

TOWN OF WINTER PARK HOUSING HIDEAWAY JUNCTION APPLICATION



October 7, 2020

We are happy to announce that a Hideaway Junction Home is available for purchase. The Town is presently accepting applications from interested buyers.

The available home is located at 108 Trestle Drive and is a three-bedroom, two-bathroom unit with a two-car garage. The anticipated sale price of the home is \$286,000.

All homes in the Hideaway Junction subdivision are deed restricted in order to keep the units attainable in perpetuity. The most important deed restrictions are as follows:

1. Appreciation is limited to 2% for each of the first three years of ownership and then is reduced to 1% for each year of ownership thereafter.
2. Owners must meet residency and employment requirements.
3. The Town of Winter Park retains first right of purchase for any home that is put up for sale.

The homeowner's association (HOA) collects monthly dues which are paid to support the maintenance of the exterior of each home. At this time the HOA dues are \$100 per month.

Each homeowner is responsible for the payment of utility bills (trash removal, water and sewer, natural gas, electricity, etc...) for their unit. Homeowners are also obligated to remove the snow from their walkways and driveways. The Town of Winter Park has accepted Trestle Drive as a public street and will manage snow removal and any street surface maintenance that may be required.

To be included in the lottery as a qualified applicant, interested households need to complete the attached application. Applications must include a written notice of financing prequalification for the sale price from a lender. Applications will be accepted through the Town's website or in-person at Town hall. Applications must be received by November 12, 2020 at 5:00 pm. The Town will hold a lottery on November 20, 2020 at 3:00 pm.

Should you have any questions, please contact Alisha Janes, Assistant Town Manager at 970-726-8081 or ajanes@wpgov.com.

The Town of Winter Park does not grant any preference or discriminate in its housing decisions based on race, color, religion, sex, sexual orientation, gender, handicap, familial status, or national origin of the applicant.

The Town of Winter Park selects potential tenants from its pool of applicants based partially upon a weighted point system. Please contact the Town of Winter Park at 970.726.8081 x209 or ajanes@wpgov.com for additional information.



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HOUSEHOLD INFORMATION

Current Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Email: _____

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: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

How long has your household/family resided in Grand County?

Years: _____

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

Type: _____ Location: _____

Type: _____ Location: _____

DOES ANYONE IN THE HOUSEHOLD CURRENTLY LIVE IN TOWN OF WINTER PARK HOUSING?

YES NO

HAS ANYONE IN THE HOUSEHOLD EVER APPLIED FOR BUT NOT BEEN GRANTED TOWN OF WINTER PARK HOUSING?

Applicant: _____ Project: _____ Date: _____

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EMPLOYMENT HISTORY

(Please provide up to 15 years of Grand County employment. Attach additional pages as necessary)

For the household member with the longest Grand County Employment history, how many complete years has the applicant been employed in Grand County:

Years: _____

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: _____

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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

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

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

I/We understand that if I/We rent or own deed-restricted property and if I/We am/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. 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 any of the Winter Park Housing Programs 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 the Winter Park Housing Programs.

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.

Print Name: _____; Signature: _____

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Loan Prequalification:

Applications must include a written notice of prequalification for the sale price, \$286,000 from a lender.

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