



DEED-RESTRICTED HOMEBUYER APPLICATION PACKET

Unit Information

- 711 Holman Court, Salida, CO 81201. Listing Price \$435,000.
- 1434 sq ft, 3 bed/2 bath, washer/dryer hookups
- 140% AMI deed-restricted home that is part of The City of Salida's Inclusionary Housing Program. Unit [Master Deed Restriction](#) 488619

Eligible Buyer Information

- **Occupancy** - This is a three bedroom unit and therefore, two or more people must make up the household. All occupants must be Qualified Occupants or their dependents.
- **Assets** - Buyers cannot own any other improved residential real estate at the time of closing; liquid assets cannot exceed three times your household-size AMI after closing on your new home.
- **Employment** - One household member must be employed in Chaffee County, or have a bona fide employment contract to begin such work prior to taking ownership. Eighty percent of the qualified occupant's income must come from employment sources inside Chaffee County. If self-employed, your business must be based in Chaffee County and you must work at least 30 hours per week providing goods/services in or to Chaffee County.
- **Income** -For 711 Holman Court households (HH) must earn equal to or below 159% of Chaffee County's 2024 Area Median Income (AMI).
 - 2 person HH 159%AMI \$119,886 Max Gross Income
 - 3 person HH 159%AMI \$134,832 Max Gross Income
 - 4 Person HH 159%AMI \$149,778 Max Gross Income
 - 5 person HH 159%AMI \$161,862 Max Gross Income
 - 6 person HH 159%AMI \$173,787 Max Gross Income

REASONABLE ACCOMMODATION: Please contact CHA if you need assistance filling out this application, do not have the required documentation, or would like to request a reasonable accommodation: (719) 492-0734.

Submit COMPLETE application packet with ALL ATTACHMENTS in ONE email to Jen-ai Stokesbary at jen-ai.stokesbary@chaffeehousingauthority.org.

Please fill out this application as completely as possible. If a question does not apply to you, write N/A in the space provided. If you need additional space to respond, use and attach additional pages. Applications can take up to two weeks to process. If you have any questions, contact Jen-ai Stokesbary at jen-ai.stokesbary@chaffeehousingauthority.org or (719) 492-0734. Please utilize the documents checklist at the beginning of the application.



COVER PAGE

Date & Time Received: _____
Received by: _____

DEED RESTRICTED APPLICATION CHECKLIST FOR CHAFFEE HOUSING AUTHORITY

Applicant Name (first/last) _____
Property Address (if applicable) _____

Your application is considered complete when we have received the following supporting documents and any other documents we may need to verify your eligibility along with the completed application packet. **All household members over the age of 18 must submit the following:**

- Most recent two years of federal tax returns.
- Most recent two years of W-2 and/or 1099 forms for verification of employment OR an offer of employment.
- Most recent three months worth of paycheck stubs from each current employer.
- For self-employed individuals, Schedule C of tax returns, copies of 1099s and W-2s, current business license, profit and loss statements and other documents as required f to determine that employment is within the corporate limits of Chaffee County.
- A current statement from all financial assets indicating the current balance, interest rate or annual dividend, a bank verification of all savings accounts.
- Copy of a driver’s license or other identification documents.
- Copy of a letter from an institutional lender of the applicant’s choice demonstrating that the applicant has been pre-qualified for a specific loan amount and is financially able to purchase the unit on their own. Applicants are encouraged to investigate sources of financing prior to submitting an application.

Please attach this form on the top of your application package with all documents listed above. You will be notified via email of your eligibility.

CHA recommends you attend a free homebuyer education course. They can help to prepare you for the process, understand credit and how to build credit, give you a chance to ask questions, learn about low cost mortgage options, and more. Here are two free options: [CHFA: Homebuyer Education](#), [HomeView Homebuyer Education](#).



Family/Household Composition and Income

Include **you and anyone** living in your home. List **all household members** including children
(Members do not have to be related):

	Household Member	Gross Annual Income
1		\$
2		\$
3		\$
4		\$
5		\$
6		\$
7		\$
8		\$

Please provide two years of rental and employment history for each applicant. Applicants applying together will be processed as one household. No one applicant holds more weight over the other. If there are more than 2 applicants, please duplicate the applicant pages.

APPLICANT 1

APPLICANT 1 DETAILS

NAME:	DATE OF BIRTH:
PHONE:	MARITAL STATUS: MARRIED/ SEPARATED/ UNMARRIED
EMAIL:	DEPENDENTS: # _____ AGES: _____
MAILING ADDRESS:	PHYSICAL ADDRESS:
RENT / OWN # YEARS _____	RENT AMOUNT/MO \$ _____



EMPLOYMENT: CURRENT EMPLOYER 1

SELF-EMPLOYED: YES/NO	
EMPLOYER NAME:	
CURRENT ADDRESS:	START DATE:
PHONE:	END DATE:
EMAIL:	# HOURS/WEEK:
POSITION:	# WEEKS/YEAR:

EMPLOYMENT: EMPLOYER 2

SELF-EMPLOYED: YES/NO	
EMPLOYER NAME:	
ADDRESS:	START DATE:
PHONE:	END DATE:
EMAIL:	# HOURS/WEEK:
POSITION:	# WEEKS/YEAR:

NOTES



GROSS MONTHLY INCOME INFORMATION	
GROSS MONTHLY INCOME SOURCE	AMOUNT OF GROSS MONTHLY INCOME RCD (\$)
PRIMARY JOB INCOME/MONTH	
OVERTIME	
BONUSES	
COMMISSION	
DIVIDENDS/INTEREST	
RETIREMENT	
NET RENTAL INCOME	
ADDITIONAL JOB INCOME	
TOTAL	

***OTHER INCOME:** Describe all other income below (alimony, child support, pension, annuities, retirement benefits, public assistance, unemployment, veterans benefits, trusts, lottery winnings, etc.)

SOURCE DESCRIPTION:	MONTHLY GROSS INCOME:
TOTAL	



ASSET INFORMATION		
DESCRIPTION OF ASSET	INSTITUTION WHERE HELD	CASH VALUE
CHECKING (list all)		
SAVINGS (list all)		
STOCKS, BONDS & MUTUAL FUNDS		
CERTIFICATES OF DEPOSIT		
ASSESSED VALUE OF REAL ESTATE OWNED		
	TOTAL	
IRA/401K/RETIREMENT		
NET VALUE OF BUSINESS OWNED		

ASSET INFORMATION			
PROPERTY ADDRESS	TYPE OF PROPERTY	ASSESSOR'S VALUE	
#1			GROSS MO. RENTAL INCOME _____ MORTGAGE PAYMENT _____ TAXES/INSURANCE/HOA EXPENSES _____ NET RENTAL INCOME _____
#2			GROSS MO. RENTAL INCOME _____ MORTGAGE PAYMENT _____ TAXES/INSURANCE/HOA EXPENSES _____ NET RENTAL INCOME _____
#3			GROSS MO. RENTAL INCOME _____ MORTGAGE PAYMENT _____ TAXES/INSURANCE/HOA EXPENSES _____ NET RENTAL INCOME _____

SOURCE OF FUNDS FOR DOWN PAYMENT



APPLICANT 2

APPLICANT 2 DETAILS

NAME:	DATE OF BIRTH:
PHONE:	MARITAL STATUS: MARRIED/ SEPARATED/ UNMARRIED
EMAIL:	DEPENDENTS: # _____ AGES: _____
MAILING ADDRESS:	PHYSICAL ADDRESS:
RENT / OWN # YEARS _____	RENT AMOUNT/MO \$ _____

EMPLOYMENT: CURRENT EMPLOYER 1

SELF-EMPLOYED: YES/NO	
EMPLOYER NAME:	
ADDRESS:	START DATE:
PHONE:	END DATE:
EMAIL:	# HOURS/WEEK:
POSITION:	# WEEKS/YEAR:

EMPLOYMENT: EMPLOYER 2

SELF-EMPLOYED: YES/NO	
EMPLOYER NAME:	
ADDRESS:	START DATE:
PHONE:	END DATE:
EMAIL:	# HOURS/WEEK:
POSITION:	# WEEKS/YEAR:



NOTES

GROSS MONTHLY INCOME INFORMATION	
GROSS MONTHLY INCOME SOURCE	AMOUNT OF GROSS MONTHLY INCOME RCD (\$)
PRIMARY JOB INCOME/MONTH	
OVERTIME	
BONUSES	
COMMISSION	
DIVIDENDS/INTEREST	
RETIREMENT	
NET RENTAL INCOME	
ADDITIONAL JOB INCOME	
TOTAL	



***OTHER INCOME:** Describe all other income below (alimony, child support, pension, annuities, retirement benefits, public assistance, unemployment, veterans benefits, trusts, lottery winnings, etc.)

SOURCE DESCRIPTION:	MONTHLY GROSS INCOME:
TOTAL	

ASSET INFORMATION		
DESCRIPTION OF ASSET	INSTITUTION WHERE HELD	CASH VALUE
CHECKING (list all)		
SAVINGS (list all)		
STOCKS, BONDS & MUTUAL FUNDS		
CERTIFICATES OF DEPOSIT		
ASSESSED VALUE OF REAL ESTATE OWNED		
		TOTAL
IRA/401K/RETIREMENT		
NET VALUE OF BUSINESS OWNED		



ASSET INFORMATION

PROPERTY ADDRESS	TYPE OF PROPERTY	ASSESSOR'S VALUE	
			GROSS MO. RENTAL INCOME _____ MORTGAGE PAYMENT _____ TAXES/INSURANCE/HOA EXPENSES _____ NET RENTAL INCOME _____

SOURCE OF FUNDS FOR DOWN PAYMENT

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ACKNOWLEDGMENT OF DEED RESTRICTION

APPLICANT 1 NAME _____

APPLICANT 2 NAME _____

MAILING ADDRESS _____

SUBDIVISION APPLYING FOR: _____

I/We have read the Deed Restriction. I/We understand and am/are willing to abide by all covenants contained in the Deed Restriction.

AFFIRMATION

I, the undersigned, hereby declare, under penalty of perjury, that the information provided in this Acknowledgment is true and correct.

Applicant 1 signature: _____ **Date** _____

Applicant 2 signature: _____ **Date** _____



CERTIFICATION AND CONSENT

CERTIFICATION

I/We the undersigned, hereby certify that all of the information contained in this Application is true, correct, and complete.

For any “Yes” answers, please identify which applicant it is applicable to:

	YES	NO	APPLICANT
Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there any part of your down payment borrowed?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you intend to occupy the property as your primary residence?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had an ownership interest in a property in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had an ownership interest in a property in the past 3 years? If yes, what was it? ____ Principal residence (PR), ____ Second home (SH), ____ Investment Property (IP)	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>	

Applicant 1 signature: _____ Date _____

Applicant 2 signature: _____ Date _____



CERTIFICATION AND CONSENT

CONSENT TO RELEASE INFORMATION

I/We authorize the representatives from Chaffee Housing Authority (CHA) to receive information from employers and financial institutions listed in this application. I authorize representatives from the CHA to inspect and reproduce documentation provided with this application for purposes of determining my/our eligibility to purchase or occupy deed-restricted properties within the CHA jurisdiction.

I/We authorize the representatives from Chaffee Housing Authority (CHA) to conduct a full public record search with the purpose of determining my/or eligibility to purchase or occupy deed-restricted properties within the CHA jurisdiction.

I/We release all representatives from Chaffee Housing Authority (CHA) from any and all liability arising from an employer’s or financial institution’s release of my information requested for this purpose. This authorization is limited solely to the processing of my/our application to purchase deed-restricted housing in Chaffee County.

I/We understand that completion of this application does not guarantee that my/our application will be approved.

Applicant 1 Signature: _____ Date _____

Applicant 2 Signature: _____ Date _____

EQUAL OPPORTUNITY: In accordance with the provisions of the Equal Opportunity Act there will be no discrimination against applicant for these benefits based on the basis of race, color, religion, sex (including pregnancy, gender identity, and sexual orientation, national origin, age (18 or older), disability, or genetic information.

CONFIDENTIALITY: To process an application, the CHA may supply and receive information as detailed in the “Consent to Release Information” clause above. Information may also be released to comply with the auditing requirements of program funders or grantors. With these two exceptions and subject to applicable law, all personal and identifying information contained within an application remains fully confidential.



OPTIONAL INFORMATION TO PROVIDE

Have you attended a **HUD Approved Homebuyer Education Class**? Yes No
 Not a requirement to qualify.

How did you hear about the **Chaffee Housing Authority**? (Check all that apply)

- Website Social Media CHA Flyer/Sign
 Community Event Community Organization
 Local homeowner/renter Friends/Family Other _____

NOTE: We collect some demographic data to track [Fair Housing](#) performance. This information WILL NOT be used to determine housing eligibility, but rather to help us improve our outreach efforts.

<p>Applicant 1 Ethnicity: ___ Hispanic/Latino ___ Not Hisp/Lat Race: ___ Bi/Multiracial ___ Black/African Amer ___ Caucasian/White ___ Asian ___ Native Hawaiian/Pacific Islander ___ Amer Indian/Alaska Native</p>	<p>Applicant 2 Ethnicity: ___ Hispanic/Latino ___ Not Hisp/Lat Race: ___ Bi/Multiracial ___ Black/African Amer ___ Caucasian/White ___ Asian ___ Native Hawaiian/Pacific Islander ___ Amer Indian/Alaska Native</p>
<p>Gender: _____ Veteran: ___ Yes ___ No</p>	<p>Gender: _____ Veteran: ___ Yes ___ No</p>
<p>Education: ___ No Grad ___ HS Diploma ___ Assoc ___ Bachelors ___ Masters ___ PhD</p>	<p>Education: ___ No Grad ___ HS Diploma ___ Assoc ___ Bachelors ___ Masters ___ PhD</p>