



APPLICATION FOR HOUSING- EMPLOYMENT ONLY



PLEASE NOTE: All information requested in this application must be provided in its entirety before SCHA can begin processing. Incomplete applications will not be processed until all information is received, and the SCHA processes all applications in the order received.

Before submitting your application, please verify that you have included the following items:

- Complete application, including information for all sections or noting as "N/A" as applicable
- Two most recent paystubs from all jobs, including any part-time or seasonal positions (see Section II.1)
- Employer offer letter from any jobs started within the last three months (see Section II.1)
- Employer verification of employment if the paystubs do not show the hours worked (see Section II.1)
- Self-employment information for ANY Schedule C, partnership or S Corporation activity (see Section II.2)
- Unit or property address, if available (see Section IV)
- Lender prequalification letter (see Section V.6)

Applicant 1	Applicant 2

Administrative Use Only – To be Completed by SCHA		
Applicant AMI Level:	<input style="width: 100%;" type="text"/>	Applicant Work Req. Met: <input style="width: 100%;" type="text"/>
Applicant Property:	<input style="width: 100%;" type="text"/>	Applicant Owns Other RE: <input style="width: 100%;" type="text"/>
Applicant Basin Priority Met: (if applicable)	<input style="width: 100%;" type="text"/>	Applicant HBE Required: <input style="width: 100%;" type="text"/>
Jurisdiction Approval: <input style="width: 100%;" type="text"/>		
_____ SCHA Signature	_____ Printed Name & Title	_____ Date
_____ Jurisdiction Signature	_____ Printed Name & Title	_____ Date

If you have questions about this application, please contact SCHA at (970) 668-4172 or info@summithousing.us

Applications may be dropped off at SCHA (County Commons Building: 37 Peak One Drive, Suite 224; Frisco, CO 80443), mailed to SCHA (P.O. Box 4760; Frisco, CO 80443-4760), or submitted online at www.summithousing.us/scha-document-upload

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Section I – General Information

Information must be provided for all applicants. A legal spouse or any other individual who will be on the title of the property is considered an applicant. Attach additional sheets as needed if there are more than two applicants.

	Applicant 1	Applicant 2
1. Full Name:		
2. Email Address:		
3. Phone:		
4. Mailing Address:		
5. Street Address:		
6. Are you a first-time homebuyer?		
7. Do you own any interest in other real estate?		
a. If so, provide the property address and note whether it is residential, commercial, or vacant land.		

8. Please list all other members of your household that are not applicants above. Attach additional sheets as needed.

Name	Age	Relationship

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9. What is your current living situation?

	Applicant 1	Applicant 2
Renting		
Own		
Staying with family & friends:		
Other (please describe):		

Section II - Employment Information

Please answer "Y" or "N" for all items listed in this section. You must include information for all jobs, even if they are part-time or seasonal. If you are no longer at a job, please provide the requested information but note that you are no longer there and the date your employment ceased. Attach additional sheets as needed.

By providing this information, you give SCHA permission to contact your employer(s) to confirm your hours worked.

W-2 Positions

1. Do you receive W-2 wages? If so, complete the following section. Attach additional sheets as needed.

a. *Primary Employer*

i. Primary employer name:

ii. Primary employer *physical* address:

iii. Primary employer HR contact name:

iv. Primary employer HR contact phone:

v. Primary employer hours worked/week:

vi. Primary employer hire date:

vii. If your hire date was within the past 3 months, you must provide a copy of your offer letter or equivalent statement from the company detailing your anticipated hours worked.

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viii.Primary employer job title:		
ix.You must provide the two most current pay stubs for this employer, even if the position is seasonal and the current season has ended.		
x.If this is a seasonal position, please provide the start and end date of the season worked (e.g., 11/1/2018 – 4/30/2018).		
xi.If your pay stubs do not show the hours worked, please have your employer <i>completely</i> fill out the attached verification of employment & return it directly to info@summithousing.us .		
Self-Employment – BE SURE TO READ!		
1. Are you a contractor or self-employed? If so, complete the following section. Attach additional sheets as needed. <i>HINT: If you file a Schedule C or a partnership/s corporation Schedule E with your income tax return, you are considered self-employed and must complete this section, even if you also work for a W-2 employer.</i>		
a. Do you work an average of at least 30 hours/week providing products or services to businesses or residents of Summit County? <i>HINT: You must provide products or services specifically within Summit County – working remotely for an out-of-county employer will likely not qualify.</i>		
b. Business name:		
i. Business start date:		
ii. Description of products/services provided to businesses or residents of Summit County & estimated weekly hours worked to do so:		

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3. If you have any additional explanations or notes related to your employment (e.g., jobs you're no longer working at, etc.), please list them here.

Section IV – Property

1. If you know the address of the property you wish to purchase, please provide it here. If you don't have a specific property address, please say "TBD."

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Section V – Agreements

All applicants acknowledge that the information contained in this application is complete and correct, and understand that any inaccuracy may disqualify them from eligibility. **Each applicant must initial every item below.** Attach additional sheets as needed if there are more than two applicants.

1. I work at least 30 hours/week on an average annual basis in Summit County (note: self-employed individuals or individuals working remotely from their homes must provide products and or services to Summit County businesses or residents to comply).
2. I have read or will read and understand the terms of the restrictive covenant.
3. I have read or will read and understand the terms of the HOA.
4. If I marked that I was a first-time homebuyer above, I agree to complete a free first-time homebuyer course prior to closing and occupancy.
5. I agree to complete an affidavit of compliance with the terms of the restrictive covenant upon SCHA or jurisdiction request as long as I own the property.
6. I have provided my lender prequalification letter.
7. If I am applying for priority on an ADA unit, I have provided documentation to support this.

Applicant 1	Applicant 2

Section VI – Affirmation

I, the undersigned, hereby declare, under penalty of perjury, that the information provided in this application is true, correct, and complete. Attach additional sheets as needed if there are more than two applicants.

Applicant #1 Signature

Date

Applicant #1 Printed Name

Applicant #2 Signature

Date

Applicant #2 Printed Name

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SCHA VERIFICATION OF EMPLOYMENT

Applicant Name: _____

Consent to Release Information: My signature below authorizes verification of my employment information. Applicants must sign and date below before submitting this form to their human resources department or manager.	
_____	_____
Applicant Signature	Date

The above Applicant is applying to/participating in a housing program that requires verification of income and hours worked. The individual has signed the above release giving you permission to supply us with information. The information provided will remain confidential. Please return the completed form via our secure document upload portal at: <https://www.summithousing.us/scha-document-upload/>.

This verification must be returned directly from the employer representative to the SCHA. Incomplete or illegible information can delay the processing of the employee's housing application.

Employer Information

Employer Name: _____

Employer Address: _____

Employer Email: _____ Employer Phone: _____

Hour Information

Date of Hire: _____ Position: _____

Is this position (check one):
 Full-Time Year Round Part-Time Year Round
 Full-Time Seasonal Part-Time Seasonal

Regular Hours per Week: _____ Overtime Hours per Week: _____
Please enter the hours for both hourly and salaried employees.

Seasonal Employees (Dates should be estimated based on best information available if not known):

Current/Next Season Start Date (MM/DD/YYYY): _____

Current/Next Season End Date (MM/DD/YYYY): _____



SCHA VERIFICATION OF EMPLOYMENT

Applicant Name: _____

Income Information

Base Pay: \$ _____

Per (check one): Year Month Week Hour Other: _____

Year-to-Date Earnings: \$ _____ YTD From: _____ YTD To: _____

Overtime Hours per Week: _____ Overtime Pay Rate: \$ _____

Average Shift Differential Hours per Week: _____ Shift Differential Rate per Hour: \$ _____

Does this employee receive? (check all that apply) Bonuses Tips Commission None

Average bonus/tips/commission: \$ _____

Per (check one): Year Month Week Hour Other: _____

Are bonus/commissions/tips guaranteed? Yes No Explain: _____

Date of Next Pay Increase (if known): _____

Amount of Next Pay Increase (if known): \$ _____

Additional Employer Comments: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Signature of Employer Representative

Date

Printed Name, Title

Email

Phone