

RESOLUTION NO. 9

SERIES 2025

**A RESOLUTION OF THE CRESTED BUTTE TOWN
COUNCIL ADOPTING A PARADISE PARK WORKFORCE
RENTAL TENANT SELECTION PLAN.**

WHEREAS, the Town of Crested Butte, Colorado ("Town") is a home rule municipality duly and regularly organized and now validly existing as a body corporate and public under and by virtue of the Colorado Constitution and laws of the State of Colorado; and

WHEREAS, pursuant to Article XX, Section 6 of the Colorado Constitution, Section 29-20-101, et seq., C. R. S. and other authorities granted to municipal governments, the Town has enacted and enforces regulations governing the use of property within the Town's jurisdiction; and

WHEREAS, the qualification and lottery of the first nine units in the Paradise Park Workforce was administered under the Town's Affordable Housing Guidelines (the "Guidelines"); and

WHEREAS, the processes and policies of the Guidelines are largely focused on deed restricted homeownership, and not for allocation of rental housing; and

WHEREAS, operating the 14-unit Paradise Park Workforce Rental Project (the "Project"), under a Tenant Selection Plan rather than under the Affordable Housing Guidelines creates administrative effectiveness and clarity for all parties; and

WHEREAS, Town staff is recommending operating the project under a Tenant Selection Plan ("TSP"); and

WHEREAS, the purpose of the TSP is to ensure that tenants are chosen for occupancy consistent with established guidelines and regulations outlining the procedures and policies for screening applicants, determining eligibility, and managing waiting lists, as well as the process and timing of objections; and

WHEREAS, Town Council finds the Paradise Park Workforce Rental Tenant Selection Plan attached hereto as **Exhibit A** are necessary and appropriate.

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN OF CRESTED BUTTE, COLORADO, THAT,

Section 1. The Town Council incorporates the foregoing recitals as its conclusions, facts, determinations and findings.

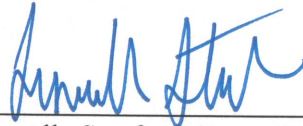
Section 2. The Town Council hereby approves the Paradise Park Workforce Rental Tenant Selection Plan attached hereto as **Exhibit A**.

INTRODUCED, READ AND ADOPTED BEFORE THE TOWN COUNCIL THIS 5th DAY OF MAY 2025.

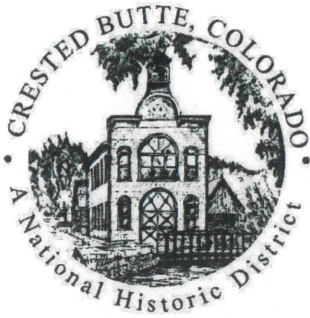
TOWN OF CRESTED BUTTE, COLORADO

By: 
Ian Billick, Mayor

ATTEST:


Lynelle Stanford, Town Clerk





Paradise Park Workforce Rental Housing Tenant Selection Plan
Adopted May 5, 2025

General Information

Property Name: Paradise Park Workforce Rental Housing

Property Narrative: The Paradise Park Workforce Rental Housing project includes 14 townhomes with one-, two-, and three-bedroom units on nine scattered parcels in the Paradise Park neighborhood of Crested Butte, Colorado. The project targets local workforce at incomes at and below 140% AMI (Area Median Income) for Gunnison County. The financing and grant resources for the project require that the units be operated as income- restricted rental homes through 2033, at which time the Town of Crested Butte Town Council may decide whether to continue to operate the property as rental housing or sell the units as deed restricted homeownership.

Unit Addresses:

930 Butte	13 Tenth	813 Teocalli
8 Tenth	17 Tenth	815 Teocalli
10 Tenth	20 Tenth	817 Teocalli
12 Tenth	7 Ninth	927 Teocalli
11 Tenth	9 Ninth	

Property Manager: Town of Crested Butte Contact

Information: rentals@crestedbutte-co.gov

Reasonable Accommodation Statement:

The Town of Crested Butte is committed to providing housing to all individuals, including those with disabilities, and will make reasonable accommodation to ensure equal access and enjoyment of our housing. If you are an individual who has a disability and requires a

reasonable accommodation to participate in this process, please contact the Housing Director at housing@crestedbutte-co.gov to make this request.

1. Eligibility Requirements

Applicant households must meet all of the following four categories below to be eligible:

A. Local Workforce Requirements

- i. At least one adult household member must be designated as the **Qualified Resident**. A Qualified Resident is an employee of a Local Business or Local Employer, as defined herein, who lives in Gunnison County and works a minimum of 1,450 hours per calendar year; or a retired employee of a Local Business as defined herein who is at least 65 years of age and worked 1,450 hours per calendar year for the four years immediately preceding their retirement. Full-time employees of special taxing districts are eligible.

1,450 hours per calendar year averages to 27.9 hours per week. Qualified Residents who are self-employed (per the definition in iii, below) and/or business owners (per the definition in ii, below) are required to provide documentation confirming work hours. Relevant documents may include, but are not limited to, client contracts and invoices, and time tracking records. Work hours for wage-earning employees are confirmed by paystubs; or,

- ii. A **Local Business** or **Local Employer** is a business, including those who are self-employed, whose business address is located within Gunnison County, employs local workers, and provides goods and services to Gunnison County denizens and businesses; or,
- iii. A **Self-Employed** person carries on a trade or business as a sole proprietor or an independent contractor; a member of a partnership that carries on a trade or business; a person who is otherwise in business for themselves and works for profit or fees. Individuals who are self-employed must show a profit on an income tax return at least three out of every five years. The trade or business is required to provide goods and services to Gunnison County denizens and businesses.

B. Income Limits

The gross income of household applicants cannot exceed 140% AMI for Gunnison County, as established by the U.S. Department of Housing and Urban Development (HUD). See Schedule 1 for current income limits. These values will be updated annually when released by HUD. Annual gross anticipated income means all amounts, monetary or not, which:

- i. the household anticipates it will receive in the 12-month period following the date of their application for the project.
- ii. go to, or are received on behalf of, any household member aged 21 or older, even if temporarily.
- iii. include amounts derived (during the 12-month period) from assets to which any member of the household has access.
- iv. is derived from students aged 21 or older and deployed military who identify the Paradise Park Workforce Rental project as their primary residence.

C. Asset Limits

Asset verification refers to the confirmation of economic resources that contribute to a household's net worth. The term "asset" refers to cash in bank accounts, such as savings and checking; and stocks, bonds, or other instruments that can be converted to cash, as well as real property. The net income produced by an asset — such as interest and dividends — is added to the household's income. All assets to which applicants have access to and control of are included in the asset calculation. See Schedule 2 for current asset limits. These values will be updated annually with the release of updated AMIs from HUD.

- i. Net assets limits are calculated based on the average age of applicants 21 and older, the household size, and the annual household income limit at 140% AMI.
- ii. Applicants undergoing a divorce must have a final divorce settlement agreement to confirm assets and income (if applicable), and allocation of each to the applicant.
- iii. Real property will be valued at the most recent Total Actual Value as provided by the applicable assessor's office to determine the value of real estate holdings, less offsets by encumbrances, regardless of percent of ownership interest.

D. Prohibition on Owning Developed Residential Property in Gunnison County.

To apply, qualify, and to remain qualified as a tenant, household members may not own any interest, full or partial, in improved residential property in Gunnison County.

Improved residential property is a property that has been developed with the necessary infrastructure and amenities for residential use, including a mobile/manufactured home with or without landownership, that has received a Certificate of Occupancy and meets the requirements of habitability under the applicable jurisdiction's Residential Code.

2. Ongoing Qualification Requirements

- A. At least one individual on the lease must at all times meet the meet the Local Workforce requirement as defined in Section 1.A.

- B. No tenant or occupant of the unit may own improved residential property, as defined herein, in Gunnison County.
- C. The property must be the primary residence for all tenants and occupants aged 18 and older.
- D. Tenants and occupants must maintain compliance with the lease.
- E. The addition of a household member(s) aged 21 and older will require the household to be requalified to ensure that the household does not exceed the 140% AMI income limit.

3. Application Process

- A. **Application Availability.** Applications are available on the Town's website, in hard copy at Town Hall, 507 Maroon Ave., Crested Butte, Colorado 81224, and attached here in Schedule 3. The application is subject to routine updates.
- B. **Application Fee.** See the Town's Website for the current fee schedule. The application fee must be paid electronically via the Town's website. Complete applications will be reviewed after payment is received. The application fee is valid for one year, after which the applicant, when offered a unit through the waitlist or qualifying again for a lottery, must pay the application fee again.
- C. **Application Contents.** Applicants must provide the following information:
 - i. Personal details for all household members (name, date of birth).
 - ii. Government issued identification for all household applicants aged 18 and older.
 - iii. Employment history to prove longevity in the local workforce (W2s, employer letters, business leases, contracts, etc.).
 - iv. Documentation to prove one applicant is a Qualified Resident, as defined herein, including meeting work hours requirements.
 - v. Documentation to prove income, including complete tax returns and all attachments for the previous year, the three most recent paystubs from all employers in the past 12 months, and three months of complete bank statements). Business owners/self-employed applicants, submit complete tax returns including all attachments for the previous year, audited financials and a current year-to-date profit and loss statement.

- vi. Documentation to prove value of assets (complete tax returns including all attachments, complete bank and investment account statements, etc.).
- vii. Pet, emotional support or service animal information and current vaccination records.
- viii. Rental history for the past two years.
- ix. Criminal background check information (conducted after approval for applicants who are selected for housing at the lottery.)

D. Application Review

- i. Application Completeness. Submitted applications must be fully complete, with all information and documentation provided to be considered. Application forms and all required documents are submitted via email to rentals@crestedbutte-co.gov.
- ii. The Town, or its designee, will review the application and contact the applicant if clarification is needed.
- iii. Eligibility will be determined based on the written application and supplemental materials provided by the applicant. All screening will be equitable and uniformly applied to all applicants.
- iv. The applicant must provide timely, comprehensive, and accurate responses to all requests throughout the application process.
- v. Following clarifications and receipt of any follow-up documentation, the applicant will sign a certification that the information provided is complete, accurate, and true.
- vi. If qualified, the Town or its designee will issue the applicant a certificate of eligibility for participation in the lottery.
- vii. **Material errors or discrepancies found after the applicant signs the certification will result in immediate disqualification from the lottery or eviction from the unit, and the applicant will be barred from qualifying for future owner-qualified or occupant-qualified affordable housing with the Town of Crested Butte.**
- viii. Fraud can be investigated at any time.

E. Grounds for Rejection

In addition to not meeting the four qualifications defined in Section 1., grounds for rejecting an applicant include:

- i. Negative rental history.
- ii. Conviction of violent, sexual, or felony crimes.
- iii. Exclusion or misrepresentation of material information in the application.

Applicants who are denied participation in the program will be notified in writing when

their application is rejected. The reason(s) for their rejection will be listed, and they will be offered an opportunity to request an informal hearing with the Town Manager or their designee to discuss the related issues.

Applicants may object to their rejection per the following procedures outlined in Section F.

F. Applicant Objections to Qualification Process

- i. After the application window closes, Town will announce a three-day period for applicants to object to the application and qualification processes and/or number of tickets allocated to the applicant household. Applicants may only object to their own qualification and/or ticket allocation, not to the qualification or ticket allocation of others.
- ii. The objection process is not meant to identify or resolve fraud.
- iii. Objections will be reviewed by the Town Manager or their designee and the Town Attorney to determine validity. Decision will be emailed to the objecting applicant within three business days of submission.
- iv. Applicants may appeal the decision to the Town Council. The appeal will be heard at the next meeting of the Town Council with a minimum of five business days' notice.
- v. The Town Council may uphold the decision of the Town Manager and Town Attorney, modify the decision, or overturn the decision.

4. Tenant Selection

At initial lease-up, qualified tenants are selected by lottery. Vacancies thereafter will be filled by qualified applicants from the waitlist established at the most recent lottery with the exception of 9 Ninth, a Type A Accessible Unit, see Section 4.F., or in-project home transfers, see Section 6.

A. Selection by Lottery

i. Lottery Ticket Allocation

- a. Lottery tickets are awarded based on longevity of cumulative work history in Gunnison County for one member of the applicant household, called the **Lottery Representative**.

More than 20 years of cumulative employment	11 tickets
More than 16 less than 20	9 tickets
More than 12 less than 16	7 tickets
More than 8 less than 12	5 tickets
More than 4 less than 8	3 tickets
4 years or less	1 ticket

- b. Evidence of Local Workforce participation must be provided for each year for it to count toward allocated tickets. Evidence of participation may include, but not be limited to, W2s, a letter from an employer confirming dates of employment, commercial leases for business owners, or the self-employed with accompanying tax returns.
 - c. Three-bedroom units are prioritized for households with three or more individuals including at least one who meets the definition of a Qualified Resident as defined herein. If no households that meet this definition apply at an initial lease-up, the unit will be offered to qualified households with two or more individuals including at least one who meets the definition of a Qualified Resident.
- ii. Lottery Process
 - a. After the application and qualification objection period closes with necessary time for objections, the Town will announce the time and location of the lottery, not to be held less than five business days from the date of the announcement. The announcement will include the total number of eligible households and the total number of allocated tickets for each unit type (i.e. the three one-bedroom units have ten applicants totaling 45 tickets). A list of applicants and their ticket allocations will not be disclosed.
 - b. The lottery will be held in person.
 - c. Attendance at the lottery is voluntary.
 - d. Participants may designate a proxy to attend the lottery in their place. Participants using a proxy must communicate the name of their proxy by email to the Town at rentals@crestedbutte-co.gov prior to the lottery.
 - e. Virtual attendance will be made available; however, those participating virtually may only observe, not participate. Technology failures that impede virtual attendance will neither disrupt, stop, nor be grounds for an objection to the lottery.
 - f. For privacy, each participant will be assigned a number, rather than be identified by name.
 - g. A count of each participant's assigned tickets will be conducted prior to the drawing as well as after to ensure that all parties and all their tickets are accounted for.
 - h. The individual conducting the lottery, known as the lottery administrator, has the right to take corrective action to address ministerial errors in the lottery process.
 - i. If no objections are made, the Town will confirm the participants that have been selected for housing and communicate waitlist positions to the others. A list of participants and their drawn position will not be disclosed.
- iii. Lottery Objection by Lottery Participant

- a. After the lottery, participants have three business days to raise an objection to the lottery process.
- b. Objections will be reviewed by the Town Manager or their designee and the Town Attorney to determine validity. The decision will be emailed to the objecting participant within three business days of submission. Objections will be handled to minimize disruption to the overall lottery results.
- c. Participants may appeal the decision to the Town Council. The appeal will be heard at the next meeting of the Town Council with a minimum of five business days' notice.
- d. If the Town Council supports the objection, the lottery will be run again.
- e. If the Town Council overrules the objection, the Town will confirm participants that have been selected for housing and will undertake final verification procedures outlined in Section 7 and will communicate waitlist positions to the others. A list of participants and their drawn position will not be disclosed.

B. Selection by Waitlist

Following the initial lease-up, qualified tenants are selected from a waitlist based on the order of drawing at the previous lottery.

- i. Waitlisted participants will be contacted by email when they are in the first waitlist position for an available unit. Routine updates to waitlist position will not be announced and participants are responsible for providing current contact information to the Town at rentals@crestedbutte-co.gov.
- ii. If more than 90 days have passed since the issuance of an eligibility certificate, the participant must resubmit information to confirm eligibility for a waitlisted unit once a unit becomes available.
- iii. Waitlisted participants have three business days from date and time that the offer of a unit is made to accept or decline the unit.
- iv. If a waitlisted participant refuses two offered units, they will be moved to the bottom of the waitlist.
- v. The waitlist will be maintained throughout the period of affordability. It will remain open, unless and until it is closed by the Town. Qualified applicants can be added to the waitlist at any time that it is open. Announcements related to the opening or closure of the waitlist will be made in the locals section of the local newspaper.
- vi. The Town may periodically update the waitlist or conduct outreach to applicants to determine if they continue to be eligible and interested in the housing. Failure to respond to update requests will result in removal from the waitlist. Applicants are responsible for communicating current contact information to the Town at rentals@crestedbutte-co.gov.

C. Waitlist for Three-Bedroom Units

The waitlist for three-bedroom units will only include households of at least three individuals, including at least one who meets the definition of a Qualified Resident. If there are no waitlisted qualified applicants for a three-bedroom unit, the unit will be announced as being available for new applicants via the Gunnison Valley Regional Housing Authority's rental interest list and the unit will be filled on a first come, first served basis.

5. Tenant Priority for 9 Ninth, (Type A Accessible Unit)

9 Ninth, a Type A accessible unit, is designed to accommodate individuals with significant mobility impairments and is prioritized for household applicants that include an individual with a permanent mobility disability. The permanent mobility disability must qualify the applicant for handicap license plates, be confirmed in writing by a medical professional on their professional letterhead, and evidence of permanent handicap placards. The priority offering of 9 Ninth is as follows:

- i. First, households currently renting a Paradise Park Workforce Rental unit who meet the permanent mobility disability requirements above.
- ii. Second, households on the two-bedroom waitlist who meet the permanent mobility disability requirements above.
- iii. If no applicants/households meet the first and second priority requirements, the unit will be announced as available via the Gunnison Valley Regional Housing Authority's rental interest list for priority for an applicant who meets the permanent mobility disability requirements above for 15 days. The unit will be filled on a first come, first served basis.
- iv. If no eligible households with a permanent mobility disability apply during the 15-day priority window, it will be filled from the two-bedroom waitlist.

6. In-Project Unit Transfers

Residents currently living in a Paradise Park Workforce Rental unit will have priority to transfer to a vacant Paradise Park Workforce Rental unit if:

- i. Their household composition changes and their current unit has too many bedrooms, i.e. more than one vacant bedroom, or
- ii. Their household composition changes, and their current unit has too few bedrooms for their household size, i.e. bedrooms are occupied by more than two individuals.

The Town Manager or their designee will assess all requests for in-project unit transfers based on need.

7. Final Verification Procedures

A. Criminal Background Check

Adult household members who are aged 18 and older have been qualified and selected for occupancy via lottery or waitlist must complete a background check to confirm if there have been convictions of violent, sexual, or felony crimes. Conviction of such crimes result in disqualification.

B. Rental History Check

After adult members of the household aged 18 and older have passed the background check and confirmed that they intend to rent the unit, the Town will contact previous landlords to verify rental history. To be eligible, applicants must have had no evictions in the last five years, been in compliance with their lease(s), and have made timely rent payments.

C. Final Confirmation of Eligibility

If no rental history issues that would result in disqualification are discovered, the applicant will be issued a final confirmation of eligibility. Town will set a date with the applicant to sign the lease. The lease start date must be within 65 days of final confirmation of eligibility.

8. Lease Execution

A household qualified and selected for occupancy must enter into a lease and agree to pay the security deposit, pet deposit (if applicable) and rent for the unit. The member of the household that represented the household in the lottery, Lottery Representative, is the lessee, and all other members of the household, including students attending school outside of Gunnison County and deployed military that identify the Paradise Park Workforce Rental unit as their primary residence, shall be listed on the lease as occupants. The lease is not transferable among household members.

The security deposit is equal to one month's rent.

9. Utilities

All utilities, including electricity from Gunnison County Electrical Association, and water, sewer and trash from the Town of Crested Butte, as well as communication and data such as Wi-Fi, cable, and/or satellite, are paid for by the tenant.

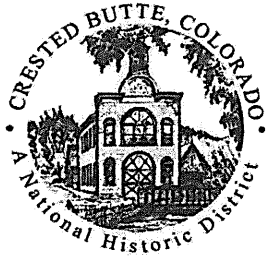
Schedule 1. Income Limits

2025 AMI	Household Size					
	1	2	3	4	5	6
140%	\$110,180	\$126,000	\$141,680	\$157,500	\$170,100	\$174,300

Schedule 2. Asset Limits

Age of Applicants Over 21, Averaged	Multiplier	140%
1 Person - 2025 Annual Income Limit		\$110,180
Under 30 Years	1.5	\$165,270
Over 30 Years and Less than 40 Years	3	\$330,540
Over 40 Years and Less than 50 Years	4	\$440,720
Over 50 Years	5	\$550,900
2 Person - 2025 Annual Income Limit		\$126,000
Under 30 Years	1.5	\$189,000
Over 30 Years and Less than 40 Years	3	\$378,000
Over 40 Years and Less than 50 Years	4	\$504,000
Over 50 Years	5	\$630,000
3 Person - 2025 Annual Income Limit		\$141,680
Under 30 Years	1.5	\$212,520
Over 30 Years and Less than 40 Years	3	\$425,040
Over 40 Years and Less than 50 Years	4	\$566,720
Over 50 Years	5	\$708,400
4 Person - 2025 Annual Income Limit		\$157,500
Under 30 Years	1.5	\$236,250
Over 30 Years and Less than 40 Years	3	\$472,500
Over 40 Years and Less than 50 Years	4	\$630,000
Over 50 Years	5	\$787,500
5 Person - 2025 Annual Income Limit		\$170,100
Under 30 Years	1.5	\$255,150
Over 30 Years and Less than 40 Years	3	\$510,300
Over 40 Years and Less than 50 Years	4	\$680,400
Over 50 Years	5	\$850,500
6 Person - 2025 Annual Income Limit		\$174,300
Under 30 Years	1.5	\$261,450
Over 30 Years and Less than 40 Years	3	\$522,900
Over 40 Years and Less than 50 Years	4	\$697,200
Over 50 Years	5	\$871,500

Schedule 3. Application.



Paradise Park Workforce Rental Application Phase II

Thank you for your interest in Paradise Park Workforce Rentals, offered by the Town of Crested Butte. The second phase of the project includes two, two-bedroom single family homes. Each features an all-electric design with air source heat pumps as the primary heating source, energy efficient construction, in-unit washer and dryer, dishwasher, glass-top stove, microwave, refrigerator, and storage.

The two available current/second phase units are located at 930 Butte Avenue and 20 Tenth Street. The monthly rent for each is \$2,025.

Applicant Designations

The following two designations must be made for this application. Note: These may or may not be the same applicant household member.

- 1) **Qualified Resident**, as defined in the Tenant Selection Plan.
- 2) **Lottery Representative**, the household member who has most years working in the local workforce. This individual's longevity in the local workforce will determine the number of lottery tickets the household will receive.

Instructions

- **Read and complete the whole application.**
- **Submit the application with all required documentation**, in PDF form, by email to rentals@crestedbutte-co.gov.
- The submittal documents are noted by "◆ **SUBMIT:**" and are listed on the included checklist located at the end of the application.

Applications will be processed in the order of the date and time the completed application and the application fee are received. The later of the application and fee payment determine the date and timing of receipt order.

Additional Information

Move-in costs: At lease signing, tenants are required to pay first month's rent and the security deposit (equal to one month's rent). The first month's rent is pro-rated based on the move-in date.

Utilities: Tenants are responsible for water/sewer, trash, and electricity. Telephone, internet, and cable are arranged by and paid for by the tenant at their discretion. Note: Utility usage will be monitored by Town staff to analyze building performance and sustainability measures.

Snow removal: Snow removal from walkways, driveways, and parking areas is the tenant's responsibility.

Parking: Vehicles must be parked in accordance with the Town of Crested Butte Parking regulations.

Animals:

- **Support Animals (for people with disabilities):** Trained to perform tasks that support people with disabilities. Certified support animals are allowed to reside in the home.



- **Companion/Emotional Support Animals:** Provides comfort or support to a person with a disability in their home. They are allowed to reside in the home with a letter by the household's licensed mental health professional verifying the tenant's need.
- **Pets:** Compliant with the Town's requirements, up to two cats/dogs with a combined/total weight not exceeding 100 lbs. and proof of current vaccinations are allowed to reside in the home. A pet deposit charge of \$250 is due at lease signing.

Fair Housing: Title VIII of the Civil Rights Act of 1968 (Fair Housing Act), as amended, prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under age 18 living with parents or legal custodians, pregnant women, and people securing custody of children under age 18), and disability.

General questions and reasonable accommodation requests may be directed to:

Town of Crested Butte

housing@crestedbutte-co.gov

Phone: (970) 349-5338 ext. 117

Submit applications and supplemental documents to the following consultant:

Leslie Gibson, LG Consulting

Application Qualification Review

rentals@crestedbutte-co.gov



APPLICATION FORM

Please complete the form in its entirety, checking/filling all boxes. If a question does not apply to you, write "N/A."

PART I: HOUSEHOLD (HH) INFORMATION

Name of Qualified Resident* (per definition in the Tenant Selection Plan):	
Complete Address:	
Phone Number:	Email Address:

Please list information for all HH members who will live in the home:

	Full Name	Date of Birth	Pronoun (she, he, they, etc.)
Qualified Resident/QR (listed above):			
Lottery Representative , if different than QR:			
All Other HH Members (incl. unborn, see below):			

If you anticipate changes to the above household (additional or fewer members) within the next 12 months, explain:

◆ **SUBMIT:** If, at the time of application, a household is expecting the birth or adoption of a child, the incoming child may be counted as a member of the HH upon receipt by the Town of confirmation of the pending birth or adoption.

◆ **SUBMIT:** If your HH has a Section 8/Housing Choice Voucher, list name of providing agency. Note: occupancy must align with HUD requirements.

◆ **ALL SUBMIT:**

- Copy of a government-issued photo ID for all household members aged 18 and older (both sides); **AND**
- If requesting an accessible unit, include a letter on professional letterhead from your medical provider confirming a HH member has a permanent mobility disability and evidence of permanent handicap placards. Please do not provide details regarding diagnosis.

Animals - Refer to *Additional Information* section above prior to completing the following chart below:

Role	Animal Type	Name	Weight
			Combined/total below 100 lbs.



Service Animal			N/A
Emotional Support Animal ("ESA")			N/A
◆ SUBMIT: Letter from your licensed mental health professional, on letterhead and signed, confirming HH member has a disability, and the ESA can help such person			
Pet (2 maximum)	Check one ☐ Dog ☐ Cat		
	Check one ☐ Dog ☐ Cat		
Do you anticipate other animals in your home? Check one ☐ Yes ☐ No If so: please list type(s): _____ Note: A \$250 pet deposit, covering all pets, will be required at lease signing.			
◆ SUBMIT: Proof of current vaccination information for all pets			

PART II: CURRENT AND PAST TWO YEARS RESIDENCY

If you have lived at your current address for more than 2 years, list that single location.

Current (full) Address: _____ Residency Dates: _____ to _____
 Check one: Rent ☐ Own ☐ Monthly Payment (most recent): \$ _____
 Property Owner/Manager Name: _____ Phone _____

Previous (full) Address: _____ Residency Dates: _____ to _____
 Check one: Rent ☐ Own ☐ Monthly Payment (most recent): \$ _____
 Property Owner/Manager Name: _____ Phone _____

Previous (full) Address: _____ Residency Dates: _____ to _____
 Check one: Rent ☐ Own ☐ Monthly Payment (most recent): \$ _____
 Property Owner/Manager Name: _____ Phone _____



PART III: HOUSEHOLD INCOME (known *and anticipated* employment/income for all members aged 21 and older)

◆ **SUBMIT:**

- Three most recent pay stubs from all employers for each job over the last 12 months, AND
- 2023 1040 Long Form tax return, including schedules and attachments

Note: Qualified Resident must work a minimum of 1500 hours per year (approximately 28.8 hours per week).

See section below for submittal requirements for those who are self-employed.

HH Member Name: _____ **Occupation/Title:** _____
Work Term (check one): ☐ Year-Round ☐ Seasonal (approx. period) From _____ to _____
Explanation of seasonal work schedule, as necessary: _____
Employer Name: _____ **Contact Name/Email:** _____
Employer Address/Phone: _____
Date Hired: _____ **Hours Worked: Weekly:** ____/Annually: _____ **Current Salary/Pay Rate:** _____
Pay Period ☐ Annually ☐ Monthly ☐ 2x/mo ☐ Biweekly ☐ Weekly ☐ Hourly

HH Member Name: _____ **Occupation/Title:** _____
Work Term (check one): ☐ Year-Round ☐ Seasonal (approx. period) From _____ to _____
Explanation of seasonal work schedule, as necessary: _____
Employer Name: _____ **Contact Name/Email:** _____
Employer Address/Phone: _____
Date Hired: _____ **Hours Worked: Weekly:** ____/Annually: _____ **Current Salary/Pay Rate:** _____
Pay Period ☐ Annually ☐ Monthly ☐ 2x/mo ☐ Biweekly ☐ Weekly ☐ Hourly

HH Member Name: _____ **Occupation/Title:** _____
Work Term (check one): ☐ Year-Round ☐ Seasonal (approx. period) From _____ to _____
Explanation of seasonal work schedule, as necessary: _____
Employer Name: _____ **Contact Name/Email:** _____
Employer Address/Phone: _____
Date Hired: _____ **Hours Worked: Weekly:** ____/Annually: _____ **Current Salary/Pay Rate:** _____
Pay Period ☐ Annually ☐ Monthly ☐ 2x/mo ☐ Biweekly ☐ Weekly ☐ Hourly

HH Member Name: _____ **Occupation/Title:** _____
Work Term (check one): ☐ Year-Round ☐ Seasonal (approx. period) From _____ to _____
Explanation of seasonal work schedule, as necessary: _____
Employer Name: _____ **Contact Name/Email:** _____
Employer Address/Phone: _____



Date Hired: _____ Hours Worked: Weekly: ____/Annually: _____ Current Salary/Pay Rate: _____
 Pay Period ☐ Annually ☐ Monthly ☐ 2x/mo ☐ Biweekly ☐ Weekly ☐ Hourly

HH Member Name: _____ **Occupation/Title:** _____
 Work Term (check one): ☐ Year-Round ☐ Seasonal (approx. period) From _____ to _____
 Explanation of seasonal work schedule, as necessary: _____
 Employer Name: _____ Contact Name/Email: _____
 Employer Address/Phone: _____

Date Hired: _____ Hours Worked: Weekly: ____/Annually: _____ Current Salary/Pay Rate: _____
 Pay Period ☐ Annually ☐ Monthly ☐ 2x/mo ☐ Biweekly ☐ Weekly ☐ Hourly

HH Member Name: _____ **Occupation/Title:** _____
 Work Term (check one): ☐ Year-Round ☐ Seasonal (approx. period) From _____ to _____
 Explanation of seasonal work schedule, as necessary: _____
 Employer Name: _____ Contact Name/Email: _____
 Employer Address/Phone: _____

Date Hired: _____ Hours Worked: Weekly: ____/Annually: _____ Current Salary/Pay Rate: _____
 Pay Period ☐ Annually ☐ Monthly ☐ 2x/mo ☐ Biweekly ☐ Weekly ☐ Hourly

Y	N	SELF-EMPLOYMENT, BUSINESS INCOME	Monthly Income
☐	☐	Type, Name, HH Member:	\$
		Total Hours Worked Annually*:	#:
◆ SUBMIT: - Year-to-date profit and loss statement; AND - Most recent 1040 Long Form tax return (if you file), including Schedule C; AND - Three months of current business bank statements; AND - Verifiable proof of hours worked for 1 full year prior to application submittal date – this may include, but is not limited to, invoices sent to clients, detailed time logs, bank statements showing business transactions, a dedicated business calendar with project timelines, copies of signed contracts with clients outlining work scope and deadlines, and tax returns (particularly Schedule C) which detail your business income and expenses; essentially, any record that clearly demonstrates the hours you worked on specific projects for clients. *The Qualified Resident is responsible for providing adequate evidence of local employment hours (minimum 1500 hours per year/28.8 hours per week) for the purpose of meeting eligibility requirements.			

Y	N	SOCIAL SECURITY INCOME (SSDI, SSI, Survivor's Benefits) - all household, incl. minors	Monthly Income
☐	☐	Type, HH Member:	\$
◆ SUBMIT: Most current benefit award letter for each recipient			



Y	N	DIVORCE/SEPARATION CHILD SUPPORT AND MAINTENANCE	Monthly Income
☐	☐	Child Support – for HH Member:	\$
☐	☐	Child Support – for HH Member:	\$
☐	☐	Maintenance	\$

◆ **SUBMIT:**

- Court-approved Divorce Decree or Settlement Agreement, including maintenance, division of assets, custody, and child support. Must indicate it has been entered into record with all exhibits/supplements attached; **AND**
- Court order, if applicable

OR, IF YOU ARE NOT RECEIVING THE FULL PAYMENT u SUBMIT:

- Verification that you have made efforts to collect it, such as filing with the state support enforcement agency

Y	N	MILITARY SERVICE/VETERAN'S BENEFITS - for head, co-head or spouse	Monthly Income
☐	☐	Type, HH Member:	\$

◆ **SUBMIT:** Most current statement for any/all assistance

Y	N	RECURRING CASH GIFTS FROM OUTSIDE SOURCE FOR HOUSEHOLD EXPENSES	Monthly Income
☐	☐	Source:	\$

u SUBMIT: Request and include a signed letter written by the contributor

Y	N	PAYMENT DISTRIBUTIONS FROM RETIREMENT ACCOUNTS – IRA, Annuity, Pension	Monthly Income
☐	☐	Type, Source, HH Member:	\$

◆ **SUBMIT:**

- Third-party verification of amount/frequency of distributions with agency issuing payments, **OR**
- Annual benefit letter, dated within one year of effective date, or current statement by distributing agency

Y	N	REAL ESTATE RENTAL INCOME (and allowable deductions)	Monthly Income
☐	☐	Property Type (check one): ☐ Residential ☐ Non-Residential Address: _____	\$

DEDUCTIONS

Owner-paid utilities, maintenance, advertising, mortgage payments, interest, taxes, insurance

Total Deductions

\$

◆ **SUBMIT:**

- Statement describing the circumstances of your legal interest in the property
- Current lease if property is rented or occupied; **AND**
- Evidence of receipt of funds.

AND IF APPLICABLE, EVIDENCE OF EXPENSES FOR ANY OR ALL BELOW DEDUCTIONS

u SUBMIT: Owner-paid utilities, maintenance/repairs, advertising, mortgage payments/interest/taxes/insurance

Y	N	INCOME OTHER THAN THOSE LISTED ABOVE	Monthly Income
☐	☐	Type, Source, HH Member: _____	\$

◆ **SUBMIT:** One most current statement for each source/account

PART IV: HOUSEHOLD ASSETS



Indicate whether income has been/is anticipated to be received by any/every applicable adult household member (aged 21 or older, unless otherwise stated) and enter monthly amount or value.

ASSETS

Y	N	HH MEMBER NAME	ACCOUNTS - Bank Name	Current Value
☐	☐		Checking	\$
☐	☐		Savings	\$
☐	☐		Checking	\$
☐	☐		Savings	\$
☐	☐		Checking	\$
☐	☐		Savings	\$
☐	☐		Checking	\$
☐	☐		Savings	\$
☐	☐		Certificate of Deposit	\$
☐	☐		Money Market	\$

◆ **SUBMIT:** three most current (all pages) bank/financial statements for all hh members aged 21 and older

Y	N	CASH ON HAND OR IN SAFE DEPOSIT BOX	Current Value
☐	☐	HH Member(s):	\$

◆ **SUBMIT:** No need to submit verification, only disclose value in this table

Y	N	RETIREMENT ACCOUNTS, LUMP SUM PENSION, KEOGH ACCOUNT	Current Value
☐	☐	Type, Brokerage Co., Account holder:	\$
☐	☐	Type, Brokerage Co., Account holder:	\$
☐	☐	Type, Brokerage Co., Account holder:	\$

◆ **SUBMIT:** One most current statement for each

Y	N	STOCKS, BONDS, TREASURY BILLS	Current Value
☐	☐	Type, Brokerage Firm, Account holder:	\$
☐	☐	Type, Brokerage Firm, Account holder:	\$
☐	☐	Type, Brokerage Firm, Account holder:	\$

◆ **SUBMIT:** One most current statement for each

Y	N	IRREVOCABLE TRUST(S)	Current Value
☐	☐	Type, Bank/Brokerage Firm and/or Trustee Name, HH Member:	\$

◆ **SUBMIT:** Trust Agreement or Trustee letter for any/all household members

Y	N	REAL ESTATE OWNERSHIP (hold mortgage or Deed)	Current Value
☐	☐	Property Address: _____ Owned by HH Member: _____	\$

◆ **SUBMIT:**
- County Assessor's Total Actual Value (land and building); **AND**



- Encumbrances, as applicable (mortgage(s), Deed(s) of Trust, easements, encroachments, unpaid real property taxes, tax lien(s), mechanic's lien(s), leases, air rights, and/or water, timber, or mineral rights)

Y	N	DISPOSITION – i.e., gave away or sold money/assets for <½ Fair Market Value in past year	Current Value
☐	☐	Type, Date Disposed, HH Member:	\$
u SUBMIT: One most current statement for each account			

Y	N	ASSETS OTHER THAN THOSE LISTED ABOVE	Current Value
☐	☐	Type, Source, HH Member:	\$
◆ SUBMIT: One most current statement for each account			

PART V. LOTTERY REPRESENTATIVE (LR) FOR TICKET CALCULATION

The number of lottery tickets received will be based on the HH member who has the most years working in the local workforce (identified as the *Lottery Representative*). It is the applicant's responsibility to provide adequate evidence of local employment for the purpose of calculating lottery tickets.

Name of the LR:
Number of Employment Years the LR Meets Local Business/Local Employer Requirements:
◆ SUBMIT: – W2s from past local employers; OR – Submit a signed letter from previous employer(s) verifying compliance with Local Business/Local Employer requirements and listing the employment date history for the LR

Below, list all Local Business/Local Employer information for the Lottery Representative (only). In the far-right column, please note whether you have a W-2 or employer letter verifying employment for that year.

Business Name	Business Address	Start Year	End Year	Documentation Provided: W-2 or Letter



Required Documentation List

Required for:	Document(s) for Submission:
All aged 18+	Copy of government-issued photo ID and 3 current/complete bank statements.
All aged 21+ who file tax returns	Most recent 1040 Long Form tax return with schedules and attachments.
All aged 21+ who are “W-2” employees	Three most current paystubs from current employer and 1040 Long Form tax return from 2023.
HHs requesting an accessible unit	A letter from your medical provider, on their letterhead, confirming a HH member has a permanent mobility disability. Please do not provide diagnosis details.
HHs anticipating changes (additions or subtractions) within the next 12 months	Confirmation of the pending birth or adoption and/or a written statement regarding member’s anticipated absence.
HHs with an emotional support animal(s) (ESA)	Letter from your licensed mental health professional, on letterhead and signed, confirming the HH member has a disability, and that the ESA can help such person.
HHs with up to two pets	Proof of current vaccinations for all pets.
Lottery Representative	Historic W2s or letters from previous employers who meet the Local Business/Local Employer requirement.
All aged 21+ who are self-employed	YTD profit and loss statement and most recent 1040 Long Form tax return, incl. Schedule C; three months of business bank statements.
All (incl. minors) receiving Social Security (SSI, SSDI)	Most current benefit award letter for each recipient.
In the event of divorce, separation and/or child custody arrangements	Court-approved Divorce Decree or Separation Agreement, incl. maintenance, division of assets, custody, and child support. Must indicate it has been entered into record with all exhibits/supplements attached, Court order, if applicable. If not receiving full payment, submit verification that you have made efforts to collect, such as filing with state support enforcement agency.
All military service personnel and Veterans	Most current statement for any/all assistance received.



All aged 21+ who receive recurring cash gifts from an outside source (i.e., family, friends) for household expenses	Request and include a signed letter written by the contributor.
All aged 21+ who receive distributions from retirement accounts	Third-party verification of amount/frequency of distributions with agency issuing payments, or annual benefit letter, dated within one year of effective date, or current statement by distributing agency.
All who own real estate, receive rental income	Statement of legal interest in property, current lease if property is rented/occupied, and evidence of receipt of funds. If applicable, evidence of expenses for any/all deductions such as owner-paid utilities, maintenance/repairs, advertising, mortgage payments, interest, taxes, and insurance.
All aged 21+ who receive income not already accounted for above	One most current statement for each source/account.
All aged 21+ with checking, savings, and/or money market account(s) and/or CD(s)	Three most current full bank/financial statements.
All aged 21+ with cash on hand or in a safe deposit box	No need to submit verification, only disclose value in the application.
All aged 21+ with retirement accounts, lump sum pension, Keogh, stocks, bonds, T-Bill(s), etc.	Submit one most current statement for each account.
All (incl. minors) with an irrevocable trust	Trust Agreement or Trustee letter.
All aged 21+ who hold a Deed of Trust or a mortgage to real property	County Assessor's Total Actual Value (land and building), and list/value of encumbrances, as applicable. (i.e., mortgage(s), Deed(s) of Trust, easements, encroachments, unpaid real property taxes, tax liens, mechanic's liens, leases, air rights, and/or water, timber, or mineral rights).
All aged 21+ who have disposed of money or assets in the past year	One most current statement for each account.
All aged 21+ with assets not already accounted for in this application	One most current statement for each account.



SIGNATURES: For all household members aged 18 or older

Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

In addition to signing this form, each signer must check the box verifying they have read the Tenant Selection Plan.

Name of Applicant (print above)	Signature	Date
☐ By checking this box, I verify that I have read and understand the Tenant Selection Plan		
Name of Other Adult HH Member (print)	Signature	Date
☐ By checking this box, I verify that I have read and understand the Tenant Selection Plan		
Name of Other Adult HH Member (print)	Signature	Date
☐ By checking this box, I verify that I have read and understand the Tenant Selection Plan		
Name of Other Adult HH Member (print)	Signature	Date
☐ By checking this box, I verify that I have read the Tenant Selection Plan		
Name of Other Adult HH Member (print)	Signature	Date
☐ By checking this box, I verify that I have read and understand the Tenant Selection Plan		

