



Required Documentation for Deed Restricted Housing

Applicant Must Supply the Following to Determine Eligibility:

- Completed Affordable Housing Application
- Affidavit of Legal Residency (all applicants)
- Affidavit of Income (all applicants)
- Identification – Copy of Driver’s License and SS Card OR Passport (all applicants)

Income Verification

Two Months of most Recent Pay stub(s) (all applicants)
Most Recent Year’s Tax Returns

Assets Verification (on required properties)

Uniform Residential Loan Application (filled out and signed)
OR
Account Statements:
Bank accounts – checking, savings, etc. (3 months)
Credit Card statements
Loans (personal, car, student, etc.)
Declaration of Retirement Funds:
IRA
Roth IRA
401(k), etc.
Declaration of Stocks, Bonds, and other assets

Yampa Valley Housing Authority will Supply:

Copy of Deed Restriction and any Amendments
Letter of Qualification Status (following review of documentation)
Certificate of Receipt of Deed Restriction (following purchase of DR property)



Application for Deed Restricted Housing

The following information is intended to assist the YVHA staff in providing counseling and assistance to you in regard to your housing needs and will be held in confidence.

Address of Deed Restricted Property: _____

Household Size: _____

Applicant (Applicant is primary financial provider for household)	Co-Applicant (Co-resident/co-financial provider)
Name	Name
Mailing and Physical Address	Mailing and Physical Address
Phone	Phone
E-mail	E-mail
Employer, job title, employment status (full-time, part-time)	Employer, job title, employment status (full-time, part-time)
Monthly Income Earned Income: \$ _____ Other Income (SSI, SSDI, child support, etc.) \$ _____ <div style="text-align: right;">Total \$ _____</div> Assets Bank Accounts (checking, savings, etc.) \$ _____ IRA \$ _____ Roth IRA \$ _____ 401(k), etc. \$ _____ Stocks, bonds \$ _____ Other \$ _____	Monthly Income Earned Income \$ _____ Other Income (SSI, SSDI, child support, etc.) \$ _____ <div style="text-align: right;">Total \$ _____</div> Assets Bank Accounts (checking, savings, etc.) \$ _____ IRA \$ _____ Roth IRA \$ _____ 401(k), etc. \$ _____ Stocks, bonds \$ _____ Other \$ _____
Liabilities Credit Card(s) \$ _____ Loans (personal, car, student, etc.) \$ _____ <div style="text-align: right;">Net Total (Assets minus Liabilities) \$ _____</div>	Liabilities Credit Card(s) \$ _____ Loans (personal, car, student, etc.) \$ _____ <div style="text-align: right;">Net Total (Assets minus Liabilities) \$ _____</div>

The above information is true and accurate to the best of my knowledge.

Applicant Signature

Date

Co-Applicant Signature

Date

AFFIDAVIT of INCOME

Routt County, Colorado

_____, being duly sworn I/we hereby certify

Print Your Name(s)

that, as of _____, our current household adjusted gross income as indicated on my/our

Current Date

most recent tax return(s) and supplied employment payroll checks is equal to or less than the

maximum household moderate income for the area served by the Yampa Valley Housing

Authority (see chart below).

Maximum Household Moderate Income for 2018 for Area Served by YVHA

Family Size	1 person	2 people	3 people	4 people	5 people	6 people	7 people
120% of Median	\$72,840	\$83,280	\$93,720	\$104,040	\$112,440	\$120,720	\$129,120

I/We further hereby certify that over 80% of the household income is derived within Routt County, Colorado.

Signature

Date

Place of Employment

Signature

Date

Place of Employment

Witness:

Witness Signature

Date

Witness Printed Name

AFFIDAVIT OF LEGAL RESIDENCY

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 or I am a sole proprietor entering into a contract or purchase order with the State of Colorado. 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 or prior to entering into a contract with the State. 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

Name (please print)

Social Security Number