Date & Time Received by LC: _____ Rec'd by: _____

LC OWNERSHIP LOTTERY APPLICATION PACKET

HOUSING @10,200'

DOCUMENTATION CHECKLIST – ITEMS NEEDED FROM APPLICANT(S)

PLEASE ATTACH THIS FORM TO THE TOP OF YOUR APPLICATION PACKAGE WITH ALL DOCUMENTS IN THE ORDER LISTED ABOVE.

Applicant Name(s):

_____

Attach the following documents to your completed Application in the following order:

- Most recent two years Federal tax returns (all pages, personal and business)
- All W-2s and 1099s submitted with your Federal tax returns
- Two most recent paystubs from each current employer
- Three most recent banks statements for all accounts (all pages must be included)
- Evidence of where your current residence is located
- Copy of state-issued photo ID
- Pre-Qualification or Pre-Approval letter from lender, stating the amount of loan you are qualified for. (This letter may be provided at a later date no later than June 13th, 2025)

It's a helpful idea to include explanations of any documents or situations that are unusual or somewhat complicated. For example – if you have just graduated from college and are working at your first job, provide a copy of your college transcripts with a letter of explanation for no previous employment

REMINDER: SCANNED OR EMAILED APPLICATIONS WILL NOT BE PROCESSED, NO PROCESSING WILL COMMENCE AND NO INFORMATION REGARDING ITS STATUS WILL BE PROVIDED IF EMAILED.

INCOMPLETE APPLICATIONS WILL BE RETURNED AT THE EARLIEST OPPORTUNITY THE COUNTY MAY HAVE, WHICH MAY BE AFTER THE LOTTERY HAS BEEN COMPLETED!

Contact Jackie at 719.486.4102 or housing@lakecountyco.gov with any and all questions you may have!

APPLICATION FOR PURCHASING DEED-RESTRICTED HOUSING

PART I - APPLICANT INFORMATION

Applicant Name (as it will appear on title):

_____

Social Security Number: _____ *Date of Birth:* _____

Phone: _____

Email: _____

Marital Status: Married ____ Separated ____

Unmarried (single, divorced, widowed) _____

Dependents: #: _____ Ages: _____

Present Physical Address: ____Own ____Rent

_____

_____ Yrs _____ Mos ____

Total House Payment/Rent: $_____

Mailing Address:

_____

Co-Applicant Name (as it will appear on title):

_____

Social Security Number: _____ *Date of Birth:* _____

Phone: _____

Email: _____

Marital Status: Married ____ Separated _____

Unmarried (single, divorced, widowed) _____

Dependents: #: _____ Ages: _____

Present Physical Address: ____Own ____ Rent

_____

_____ Yrs _____ Mos ____

Total House Payment/Rent: $_____

Mailing Address:

_____

If residing at present address less than 2 years, complete the following:

Former Physical Address: ___Own ___Rent ___ # yrs

_____

Former Physical Address: ___Own ___Rent ___ # yrs

_____

PART II—EMPLOYMENT INFORMATION

Applicant Employer, Address, Phone #:

Self Employed _____

_____

_____

_____ # Yrs _____

Position _____

hours/week _____ AND # weeks/year _____

Co-Applicant Employer, Address, Phone #:

Self Employed _____

_____

_____

_____ # Yrs _____

Position _____

weeks/year _____ AND # weeks/year _____

If employed in current position less than 2 years, or if more than one current position, complete the following (attach separate sheet if necessary):

Applicant Employer, Address, Phone #:

Self Employed _____

_____

_____

_____ # Yrs _____

Position _____

hours/week _____ AND # weeks/year _____

Co-Applicant Employer, Address, Phone #:

Self Employed _____

_____

_____

_____ # Yrs _____

Position _____

hours/week _____ AND # weeks/year _____

PART III—INCOME INFORMATION

Gross Monthly Income	Applicant	Co-Applicant	Total
Primary Job Income	$	$	$
Overtime			
Bonuses			
Commissions			
Dividents/Interest			
Retirement			
Net Rental Income			
Additional Jobs - total			
Other*			
Total	**$**	**$**	**$**

EQUAL HOUSING OPPORTUNITY

*Other income: describe all other income below (alimony, child support, pensions, annuities, retirement benefits, public assistance, unemployment, veterans benefits, trusts, lottery winnings, etc)

A / Co-A	Description of Income Source	Monthly Gross Income
		$
		$
		$
		$
		$
TOTAL		$

PART IV—ASSET INFORMATION

Description of Asset	*A / Co-A*	*Institution Where Held*	*Cash Value*
Checking			$
Checking			$
Savings			$
Savings			$
Certificates of Deposit			$
Stocks/Mutual Funds			$
Assessed Value of RE Owned			$
TOTAL			$
IRA/401k/Retirement			$
Net Value of Business Owned			$

Property Address	Pending Sale/Rental	Type of Property	Assessor's Total Value	Gross Monthly Rental Income	Mortgage Payments	Taxes, Ins., HOA Expenses	Net Rental Income
			$	$	$	$	$
		Totals	$	$	$	$	$

Source of Funds for Down Payment: _____ $_____

HOUSING @10,200'

EQUAL HOUSING OPPORTUNITY

CERTIFICATION AND CONSENT

CERTIFICATION

I/We the undersigned, hereby certify to:

- All of the information contained in this Application is true, correct and complete.
- I/We are aware that any misrepresentation may result in me/us being disqualified to purchase deed-restricted housing including entry into an affordable housing lottery or rental program.
- I/We certify that all members of the applicant household are legally present in and residents of the United States.

- There are no any outstanding judgements pending or awarded against me/us ____Y ____N
- I/We are not a party to a lawsuit as defendant or plaintiff. ____Y ____N
- Part or all of my/our down payment is borrowed. ____Y ____N
- I/We will occupy the property as my/our primary residence. ____Y ____N
- I/We ____ have ____ have not have an ownership interest in any other residential property during the past three years. It was my/our ____ primary residence ____2nd home ____investment property.

CONSENT AND RELEASE

I/We herein grant authorization for the Lake County Housing Authority (the "LCHA") to verify any information contained in my/our Application to determine my/our eligibility to purchase or occupy deed-restricted housing through the LCHA. Activities to complete such verifications may include requesting and receiving copies of public records, employment and income documents, financial institutions documents, and others as may be deemed necessary by the LCHA.

I/We release and hold harmless the LCHA for any damages, perceived or actual, such verifications of my/our application information may cause me/us.

Signature **Date** **Signature** **Date**

IT SHALL BE A DISCRIMINATORY OR UNFAIR HOUSING PRACTICE: For any person to REFUSE TO SHOW, SELL, TRANSFER, RENT, or LEASE, or REFUSE to RECEIVE and TRANSMIT any bona fide offer to buy, sell, rent, or lease, or OTHERWISE MAKE UNAVAILABLE or DENY or WITHHOLD FROM any person housing; or to discriminate in the TERMS, CONDITIONS, or PRIVILEGES pertaining to any housing. BECAUSE OF: DISABILITY, RACE, CREED, COLOR, SEX, SEXUAL ORIENTATION (including TRANSGENDER STATUS), RELIGION, MARITAL STATUS, FAMILIAL STATUS, NATIONAL ORIGIN or ANCESTRY, or SOURCE OF INCOME.

Contact Jackie at 719.486.4102 or housing@lakecountyco.gov with any and all questions you may have!

HOUSING
@10,200'

EQUAL HOUSING OPPORTUNITY

ACKNOWLEDGMENT OF DEED RESTRICTION

Applicant Name(s):

_____

_____ I/We have read and understand the income restrictions in place at the time of purchase.

_____ I/We have read and understand the employment requirements are applicable during my/our entire ownership period.

_____ I/We have read and understand the occupancy requirements are applicable during my/our entire ownership period.

_____ I/We have read and understand the resale and appreciation restrictions governing how I/we can dispose of our property.

_____ I/We agree to completing and returning an affidavit of compliance for the LCHA and its assigns as requested at least annually. It is a violation of my deed restriction if I don't comply with completing and returning such affidavit.

My/Our initials above indicate that we are making these statements without coercion and as I/we understand the terms of the deed restriction.

DO NOT SIGN THIS IF YOU HAVE NOT READ AND/OR DO NOT UNDERSTAND THE TERMS OF THE DEED RESTRICTION.

_____

_____

(Signature) *Date*

_____

_____

(Signature) *Date*

IT SHALL BE A DISCRIMINATORY OR UNFAIR HOUSING PRACTICE: For any person to REFUSE TO SHOW, SELL, TRANSFER, RENT, or LEASE, or REFUSE to RECEIVE and TRANSMIT any bona fide offer to buy, sell, rent, or lease, or OTHERWISE MAKE UNAVAILABLE or DENY or WITHHOLD FROM any person housing; or to discriminate in the TERMS, CONDITIONS, or PRIVILEGES pertaining to any housing. BECAUSE OF: DISABILITY, RACE, CREED, COLOR, SEX, SEXUAL ORIENTATION (including TRANSGENDER STATUS), RELIGION, MARITAL STATUS, FAMILIAL STATUS, NATIONAL ORIGIN or ANCESTRY, or SOURCE OF INCOME.

HOUSING
@10,200'

EQUAL HOUSING OPPORTUNITY

CERTIFICATE OF ELIGIBILITY

To Buyer(s):

Effective Date: (date of eligibility approval here)

Expiration Date: (put the date 90 days away from the Effective date)

Dear _____,

Congratulations! You have been determined eligible to purchase a home in the *Housing @ 10,200'* Community Housing neighborhood!

You are qualified to purchase a home with an AMI at or below _____% AMI, and having no more than _____ bedrooms.

You may need to update your application documents if you do not enter into a purchase agreement within this 90-day period.

Your application as underwritten by the Lake County Housing Authority (the "LCHA") verifies that you meet the following eligibility requirements:

_____ Income within allowed AMI categories

_____ Employment meets requirements

_____ Liquid assets after closing do not exceed guidelines

_____ No ownership of other developed residential real estate

_____ Intent to occupy as your one and only residence

Take this Certificate with you when you enter into a contract to purchase the property. Any offer to purchase is null and void if not accompanied by this Certificate.

Please contact the LCHA at 719.486.4102 with any questions regarding this Certificate or the purchase process.

Sincerely,

_____ _____

Signature of LCHA authorized staff *Date*

IT SHALL BE A DISCRIMINATORY OR UNFAIR HOUSING PRACTICE: For any person to REFUSE TO SHOW, SELL, TRANSFER, RENT, or LEASE, or REFUSE to RECEIVE and TRANSMIT any bona fide offer to buy, sell, rent, or lease, or OTHERWISE MAKE UNAVAILABLE or DENY or WITHHOLD FROM any person housing; or to discriminate in the TERMS, CONDITIONS, or PRIVILEGES pertaining to any housing. BECAUSE OF: DISABILITY, RACE, CREED, COLOR, SEX, SEXUAL ORIENTATION (including TRANSGENDER STATUS), RELIGION, MARITAL STATUS, FAMILIAL STATUS, NATIONAL ORIGIN or ANCESTRY, or SOURCE OF INCOME.

HOUSING @10,200'

EQUAL HOUSING OPPORTUNITY

APPEALS REQUEST FORM

Email this form and all docs to: **Jackie Whelihan** housing@lakecountyco.gov

I/We, _____ are appealing the outcome of:
(Print Applicant Names)

_____ Initial Qualification to purchase housing or enter a lottery

_____ My/Our outcome of the lottery proceedings held on 7.23.25

My/Our reason(s) for requesting this Appeal:

_____
_____
_____
_____
_____
_____
_____
_____

ATTACH ALL SUPPORTING DOCUMENTATION NOW!

Please contact the LCHA at **719.486.4102** with any questions regarding this Appeal Request or the purchase process.

_____
_____
(Signature) *Date*

_____
_____
(Signature) *Date*

IT SHALL BE A DISCRIMINATORY OR UNFAIR HOUSING PRACTICE: For any person to REFUSE TO SHOW, SELL, TRANSFER, RENT, or LEASE, or REFUSE to RECEIVE and TRANSMIT any bona fide offer to buy, sell, rent, or lease, or OTHERWISE MAKE UNAVAILABLE or DENY or WITHHOLD FROM any person housing; or to discriminate in the TERMS, CONDITIONS, or PRIVILEGES pertaining to any housing. BECAUSE OF: DISABILITY, RACE, CREED, COLOR, SEX, SEXUAL ORIENTATION (including TRANSGENDER STATUS), RELIGION, MARITAL STATUS, FAMILIAL STATUS, NATIONAL ORIGIN or ANCESTRY, or SOURCE OF INCOME.