



City and County of Broomfield
 Application for Eligibility to Participate in the Affordable Housing Program

Applicant: _____
 First MI Last

Co-applicant: _____
 First MI Last

Total number of persons in household: _____

CURRENT Address: _____
 Address City State Zip

NEW Home Address: _____
 Address City State Zip

Applicant Employer: _____

Employer Address: _____
 Address City State Zip

Annual Income: \$ _____

Co-applicant Employer: _____

Employer Address: _____
 Address City State Zip

Annual Income: \$ _____

Other household members over the age of 18:

Name	Age	Employer	Annual Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total combined annual income of all household members over the age of eighteen \$ _____
Total combined assets of applicants \$ _____

Note: Assets include but not limited to, 401ks, pensions, stocks, bonds, money market and trust accounts. Dividends received from these types of asset accounts will be included in the household's annual gross income. Assets are limited to one and a half (1.5) times the amount of the published sales price of the affordable unit. The City and County of Broomfield may allow certain exemptions for retired or permanently disabled applicants. Down payment funds will be excluded from the asset limit calculation.



I/We as the Applicant/Co-applicant certify that the information provided in this application made by me are true and correct to the best of my/our knowledge and belief. Intentional misrepresentation made by Applicant and/or Co-applicant regarding this application including attachments may subject Applicant/Co-applicant to disqualification and/or legal consequences.

Applicant Signature

Date

Co-applicant Signature

Date

By signing below, I (selling agent or Builder's representative) acknowledge that I have reviewed documentation to support this application and the Applicant and Co-applicant are eligible to participate in the Affordable Housing Program.

Representative Signature

Print name

Title

Company

Date

ATTACHMENTS

- Copies of two months of most recent consecutive paystubs for each employed household member (over age of 18).
- Copies of award letter(s) if receiving unemployment, social security, pension, survivor, disability, TANF, etc.
- Self-employed applicants: 1) Last two years of complete Federal Tax Returns (including Schedule C) for both business and personal Federal tax returns 2) copies of any current business contracts and 3) current business profit and loss statements
- City and County of Broomfield, Authorization to Release form