

Boulder County Homeownership Programs

Common Application

A household may apply to the three Boulder County homeownership programs listed below by completing one application. Check the box next to the programs to which you would like to apply* and return this cover sheet with your application.

Spanish Translation Is Available Upon Request/ Se provee traducción al español a solicitud

- Boulder County Down Payment Assistance Program – Available in Boulder County outside City of Boulder limits**

Administered by the City of Longmont

Down payment assistance for first-time homebuyers who purchase properties in Boulder County, outside City of Boulder limits.

City of Longmont, Housing and Community Investment Division

350 Kimbark St, Longmont, CO 80501

303.774.4648 (phone), 303.651.8590 (fax)

Molly.McElroy@longmontcolorado.gov, www.longmontcolorado.gov



- City of Longmont Affordable Homeownership Program – City of Longmont. Currently for the Blue Vista Development only.**

New homes sold at below market-rate prices.

City of Longmont, Housing and Community Investment Division

350 Kimbark St, Longmont, CO 80501

303.774.4648 (phone), 303.651.8590 (fax)

Molly.McElroy@longmontcolorado.gov, www.longmontcolorado.gov

- City of Boulder Homeownership Programs – Homes in the City of Boulder only**

Affordable housing opportunities within the City of Boulder limits. New homes and resales are sold at below market-rate prices. Down payment assistance programs are available to help with the purchase of a market-rate home. *Boulder County Down Payment Assistance Program does not apply.*

City of Boulder, Division of Housing

Mailing Address: PO Box 791, Boulder, CO 80306

Office Address: 1300 Canyon Blvd, Boulder, CO 80302

303.441.3157 (phone)

homeownership@bouldercolorado.gov, www.boulderaffordablehomes.com



- Thistle Communities- Available in Boulder County**

Affordable homeownership opportunities throughout Boulder County with homes at below market-rate prices available. Thistle also has affordable rental opportunities in Boulder County and the surrounding areas. (A separate application is required).

NOTE: Thistle Communities will only accept applications when it has properties available for sale. Notification of properties for sale will be on Thistle's website: www.thistle.us. If a home you are interested in is available please request your application be forwarded from the program that originally processed your application.

Thistle Communities

6000 Spine Road, Suite #101, Boulder, CO 80301

303-443-0007 x. 105 (phone), 303.443.0098 (fax)

mryback@thistle.us, www.thistle.us



THISTLE

Boulder County Personal Financial Program

A free service offering monthly home ownership training courses; and pre-purchase, credit, budget, student loan, mortgage default, and reverse mortgage counseling.

720.564.2279 (phone), www.bouldercountyhc.org.

**If a household's income and assets calculated by the initial program to which the application was submitted are determined to be \$5,000 or more above the limits of the other programs, the application will not be forwarded to the other program(s). If an applicant would still like to have their application processed by the other program(s), they must first contact the individual program to discuss eligibility requirements before their application will be considered.*

BOULDER COUNTY HOMEOWNERSHIP APPLICATION INSTRUCTIONS

Fill Out the Application: Complete the application, and submit it with the cover sheet and Parts 1-4. Part 4, Request for Verification of Employment form, must be completed by both the household member and the household member's employer(s).

Include Required Documents: Submit copies of required documents. **DO NOT SEND ORIGINALS** – lenders will need copies of most of these documents and the homeownership programs do not return documentation. Refer to the *Required Documentation Checklist* (page 3 and 4) for a list of all required paperwork. Incomplete applications will not be fully processed until all paperwork has been submitted. Missing documentation is required to be provided within 15-30 days of the original submission (depending on the program) or the application will be deemed ineligible.

Send Application to One Program Only: Send the completed application and required documentation to one program. The application will be processed by the program and forwarded to any other programs checked on the cover page.*

Application Fee: One \$25 fee pays for an application to all programs. Include a check or money order with your application, made payable to the program to which you are submitting your application.

Application process: The application process will take a minimum of two weeks once all required documents have been submitted. Completing this application does not guarantee that the applicant will be eligible for or will purchase a home through the Boulder County Homeownership Programs. Each program may request additional information from the applicant and will contact applicants to let them know if they qualify.*

Homebuyer Training Course: All program applicants are required to attend a Colorado Housing and Finance Authority (CHFA)-approved Homebuyer Education Training prior to purchase. Applicants may take a class through Boulder County (www.bouldercountyhc.org) or a class listed on CHFA's website (www.chfainfo.com). Due to class availability, this class can be completed after the homeownership application is submitted. Each program has different requirements as to when the class needs to be completed. Please contact the program for details.

City of Boulder Orientation: If interested in the City of Boulder's program, applicants must attend an orientation. Details can be found under the required classes section at www.boulderaffordablehomes.com. -> Homeownership Programs -> Required Classes.

Thistle Communities Orientation: An individual orientation will be held with homebuyers prior to closing.

Ability to Obtain a Mortgage: All programs require that a household demonstrates they can obtain a mortgage that meets the program's requirement.

Employment Requirements: The Homeownership Programs require that at least one household member is employed at least an average of 30 hours a week, unless they are retired or disabled.

Income Calculation: Federal regulations require the programs to look at a "snapshot" of a household's gross income (net income for self-employed household members) and project it forward for 12 months. The regulations also require that income is calculated from a household's assets. The income calculated by a program may be different than what a household or their lender has estimated. Contact the individual program(s) with questions about how income and assets were calculated.

**If a household's income and assets calculated by the initial program the application was submitted to are determined to be \$5,000 or more above the limits of the other programs, the application will not be forwarded to the other program(s). If an applicant would still like to have their application processed by the other program(s), they must first contact the individual program to discuss eligibility requirements before their application will be considered.*

REQUIRED DOCUMENTATION CHECKLIST.

Income and asset documentation is required for all household members.

Complete copies of the following documents, if applicable to a household member, must be submitted. The homeownership programs do not return originals. Applicants may blacken out social security numbers and all but the last four numbers of accounts. The list below contains internet links to additional information and forms. Applicants will need access to the internet to view this information. If an applicant does not have access to the internet, please contact one of the individual programs for assistance.

Information needed from all applicants

- Completed [application](#), signed and dated. Include the cover page showing the programs that are being applied to.
- A non-refundable \$25 check or money order for the application fee, made payable to the program to which the application was originally submitted (City of Boulder, City of Longmont, Thistle Communities). **Cash is not accepted.**
- A completed Immigration Status Affidavit (make additional copies as necessary) and a photocopy of an approved form of identification for each household member. City of Boulder and Thistle Communities require this for each household member 18 years or older. The Boulder County Down Payment Assistance Program (City of Longmont) and the City of Longmont Affordable Homeownership Program requires this for all household members. Forms: [City of Boulder](#), [Thistle Communities](#), [Boulder County DPA](#), [City of Longmont Affordable Homeownership Program](#)
- A loan application (also called [Form 1003](#)) completed and typed by a lender based on a tri-merge credit report, and household's income and asset information. **Hand written forms are not accepted.**
- A copy of a current CHFA-approved Homebuyer Education Course certificate. Due to class availability, the class can be completed after the homeownership application is submitted. Each program has different requirements as to when the class needs to be completed. Please contact the program for details.
- A letter from a 3rd party offering down payment assistance describing the exact amount and type of assistance if household is receiving (e.g., personal gift, aid from another program). If it is a gift, the letter needs to indicate the amount, there is no expectation of repayment, and giver's relationship to the applicant.

Assets information needed from all applicants

Provide the most recent full statement for all assets, including the interest rate. Account information printed from online accounts portals is acceptable if it includes the account number, account holder's name, and a running balance with dates. Following is a list of the most common accounts which applicants need to include:

- Most recent six months of checking statements. Please label any deposits over \$50 that are not payroll deposits or account transfers. This is used to document no additional income ([sample](#)).
- Savings accounts
- Money Market accounts
- Health Saving Account - HSA.
- Trust fund
- Investment accounts
- Individual Retirement Accounts – IRA (quarterly statement is acceptable)
- 401k/403b retirement plans (quarterly statement is acceptable).
- Annuities (quarterly statement is acceptable)
- Life insurance
- If any household member is the beneficiary of a trust, provide a copy of the trust documents.

If employed by a company or organization (full- or part-time) – employment verification is required for every job a household member has.

- A completed [employer verification form](#); **or**
A letter from the employer, on letterhead, indicating applicant's annual gross wage, start date of employment, pay schedule, expected wage increases, and any overtime, bonuses, tips and/or commissions; **or**
If the applicants organization uses a third party verification service (The Work Number, InVerify, etc.) a completed [authorization from](#) giving the program approval to request the information.
- Copies of two months of the most recent pay stubs for each job. For applicants that are paid every two weeks this generally mean five pay stubs. If commission income is earned, 12 months of paystub history are needed.
- Complete copies of two years of the most recent federal tax returns ([list of tax documents to include](#)).
- Two years of w-2s

If there is self-employment income (full- or part-time)

- A year-to-date or six month profit/loss statement, whichever is longer ([sample](#)).
- A statement of projected profit/loss for the next 12 months and explanation of the projection rational ([sample](#)).
- Complete copies of three years of personal and three years of business federal income tax returns ([list of tax documents to include](#)).
- Three years of w-2s (if applicable)
- Six months of the most recent business checking account statements (all pages).
- Most recent business savings account statements (all pages).

Other income sources

Verification of all other sources of income. This may include award letters and/or statements from some of the following:

- Social Security
 - Social Security Disability
 - Private disability insurance payments
 - Pension statements
 - Annuity statements
 - Gift income (letter from the gift giver with the estimated monthly amount, explanation that there is no expectation of repayment, and the gift giver's relationship to the applicant)
 - Income from retirement
 - VA Benefits
 - Military pay
 - Unemployment compensation
 - Worker's compensation
 - TANF
 - Child support
 - Alimony/Maintenance
 - Investment income
- Complete copies of two years of the most recent federal tax returns ([list of tax documents to include](#)), If not required to file federal taxes please provide an explanation.
 - Two years of w-2s (if applicable)

Children over 18 living at home

Children that are 18 or older are considered adults by the programs. They need to provide the Immigration Affidavit, asset, income, tax records and other information requested above.

Real-estate: Current/past owner or under contract

- Most recent mortgage statement and appraisal of the property (or current County Assessor's valuation statement) if any household member currently owns a home or other real property (e.g., vacant land, commercial property).
- Settlement statement or quit claim deed showing the legal termination of interest in the property AND the monetary consideration received if any household member had joint ownership in a property within the last three years.
- If the applicant has a signed contract to buy a home, submit a copy of the contract.

Divorced, child support and custody

If a household member is divorced, receives child support, or has shared custody of minors the following information is needed. If the divorce has not been finalized by the court please wait until this is done to apply.

- A court-stamped copy of a divorce decree and verification of the division of marital assets if divorced or legally separated within the past three years.
- A copy of the court-ordered custody arrangements if a household member has joint custody of a minor(s).
- Documentation of monthly child support payments received.
- Documentation of monthly alimony or maintenance amount received.

Applying to the City of Boulder Program

- Include a preapproval letter from the applicant's lender along with loan application ([Form 1003](#)).
- Include a copy of the completed [City of Boulder Orientation Test](#) as proof of completing the orientation, unless the orientation was completed in person in a classroom.

Out-of-pocket child care or medical expenses

Sometimes these expenses can be used to reduce income *for the City of Boulder program*.

- If child care expenses are incurred in order to work please provide a copy of the [Verification of Child Care](#) Form completed by the care provider.
- If there are medical expenses greater than 3% of the household's gross income please provide a copy of the [Verification of Medical Expense](#) form. Insurance premiums may not be included.

Disabled

- If permanently disabled, accommodation may be made in the application process or preference given in the City of Boulder fair selection process. To request accommodation, the [Disability Accommodation Verification form](#) needs to be completed.



Boulder County Homeownership Programs

Common Application

Federal laws require the Homeownership Programs to ask applicants for certain household demographic information for reporting Fair Housing performance. Providing this information in this application is voluntary. In accordance with the provisions of the Equal Opportunity Act, there will be no discrimination against an applicant for these benefits on the basis of age, source of income, sex, race, marital status, sexual orientation, national origin, religion, or disability (see page 10 for more information).

PART 1: HOUSEHOLD INFORMATION

Section 1A - Complete the following section *for all household members age 18 or older who will occupy the home*. For household members **age 17 and younger**, complete the information requested in Section 1B, on the next page. Make copies of this form for additional household members.

Primary Applicant – Name: _____

Current Address (street, city, state, zip): _____

cell) _____ e-mail) _____ other) _____

Birthdate _____ Gender _____ Number of people to live in your household _____

Currently employed? Yes No Receive any other income? Yes No Full-time student? Yes No

In what city is the primary job? _____ Start date for current job? _____

Years consecutively worked in this city? _____ Years lived in current city? _____

OPTIONAL - Providing this information in this application is voluntary.

Ethnicity (please choose one):

Hispanic or Latino OR Not Hispanic or Latino

Race (please check *one or more* of the following):

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander
 White Other Multi-Racial

Disability

- Is any household member permanently disabled? Yes No
 - Does any household member have a disability under Section 504, a physical or mental impairment that substantially limits one or more major life activities? Yes No
 - Does any household member require a reasonable accommodation to gain equal access to programs or activities? Yes No
-

Adult Household Member #2 – Name: _____

Current Address (if different from above): _____

cell) _____ e-mail) _____ other) _____

Relationship to Primary Applicant _____ Birthdate _____ Gender _____

Ethnicity _____ Race _____ (See above for ethnicity/race options)

Currently employed? Yes No Receive any other income? Yes No Full-time student? Yes No

In what city is the primary job? _____ Start date for current job? _____

Years consecutively worked in this city? _____ Years lived in current city? _____

Adult Household Member #3 – Please make a copy of this page and provide the requested information for the additional adult household members.

Section 1B Complete the following section for all household members **age 17 and younger** who will occupy the home.

Name	Birthdate	Gender	Ethnicity	Race	Number of months during the year the child lives with you?
			See prior page for ethnicity/race options		

Section 1C - Other Information

- Primary applicant: Currently married, have a domestic partner, or in a common law marriage? Yes No
(In accordance with the provisions of the Equal Opportunity Act there will be no discrimination against an applicant for these benefits on the basis of marital status – see equal opportunity disclosure on page 10)
- In the past three years, has any household member owned or had a financial interest in any residential property or real estate, including real estate in foreign countries? (if “no” skip to the next bullet) Yes No
If yes, address, state, and country: _____ Market Value _____
Has the property been sold? Yes No If sold, list the date of sale: _____ If sold, proceeds _____
- Has any household member been separated or divorced within the last 3 years? Yes No
- Does any household member incur child care costs so they can work? Yes No
- Does the household have medical expenses (excluding insurance costs) that are over 3% of the household’s gross annual income? Yes No
- Is any household member retired? Yes No
If retired, in what city did retired person last hold full time employment _____
- Has the CHFA approved Homebuyer Education Class been completed by at least one household member? Yes No
(The Boulder County Down Payment Assistance and the City of Longmont Affordable Homeownership Programs requires all applicants who will be on the mortgage, title, or make household financial decisions attend a class.)
Please list the date attended or will be attending: _____
- If interested in the City of Boulder program, has the Boulder Orientation been attended? Yes – in person on _____
 Yes – on-line (test included)
 No
- Please estimate the expected down payment: \$ _____
- If interested in a particular home or are under contract, please list the address:

- How did you hear about the program(s)?
 Realtor/Developer Friend/Family Lender Employer Presentation/Meeting Mailing Program website
 Other website _____ Other: _____



PART 2: INCOME, DEBT, AND ASSET INFORMATION

Information for: (Name) _____

Each household member age 18 and older must submit Part 2 even if they do not have income, assets, or debt. Make copies of these page for additional household members.

- Do not provide employment income information for household members age 17 or younger.
- Include assets and benefits income held by or received on behalf of children age 17 or younger.
- Check **Yes** if a household member receives the income. Check **No** if the income is not received.
- Verification is required for each item checked **Yes**. (See the *Required Documentation Checklist* on page 3-4)

Section 2A - Income Information

Gross income is job earnings, self-employment net business earnings, Social Security and Social Services income (for all in household), TANF, VA benefits, unemployment income, military pay, worker's compensation payments, child support, alimony/maintenance payments, income from retirement, life insurance payout, stocks, etc. **Failure to report household income is considered fraud and can have serious consequences.**

Employment Income

Self-Employment	Applicable		Type of Income	Anticipated <u>Net</u> Income for the Next 12 Months	Clarification (as necessary)
	YES	NO			
Name and Address of Business:					
Primary location where business is conducted:	<input type="checkbox"/>	<input type="checkbox"/>	Self-Employment	\$	
Avg # hours work/week: _____					
Employer #1	Applicable		Type of Income	Anticipated <u>Gross Annual</u> Income for the Next 12 Months	Clarification (as necessary)
	YES	NO			
Name and Address of Employer:	<input type="checkbox"/>	<input type="checkbox"/>	Wages/Salaries		
Name and Address of Work Location (if different from employer address):				\$	
Avg # hours work/week: _____	<input type="checkbox"/>	<input type="checkbox"/>	Overtime Pay, Commissions, tips, bonuses		
				\$	
Employer #2	Applicable		Type of Income	Anticipated <u>Gross Annual</u> Income for the Next 12 Months	Clarification (as necessary)
	YES	NO			
Name and Address of Employer:	<input type="checkbox"/>	<input type="checkbox"/>	Wages/Salaries		
Name and Address of Work Location (if different from employer address):				\$	
Avg # hours work/week: _____	<input type="checkbox"/>	<input type="checkbox"/>	Overtime pay Commissions, tips, bonuses		
				\$	



Section 2A - Income Information (continued)

Information for: (Name) _____

Type of Income		Applicable		Anticipated Gross Annual Income for the Next 12 Months	Clarification (as necessary)
		YES	NO		
Benefit Payments	Social Security	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Supplemental Security Income (SSI)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Supplemental Security Disability Income (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Worker's Comp/Disability Pay/Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Unemployment Insurance/Severance Pay	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Insurance Policy Payments/Annuities	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Pension/Retirement Benefits	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Alimony /Support	Alimony/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other	Money or gifts regularly given by persons not living in the home	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	Other Income (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	\$	

Exemptions From Income

Sometimes expenses can be used to reduce income for the *City of Boulder* program

Type of expense	Applicable		Anticipated Expense for the Next 12 Months	Clarification (as necessary)
	YES	NO		
Child care expense	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Medical expense (if greater than 3% of income – insurance premiums not included)	<input type="checkbox"/>	<input type="checkbox"/>	\$	

Section 2B. DEBT

Does the household have any debt (include loans in deferment, forbearance, or not yet due)? Yes No

Creditor's Name	Minimum monthly Payment or anticipated payments	Unpaid Balance	Currently making payments	
			YES	NO
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>



Section 2C - Asset Information

Information for: (Name) _____

Report the following assets:

Bank: Savings accounts, checking accounts, money market accounts.

Property: Homes, equity in rental property, land, other capital investments.

Investments: Current cash value of stocks, bonds, Treasury bills, certificates of deposit.

Retirement: IRA, 401(k), Keogh account, pension. Include information even if a penalty is paid for early withdrawal.

Life insurance: Cash value of life insurance policies available to the individual before death.

Personal investment property: Gems, jewelry, coin collections, antique cars, etc.

Lump sum or one-time receipts: Inheritances, trust funds, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.

Other: Mortgages or deeds of trust held by household member; property, land, and/or other assets owned.

Do Not Report: Personal property such as clothing, furniture, and daily use vehicles.

Bank Accounts

Type of Account	Applicable		Name of Institution	Last four digits of account number	Current Balance
	YES	NO			
Checking	<input type="checkbox"/>	<input type="checkbox"/>			\$
Checking	<input type="checkbox"/>	<input type="checkbox"/>			\$
Checking	<input type="checkbox"/>	<input type="checkbox"/>			\$
Savings	<input type="checkbox"/>	<input type="checkbox"/>			\$
Savings	<input type="checkbox"/>	<input type="checkbox"/>			\$
Money Market	<input type="checkbox"/>	<input type="checkbox"/>			\$
Money Market	<input type="checkbox"/>	<input type="checkbox"/>			\$
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>			\$

Other Assets

Type of Investment	Applicable		Name of Institution	Last four digits of account number	Current Value
	YES	NO			
Individual Stocks	<input type="checkbox"/>	<input type="checkbox"/>			\$
Bonds	<input type="checkbox"/>	<input type="checkbox"/>			\$
Mutual Funds	<input type="checkbox"/>	<input type="checkbox"/>			\$
Trust Funds	<input type="checkbox"/>	<input type="checkbox"/>			\$
Retirement Accounts (ie, IRA, Keogh, 401K, 403B, PERA)	<input type="checkbox"/>	<input type="checkbox"/>			\$
Retirement Accounts (ie, IRA, Keogh, 401K, 403B, PERA)	<input type="checkbox"/>	<input type="checkbox"/>			\$
Cash value of life insurance policy	<input type="checkbox"/>	<input type="checkbox"/>			\$
Gift Money for down payment	<input type="checkbox"/>	<input type="checkbox"/>			\$
Estimated Proceeds from Sale of Home	<input type="checkbox"/>	<input type="checkbox"/>			\$
Value of Other Property (please specify)	<input type="checkbox"/>	<input type="checkbox"/>			\$
Other Asset (please specify)	<input type="checkbox"/>	<input type="checkbox"/>			\$



PART 3: CERTIFICATIONS

It is program policy to verify all information contained in this application. In acknowledgement of this policy, please sign where indicated.

I/We certify the following:

- All the information contained and submitted in support of this application is true and complete to the best of my/our knowledge and belief. This includes documents and e-mails sent in support of this application to any of the Boulder County Homeownership Programs after the application has been submitted.
- I/We are aware that any misrepresentation will result in the forfeiture of my/our right to participate in any of the Boulder County Homeownership Programs and may result in legal action against me/us.
- Consent to Release Information:
I/We authorize representatives from any of the Boulder County Homeownership Programs to supply and receive information to/from all other Boulder County Homeownership Programs that I/we have applied to, my/our employer(s) or third party organizations my/our employer(s) may use to provide income verification information, my/our financial institution(s), other housing/down payment assistance programs, my/our Realtor and/or my/our Mortgage Lender to verify the information contained in this application. This information includes, but is not limited to bank statements, employment status, income, outstanding debts and other financial information. I also authorize representatives from any of the Boulder County Homeownership Programs to allow inspection and reproduction of any financial records or information in their possession. I/We understand that information in this application may be shared with funders for the purpose of funding compliance.
- If I/we request use of information from a third party employment verification organization, for employment and income verification, I/we understand this information will be used in whole or part to determine my/our eligibility for the program(s). I also understand that only agencies which subscribe to a third party employment verification organization service may use the information provided by the organization and that reports obtained from a verification organization by one agency may not be shared with other agencies.
- I/We understand that the income I/we use to qualify for a mortgage loan amount must be the same as the income I/we claim in this application.
- I release all representatives from any of the Boulder County Homeownership Programs from any and all liability arising from release of such information. This authorization is limited solely to information requested for the processing of my/our application for the Boulder County Homeownership Programs.
- If I/we purchase a home under any of the Homeownership Programs listed in this application, I/we will occupy the home and agree to use the home as my/our primary and principal residence.
- I/we understand that completion of this application does not guarantee that my/our eligibility for the programs and/or that I/we will successfully purchase a home through the Boulder County Homeownership Programs.

Signature

Date

Signature

Date



Equal Opportunity: In accordance with the provisions of the Equal Opportunity Act and the Boulder County Homeownership Programs' policies, there will be no discrimination against an applicant for these benefits on the basis of age, source of income, sex, race, marital status, sexual orientation, national origin, religion or handicap. If you or a member of your household is an individual with a disability, you have the right to request reasonable accommodation for that disability. The Boulder County Homeownership Programs are committed to assuring that each individual has an equal opportunity to the use and enjoyment of the benefits of these programs. For more information, please contact the individual programs to which you are applying. Translation into other languages is available. TDD service for those individuals with hearing and speech disabilities is available through Colorado Relay Service at 1-800-659-3656.

Confidentiality: In order to process an application, Boulder County Homeownership Programs may supply and receive information as detailed in the "Consent to Release" clause above. Information may also be released to comply with the auditing requirements of program funders. With these two exceptions, all personal and identifying information on an application remains fully confidential.



PART 4: REQUEST FOR VERIFICATION OF EMPLOYMENT

Section 4A:

Applicant - Complete Section 4A for each job and give this form to the employer to complete Sections 4B and 4C.

Applicant's Name: _____		Employer's Name: _____	
Address: _____ _____		Address: _____ _____	
City, State, Zip Code _____		City, State, Zip Code _____	
Phone: _____		Phone: _____	Fax: _____

Applicant - Check the box of the program(s) to which the employer should send the completed information:

<input type="checkbox"/>	City of Boulder Housing Program	Phone: 303.441.3157	Email: homeownership@bouldercolorado.gov P.O. Box 791, Boulder, CO 80306
<input type="checkbox"/>	Boulder County Down Payment Assistance Program/City of Longmont Affordable Homeownership Program	Phone: 303.774.4648	Email: molly.mcelroy@longmontcolorado.gov
<input type="checkbox"/>	Thistle Communities	Phone: 303.443.0007	Email: mryback@thistlecommunities.org Fax 303.443.0098

I authorize the employer listed above to release my employment information to the program indicated above.

Employee's Signature: _____ **Date:** _____

Section 4B:

Employer - Please provide the following information for the above listed employee and send the completed form to the program marked in Section 4A. Contact the program with questions.

Present Position: _____		Dates of employment: _____	
Probability of Continued Employment: _____			
Current Gross Pay (Enter amount per Pay Period): \$ _____			
Please circle pay period frequency: hourly weekly 2x/month (24x/yr) bi-weekly (26/yr) monthly Other: _____			
Average regular hours worked per week: _____			
Overtime rate per hour: \$ _____		Average number of overtime hours per week: _____	
Commissions earned per week: \$ _____			
Tips earned per week: \$ _____		Annual Bonuses: \$ _____	
Date and amount of applicant's last pay increase: _____		Date	Amount
Date and projected amount of applicant's next pay increase: _____		Date	Amount
Additional information (please explain seasonal work cycles and other pertinent information): _____			
Employee's Total Gross Annual Income: \$ _____			

Section 4C

Employer - Authorized Signature

Signature _____		Title _____	Date _____
Printed Name _____		Phone or Email Contact: _____	





**CITY OF BOULDER
DIVISION OF HOUSING**

IMMIGRATION STATUS AFFIDAVIT

(This page is only required for those applying to the City of Boulder Program)

Colorado law requires that applicants for public benefits, such as affordable housing, must prove lawful presence in the United States. All adults who apply to the City of Boulder’s Homeownership Programs shall:

Provide an executed Immigration Status Affidavit (below) *and* A photocopy of one of the listed forms of identification: Colorado State Driver’s license or ID Card, Native American Tribal document, Military ID Card, or U.S. Coast Guard Merchant Mariner Card

Contact staff for acceptable alternative forms of identification.

Please complete a copy of this page for each person 18 and older in the household.

As of September 1, 2007 the City of Boulder will not accept applications that do not meet this requirement.

SECTION 1: IDENTIFICATION DOCUMENTS

I, _____, currently lawfully possess and am able to produce upon request the following identification document as evidence of my lawful presence in the United States (check one):

- Valid Colorado driver's license or a Colorado identification card issued by the Department of Revenue
- United States military card or a military dependent's identification card
- United States Coast Guard Merchant Mariner card
- Native American tribal document
- Other document allowed by the Colorado Department of Revenue Rules for Lawful Presence. (1 CCR 201-17) (available at <http://www.colorado.gov/cs/Satellite?c=Page&cid=1216289012546&pagename=Revenue-Main%2FXRMLLayout>)

List the identification number from the document you are relying upon to show your lawful presence in the United States (for example, your driver’s license number):

SECTION 2: CITIZENSHIP AFFIDAVIT

I, _____ 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.

I understand that this sworn statement is required by law 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.

Signature

Date