed applicants complete both sections)	
<b>Applicant/Tenant Release Statement:</b>	
I hereby authorize the release of the following information in order to determine my eligibility for the Winter Park Housing Program. Please complete this form in full and return it to the Town of Winter Park at your earliest convenience.	
Print Name: _____	Signature: _____
<b>TO BE COMPLETED BY EMPLOYER</b>	
The above-named employee has applied for a workforce housing unit. Please indicate below the employee's current annual income (including wages, overtime, bonuses, commissions and/or other compensation received on a regular basis), and check that documentation has been provided on that Employment Eligibility Verification Form (I-9). <b>DO NOT LEAVE ANY BLANKS!</b>	

Annual Gross Income: \_\_\_\_\_

Overtime (anticipated): \_\_\_\_\_

Bonuses/Commissions/Other: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Start Date \_\_\_\_\_

Position \_\_\_\_\_

Employment Schedule \_\_\_\_\_ Hours per Week  
\_\_\_\_\_ Months per Year

**Yes  No  I have examined the document(s) necessary for the Form I-9 to establish eligibility to work in the United States. The Form I-9 is on file with the above employee's records at his/her place of business.**

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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# TOWN OF WINTER PARK HOUSING

## SITZMARK APARTMENT APPLICATION



### EMPLOYMENT & INCOME VERIFICATION APPLICANT #4

**TO BE COMPLETED BY APPLICANT:** (Complete the information for each current job)

(Self-employed applicants compete both sections)

**Applicant/Tenant Release Statement:**

I hereby authorize the release of the following information in order to determine my eligibility for the Winter Park Housing Program. Please complete this form in full and return it to the Town of Winter Park at your earliest convenience.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**TO BE COMPLETED BY EMPLOYER**

The above-named employee has applied for a workforce housing unit. Please indicate below the employee's current annual income (including wages, overtime, bonuses, commissions and/or other compensation received on a regular basis), and check that documentation has been provided on that Employment Eligibility Verification Form (I-9). **DO NOT LEAVE ANY BLANKS!**

Annual Gross Income: \_\_\_\_\_

Overtime (anticipated): \_\_\_\_\_

Bonuses/Commissions/Other: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Start Date \_\_\_\_\_

Position \_\_\_\_\_

Employment Schedule \_\_\_\_\_ Hours per Week

\_\_\_\_\_ Months per Year

Yes  No  I have examined the document(s) necessary for the Form I-9 to establish eligibility to work in the United States. The Form I-9 is on file with the above employee's records at his/her place of business.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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# TOWN OF WINTER PARK HOUSING

## SITZMARK APARTMENT APPLICATION



	<u>Applicant # 1</u>		<u>Applicant # 2</u>	
<b>ASSETS:</b>	<b>Name of Entity</b>	<b>Balance</b>	<b>Name of Entity</b>	<b>Balance</b>
Bank or Credit Union:		\$		\$
Bank or Credit Union:		\$		\$
Stocks & Bonds:		\$		\$
Real Estate:		\$		\$
Retirement Funds:		\$		\$
Trusts:		\$		\$
Automobiles:		\$		\$
Business:		\$		\$
Other:		\$		\$
	<b>TOTAL ASSETS:</b>	\$	<b>TOTAL ASSETS:</b>	\$
<b>LIABILITIES:</b>	<b>Name of Entity</b>	<b>Balance</b>	<b>Name of Entity</b>	<b>Balance</b>
Mortgage Loan:		\$		\$
2 <sup>nd</sup> Mortgage Loan:		\$		\$
Automobile(s) Loan:		\$		\$
Student Loans:		\$		\$
Credit Card(s):		\$		\$
Other:		\$		\$
	<b>TOTAL LIABILITIES:</b>	\$	<b>TOTAL LIABILITIES:</b>	\$
	<b>NET WORTH (assets minus liabilities)</b>	\$	<b>NET WORTH (assets minus liabilities)</b>	\$

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# TOWN OF WINTER PARK HOUSING

## SITZMARK APARTMENT APPLICATION



	<u>Applicant # 3</u>		<u>Applicant # 4</u>	
<b>ASSETS:</b>	<b>Name of Entity</b>	<b>Balance</b>	<b>Name of Entity</b>	<b>Balance</b>
Bank or Credit Union:		\$		\$
Bank or Credit Union:		\$		\$
Stocks & Bonds:		\$		\$
Real Estate:		\$		\$
Retirement Funds:		\$		\$
Trusts:		\$		\$
Automobiles:		\$		\$
Business:		\$		\$
Other:		\$		\$
	<b>TOTAL ASSETS:</b>	\$	<b>TOTAL ASSETS:</b>	\$
<b>LIABILITIES:</b>	<b>Name of Entity</b>	<b>Balance</b>	<b>Name of Entity</b>	<b>Balance</b>
Mortgage Loan:		\$		\$
2 <sup>nd</sup> Mortgage Loan:		\$		\$
Automobile(s) Loan:		\$		\$
Student Loans:		\$		\$
Credit Card(s):		\$		\$
Other:		\$		\$
	<b>TOTAL LIABILITIES:</b>	\$	<b>TOTAL LIABILITIES:</b>	\$
	<b>NET WORTH (assets minus liabilities)</b>	\$	<b>NET WORTH (assets minus liabilities)</b>	\$

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# TOWN OF WINTER PARK HOUSING

## SITZMARK APARTMENT APPLICATION



### Section III (to be completed by all applicants)

I/We understand that to qualify for Town of Winter Park Housing, I/We must not own any developed residential real estate in Grand County.

I understand that I/We must re-qualify every two years.

I/We understand that if I/We rent or own Town of Winter Park Housing and if I/We are found to be out of good standing with that property, I/We will be disqualified from renting/bidding/purchasing the unit within the housing program.

I/We understand that if the documentation that I/We have provided is found to be false or non-verifiable, I/We will be disqualified from owning or renting Town of Winter Park Housing and the Town will take all steps necessary to terminate any tenancy previously granted. I/We authorize the Town of Winter Park or its designees to make necessary inquiries to evaluate my/our employment, assets and income.

I/We release all representatives from the Town of Winter Park and the Winter Park Affordable Housing Corporation and their designees from any and all liability arising from release of any information provided in connection with this application. This authorization is limited solely to information requested for the processing of my application for housing provided by the Town of Winter Park or the Winter Park Affordable Housing Corporation.

I/We understand that completion of this application does not guarantee my/our eligibility for the programs and/or that I/we will successfully purchase or rent a residence through the Town of Winter Park's Housing Program.

Applicant #1

Print Name: \_\_\_\_\_; Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant #2

Print Name: \_\_\_\_\_; Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant #3

Print Name: \_\_\_\_\_; Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant #4

Print Name: \_\_\_\_\_; Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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