

# Boulder County Homeownership Programs Common Application

Welcome -- The Boulder County Homeownership Programs are committed to making affordable housing a reality in Boulder County. We look forward to helping you pursue your homeownership goals.

By completing this single application, you may apply to any and all of the Boulder County homeownership programs listed below. Each program offers different opportunities, has different eligibility requirements and may have additional criteria that need to be completed as part of its application process. Check all of the programs below to which you would like to apply and return this cover sheet with your application.

## Spanish Translation Is Available Upon Request/A Ser Pedido, Se Provee La Información en Español

- Boulder County Down Payment Assistance Program** - Administered by the City of Longmont  
Down payment assistance is available for first-time homebuyers who purchase properties in Boulder County, outside of the City of Boulder.

CDBG Office, City of Longmont  
350 Kimbark St, Longmont, CO 80501  
303.774.4648 (phone), 303.651.8590 (fax)  
Molly.McElroy@ci.longmont.co.us, www.ci.longmont.co.us



- City of Boulder Homeownership Programs**  
The City of Boulder's Homeownership programs provide affordable housing opportunities within the city limits of Boulder. New homes and resales are sold at below market-rate prices. The City also offers down payment assistance programs to help with the purchase of a market-rate home.

Housing Division, City of Boulder  
Homeownership Program Administrator  
Mailing Address: PO Box 791, Boulder, CO 80306  
Office Address: 1300 Canyon Blvd, Boulder, CO 80302  
303.441.3157 (phone), 720.564.2188 (fax)  
homeownership@bouldercolorado.gov, www.boulderaffordablehomes.com



- Thistle Communities**  
Thistle Communities Community Land Trust Program provides affordable homeownership opportunities throughout Boulder County. New homes and resales at below market-rate prices are available in Boulder, Longmont and other areas. Various down payment assistance programs are available to Thistle's applicants, including the Boulder County/Longmont Down Payment Assistance Program (above). Thistle also has affordable rental opportunities in Boulder County and the surrounding areas. (A separate application is required.)

Thistle Communities  
1845 Folsom Street, Boulder, CO 80302  
303.443.0098 (fax)  
www.thistlecommunities.org

Marguerite Ryback  
303.443.0007 x105  
mryback@thistlecommunities.org

Kuhl Brown  
303.443.0007 x103  
kbrown@thistlecommunities.org



## Boulder County Housing and Community Education Program

A free service offering monthly home ownership training courses (a homebuyer course is required by all programs), pre-purchase counseling, credit, budget, mortgage default and reverse mortgage counseling,

720.564.2279 (phone), www.bouldercountyhc.org

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## **BOULDER COUNTY HOMEOWNERSHIP APPLICATION INSTRUCTIONS**

**Fill Out the Application:** *Please fill out this entire application and submit the cover sheet and Parts 1-4.* Part 4 (Request for Verification of Employment form) must be completed by both you and your employer.

**Send to One Program Only:** When you are finished with your application, please send it to only one program. Your application will be processed by the program you give it to and then forwarded to all other programs you have checked. If you are interested in only one program, please submit your application directly to that program. Contact information for each program is on the cover page.

**Include Required Documents:** Submit copies of required documents. *Do not send originals* – you will need copies of most of these documents for your records and for your lender. Incomplete applications (those missing required documentation) will not be fully processed until all paperwork has been submitted. Please refer to the *Required Documentation Checklist* (page 4) for a list of all required paperwork. Documents will not be returned to you in the future.

**Processing of Your Application:** The application process may take a minimum of two weeks from the time your complete application has been submitted. When your application is processed, it will be forwarded to all of the other programs you checked. *Completing this application does not guarantee that you will be eligible for, or will successfully purchase a home through, any of the Boulder County Homeownership Programs.* Once they have reviewed your application, each program will contact you separately to let you know if you qualify for that program. It is possible, and likely, that each program will have additional requirements and/or will request additional information other than what is requested in this application prior to qualifying you for that program. If you have applied to multiple programs, contact each specific program about their requirements.

**Homebuyer Training Course:** All of the programs require you attend a Colorado Housing and Finance Authority (CHFA)-approved Homebuyer Education course prior to final approved for the programs. A course schedule of the Boulder County Homebuyer course can be found on their website – [www.bouldercountyhc.org](http://www.bouldercountyhc.org). You may also attend other courses listed on the CHFAs website - [http://www.chfainfo.com/homebuyer/Homebuyer\\_Education\\_course\\_schedule.icm](http://www.chfainfo.com/homebuyer/Homebuyer_Education_course_schedule.icm)

**Orientations:** The City of Boulder has an orientation applicants must attend. Details are in the training section of their website. Thistle Communities conducts individual orientation with program participants prior to closing. Please contact them for details.

### **Pre-Approval Letter, Pre-Qualification Letter and/or Loan Application:**

Boulder County Down Payment Assistance Program (administered by the City of Longmont) - you must be preapproved and a loan application (form 1003) must be submitted.

City of Boulder Programs - submit your lender pre-approval letter, based on a tri-merge credit report, *and* your lender loan application (form 1003).

Thistle Communities - submit either your lender pre-qualification letter, based on a tri-merge credit report, *or* your lender loan application (form 1003).

**Application Fee:** One \$25 fee is required to process your application. Please attach the check or money order to your application (made payable to the specific program to which you are submitting your application). Cash is not accepted.

**Income Calculation:** Federal regulations require all programs to look at a "snapshot" of your gross income (net, if you are self-employed) and project it forward 12 months. Federal regulations also require that we calculate income from your assets and add that to your income. The income stated in the eligibility letter you receive from the program(s) may look different than what you think of as your income or how your lender has calculated your income. Please contact the program(s) to which you applied if you have questions regarding how your income and assets were calculated.

## REQUIRED DOCUMENTATION CHECKLIST

-- Please keep this page for your records --

All of the following documents (if applicable) must be submitted with this application or processing may be delayed. Please refer to supplemental applications from each program in which you are interested for other requirements.

- Completed application, signed and dated. Include the cover page showing the programs to which you are applying.
- A non-refundable \$25 check or money order, made payable to the program to which you submit this application. (City of Boulder, City of Longmont, Thistle Communities). **Cash will not be accepted.**
- A copy of a current CHFA-approved Homeownership Training Course certificate.
- A completed Immigration Status Affidavit and a photocopy of an approved form of identification for each adult (18 years old or older) household member.
- A completed employer verification form **or** a letter from your employer, on letterhead, indicating your annual gross wage, start of employment, pay schedule, expected wage increases, any overtime, bonuses, tips and/or commissions.
- Copies of two months of most recent pay stubs for each employed household member.
- Verification of all other sources of income (Social Security, Social Security Disability, pension, etc.)
- Complete copies of two years of your most recent federal tax returns, all corresponding W2's and attached schedules.
- If you are self-employed (full or part-time) submit:
  - a year-to-date profit/loss statement;
  - three years of personal and three years of business federal income tax returns including all pages, W2s, and schedules; and
  - your estimate of the income you will receive for the next 12 months and an explanation as to how you came to that number.
- A statement from your financial institution documenting the 6-month average balance of your checking account **or** copies of six months of most recent checking account statements.
- A copy of your most recent savings account statement, including the interest rate. Include Health Savings accounts.
- A copy of the most recent statement from all other assets (IRA, 401K, cash value of life insurance policy, etc.) verifying the current balance and interest rate or annual dividend payment.
- Pre-Approval Letter, Pre-Qualification Letter and/or Loan Application:  
Boulder County Down Payment Assistance Program (administered by the City of Longmont) - a loan application (Form 1003) from your lender.  
City of Boulder - a preapproval letter from an institutional lender **and** completed mortgage application (1003). The City of Boulder does not accept prequalification letters.  
Thistle Communities - a prequalification letter from a lender, based on a tri-merge credit report, stating the principal, interest rate, front and back end ratios, estimated PITI payment, type and terms of your loan **or** a loan application (form 1003).
- If you are receiving any other form of down payment assistance (a personal gift, aid from another program, etc.), submit a letter from the 3<sup>rd</sup> party offering the assistance describing the amount and type of assistance.
- If you have been separated or divorced within the past three years, submit a copy of your divorce decree **and** verification of the division of marital assets, court-ordered custody arrangements and child and/or alimony payments (this information is often documented in your separation agreement). If you have been separated or divorced longer than three years but still receive child and/or alimony payments please submit these same documents.
- If you currently own a home, submit a recent appraisal of that home or most recent Assessor's statement and your most recent mortgage statement.
- If you had joint ownership in a property within the last 3 years and are no longer on the title, submit a Quit Claim Deed showing the termination of your interest in the property.
- If you have signed a contract to buy a home, submit a copy of the contract.
- If you currently own other real property, such as vacant land and/or commercial property, submit a recent appraisal or Assessor's statement and a recent mortgage statement.

**Boulder County Homeownership Programs**  
**Common Application**

**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, if necessary, for any additional household members.

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Primary Applicant – Name: \_\_\_\_\_

Current Address (street, city, state, zip): \_\_\_\_\_

cell) \_\_\_\_\_ work) \_\_\_\_\_ e-mail) \_\_\_\_\_ other) \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Number of people to live in your household \_\_\_\_\_

Are you a full-time student?  Yes  No      Are you currently employed?  Yes  No

Do you receive any other income?  Yes  No      In what city do you hold your primary job? \_\_\_\_\_

How long have you consecutively worked in this city? \_\_\_\_\_ Number of years living in your current city? \_\_\_\_\_

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**OPTIONAL** Federal funding require reporting applicant ethnicity and race data to track Fair Housing performance. Providing this information here and in other places in the application is voluntary and will not be used to determine housing eligibility.

**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

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Adult Household Member #2 – Name: \_\_\_\_\_

Current Address (if different from above): \_\_\_\_\_

cell) \_\_\_\_\_ work) \_\_\_\_\_ e-mail) \_\_\_\_\_ other) \_\_\_\_\_

Relationship to Primary Applicant \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Ethnicity \_\_\_\_\_ Race \_\_\_\_\_ (See above for ethnicity/race options)

Are you a full-time student?  Yes  No      Are you currently employed?  Yes  No

Do you receive any other income?  Yes  No      In what city do you hold your primary job? \_\_\_\_\_

How long have you consecutively worked in this city? \_\_\_\_\_ Number of years living in your current city? \_\_\_\_\_

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Adult Household Member #3 – Name: \_\_\_\_\_

Current Address (if different from above): \_\_\_\_\_

cell) \_\_\_\_\_ work) \_\_\_\_\_ e-mail) \_\_\_\_\_ other) \_\_\_\_\_

Relationship to Primary Applicant \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Ethnicity \_\_\_\_\_ Race \_\_\_\_\_ (See above for ethnicity/race options)

Are you a full-time student?  Yes  No      Are you currently employed?  Yes  No

Do you receive any other income?  Yes  No      In what city do you hold your primary job? \_\_\_\_\_

How long have you consecutively worked in this city? \_\_\_\_\_ Number of years living in your current city? \_\_\_\_\_

**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 above for ethnicity/race options		

**Section 1C - Other Information**

• Are you currently married, have a domestic partner, or in a common law marriage?  Yes  No

• Do you or any household member own or have owned within the last 3 years any residential property/real estate or have interest in the same, including real estate in foreign countries? (if you select "no" skip to the next bullet)  Yes  No

If so, list address, state, and country: \_\_\_\_\_ Market Value \_\_\_\_\_

If not yet sold, what is your unpaid balance(s): \_\_\_\_\_ (1st mortgage) \_\_\_\_\_ (2nd mortgage, HELOC, etc.)

Have you already sold the property?  Yes  No If sold, list the date of sale: \_\_\_\_\_ If sold, proceeds \_\_\_\_\_

Is the home currently under contract?  Yes  No Closing Date (per contract): \_\_\_\_\_ expected proceeds \_\_\_\_\_

Is the home currently for sale?  Yes  No If no, when will it be list for sale? \_\_\_\_\_ expected proceeds \_\_\_\_\_

• Have you been separated or divorced within the last 3 years?  Yes  No

• Do you incur child care costs so you can work?  Yes  No

• Do you have medical expenses (excluding insurance costs) that are over 3% of your household's gross annual income?  Yes  No

• Are you or your spouse/domestic partner over 62 yrs of age?  Yes  No

• Are you or your spouse/domestic partner disabled?  Yes  No

• Please provide the contact information for your lender and real estate agent.

Lender: \_\_\_\_\_

Loan Officer Name

Company Name

Phone

Email address

Real Estate Agent: \_\_\_\_\_

Agent Name

Company Name

Phone

Email address

## **PART 2: INCOME, DEBT AND ASSET INFORMATION**

*Each* household member 18 and older must submit PART 2 even if they do not have income, assets or debt (make additional copies of this page if necessary).

- Do not provide employment income information for household members 17 years old or younger.
- Include assets held by or on behalf of children, or benefit income received by or on behalf of children.
- On the following list, check **yes** if you receive the particular income, and check **no** if you do not receive the income.
- Verification will be required for each item checked **yes**. (See the *Required Documentation Checklist* on page four)

**Information for:** (Name) \_\_\_\_\_ (complete a copy of this page for each person who earns income)

### **Section 2A - Income Information**

Gross income is the combined household income which includes, but is not limited to, job earnings (age 18 and over), 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 (Do not include employment income of children 17 and younger)

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

**Section 2A - Income Information** (continued)

**Information for:** (Name) \_\_\_\_\_ (complete a copy of this page for each person who earns income or has debt)

**Benefit Payments** (documentation required)

Type of Income	Receive?		Anticipated <u>Gross</u> Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO		
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 and Child Support** (documentation required)

Type of Support	Receive?		Anticipated <u>Gross</u> Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO		
Alimony/Maintenance	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Child Support	<input type="checkbox"/>	<input type="checkbox"/>	\$	

**Other Sources of Income** (documentation required)

Type of Other Income	Receive?		Anticipated <u>Gross</u> Annual Income for the Next 12 Months	Clarification (as necessary)
	YES	NO		
Money or gifts regularly given by persons not living in the home	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Lottery winnings paid in periodic payments	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Other Income (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	\$	

**Section 2B. DEBT**

Do you have any debt (including loans in deferment, forbearance, or not yet due)?  Yes  No

Creditor's Name	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) \_\_\_\_\_ (complete a copy of this page for each person who has assets)

**Report the following assets:**

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

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

Monetary 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, capital gains, lottery winnings, victim's restitution, insurance settlements and other amounts not intended as periodic payments.

Other: such as mortgages or deeds of trust held by an applicant, property, land and/or other assets owned by the applicant

**Do Not Report:** necessary personal property such as clothing, furniture, and vehicles

**Bank Accounts** (documentation required)

Type of Account	Have?		Name of Institution	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 (pls specify)	<input type="checkbox"/>	<input type="checkbox"/>		\$

**Other Assets** (documentation required)

Type of Investment	Have?		Name of Institution	Current Value	Clarification Notes
	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"/>		\$	
Cash value of life insurance policy	<input type="checkbox"/>	<input type="checkbox"/>		\$	
Gift Money for down payment <i>provide a copy of the gift letter</i>	<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 our policy to verify all information contained in this application. In acknowledgement of this policy, please sign your name(s) 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) 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 The Work Number, or any other 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 eligibility for the program(s). I also understand that only agencies which subscribe to this service may use information from The Work Number, and that reports obtained from The Work Number 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 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 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. Spanish translation 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** - Please fill out Section 4A and give this form to your 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** - please check the box of the program that your employer should fax/e-mail this completed form to (choose one):

<input type="checkbox"/>	City of Boulder Housing Program	Phone: 303.441.3157	e-mail: homeownership@bouldercolorado.gov
<input type="checkbox"/>	Boulder County Down Payment Assistance Program	Phone: 303.651.8530	e-mail: janet.fulton@ci.longmont.co.us Fax 303.651.8590
<input type="checkbox"/>	Thistle Communities	Phone: 303.443.0007	Fax 303.443.0098

**I authorize you to release my employment information to the program checked above.**

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Section 4B:**

**Employer** - Please provide the following information for the above listed employee, then fax/e-mail the completed form to the program indicated in Section 4A. Please call the same program with any questions that you may have.

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): _____ _____		
<b>Employee's Total Gross Annual Income:</b> \$ _____		

### **Section 4C**

**Employer** - Authorized Signature

Signature _____	Title _____	Date _____
Printed Name _____	Phone _____	

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**CITY OF BOULDER  
DIVISION OF HOUSING**

**REQUIRED ADDITIONAL INFORMATION**

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

1. How did you hear about the City of Boulder’s Homeownership Programs?

- Realtor / Developer
- Friend / Family
- Lender
- Employer
- Presentation / Meeting
- City website
- Other website \_\_\_\_\_
- Mailing
- Other: \_\_\_\_\_

2. Please estimate the amount of your expected down payment: \_\_\_\_\_

3. Are you currently or have you previously participated in a City of Boulder Homeownership Program?

- Yes
- No

4. Have you completed the CHFA approved Homeownership training classes?

- Yes
- No

Please list the dates you attended or will be attending: \_\_\_\_\_

*This requirement can also be met by completing the class online at [www.chfainfo.com](http://www.chfainfo.com)*

5. Have you attended a City of Boulder Homeownership Orientation?

- Yes
- No

Please list the date you attended or will be attending: \_\_\_\_\_

6. If you are interested in a unit, please list the date of the lottery (if applicable) and the unit:

\_\_\_\_\_  
(This DOES NOT enter you in the lottery; please submit an LOTTERY ENTRY FORM to enter a lottery)

7. Please check the City of Boulder Homeownership programs you are interested in.

- Permently Affordable Program (Homeworks)
- Solution Grant
- Shared Appriceation Loan Program (House to Homeownership - H2O)

After your application is processed you will be placed on our email list for notification when homes become available. This list is for internal use only and is not shared with sellers, agents or any other group or organization. If you do not want to receive the emails, please check the box below.

- Please do **NOT** send me information on new developments and re-sales.

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**CITY OF BOULDER  
DIVISION OF HOUSING**

**IMMIGRATION STATUS AFFIDAVIT**

(This page is only required for people 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

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