



### Section I – General Information

Information must be provided for all applicants. ***A legal spouse (or individuals who file taxes together) 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?		
a. If so, you must provide an unexpired certificate <b><i>or</i></b> proof of registration (see SCHA website - education page for options).		
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.		

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

Name	Age	Relationship

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 held in the past two years, 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 income and hours worked.*

	Applicant 1	Applicant 2
<b>W-2 Income</b>		
1. Do you receive W-2 wages? If so, complete the following section.		
<i>a. Primary Employer</i>		
i. Primary employer name:		
ii. Primary employer <i>physical</i> address:		
iii. Primary employer HR contact name:		

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## APPLICATION FOR HOUSING-SMITH RANCH PHASE 6

	Applicant 1	Applicant 2
iv. Primary employer HR contact phone:		
v. Primary employer hours worked/week:		
vi. Primary employer hire date:		
vii. <b><i>If your hire date was within the past 3 months, you must include your offer letter, and have your supervisor or the HR department fill out the attached Verification of Employment and return to SCHA before the application deadline.</i></b>		
viii. Primary employer job title/position:		
ix. You must provide the 2 most recent pay stubs for this employer, even if the position is seasonal and current season has ended.		
x. You must provide the most current Form W-2 for this employer.		
xi. If this is a seasonal position, provide the start & end dates of your working season.		
<b>b. Employer #2</b>		
i. Employer #2 name:		
ii. Employer #2 HR contact name:		
iii. Employer #2 HR contact phone:		
iv. Employer #2 hours worked/week:		
v. Employer #2 hire date:		
vi. <b><i>If your hire date was within the past 3 months, you must include your offer letter, and have your supervisor or the HR department fill out the attached Verification of Employment and return to SCHA before the application deadline.</i></b>		

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**Self-Employment Income— BE SURE TO READ!**

2. Are you a contractor or self-employed? If so, complete the following section. Attach additional sheets as needed. *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.*

a. How many hours/week do you work providing products or services to businesses or residents of Summit County? *HINT: You must provide products or services specifically within Summit County – working remotely for an out-of-county employer will likely not qualify. Please provide a letter detailing your hours worked per week & job duties. Please be specific on how your business serves Summit County specifically. Depending, SCHA may request clarification regarding this information.*

b. Business #1 name:

i. Business #1 start date:

c. Business #2 name:

i. Business #2 start date:

d. Business #3 name:

i. Business #3 start date:

Applicant 1	Applicant 2

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.


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## Section IV – Unit Selection

2. Please select all units you are interested in purchasing here. The SCHA will determine which of these units you qualify to purchase. **Please note: An applicant’s ultimate lottery unit selection will be limited to the units selected here on the application, assuming the applicant meets all other qualification criteria. Even if an applicant otherwise qualifies to purchase a unit, if it was not selected here on the completed application received prior to the deadline, that unit will not be eligible for lottery selection.**

Check/"X" if Interested	Total Units Available	Type	Sales Price AMI	Price (\$)	Priority AMI Income	Maximum AMI Income	Bedrooms	Baths	Garage
	12	DUP	110%	\$473,041	Up to 120%	Up to 130%	3	2.5	2-car + driveway
	6	DUP	115%	\$497,681	Up to 125%	Up to 135%	3	2.5	2-car + driveway
	4	SFR	120%	\$522,320	Up to 130%	Up to 140%	3	2.5	2-car + driveway
	1	SFR	120%	\$522,320	Up to 130%	Up to 140%	3	2	2-car + driveway
	4	SFR	120%	\$590,655	Up to 130%	Up to 140%	4	3.5	2-car + driveway

*DUP = Duplex; SFR = Single Family Home*

*Any questions regarding specific units/property information please contact Todd Rankin: 970.406.0437*

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# APPLICATION FOR HOUSING-SMITH RANCH PHASE 6



### 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 have a valid Colorado Driver’s License or Colorado State ID.
  - a. I have provided a copy of my Colorado Driver’s License or Colorado State ID (or similar document).
2. 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).
  - a. If self-employed I have included a paragraph description of my business, how it serves Summit County specifically, including hours worked/week & breakdown of hours per task.
3. I  have /  have NOT lived in the Town of Silverthorne (within Town limits) for the past 12 months.
  - a. If so, I have provided documentation verifying my home ownership or a copy of my rental lease showing Town of Silverthorne residency for at least the last 12 months, from date of application.
4. I have read or will read and understand the terms of the restrictive covenant.
5. I have read or will read and understand the terms of the HOA.
6. If I marked that I was a first-time homebuyer above, I have provided a copy of my unexpired certificate **OR** proof of registration for a class held within the next 60 days.
7. I agree to attend at least one Smith Ranch Phase 6 deed restriction & HOA informational class to be held by SCHA & Cornerstone Real Estate Rocky Mountains prior to closing and occupancy.
8. 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.
9. I have provided my **non-refundable** application fee of \$50.00.
  - Fees may be submitted via Zelle to [info@summithousing.us](mailto:info@summithousing.us)
  - Cash or credit card payments are not accepted.

Please note that the application fee becomes non-refundable at the time it is submitted to SCHA, even if the application is later deemed to be incomplete or otherwise ineligible for the lottery.
10. I have provided my lender prequalification letter.

Applicant 1	Applicant 2

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# APPLICATION FOR HOUSING-SMITH RANCH PHASE 6

## Section VI – Affirmation

By signing or placing my electronic mark here below, I hereby declare, under penalty of perjury, that the information provided in this application is true, correct, and complete. Sign or type signature below. Attach additional sheets as needed if there are more than two applicants.

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Applicant #1 Signature

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Date

---

Applicant #1 Printed Name

---

Applicant #2 Signature

---

Date

---

Applicant #2 Printed Name

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## SCHA VERIFICATION OF EMPLOYMENT

Applicant Name: \_\_\_\_\_

<b>Consent to Release Information:</b> 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