



Workforce Housing Rental Application

Gunnison County Workforce Housing is supplemented by Gunnison County to provide affordable housing to individuals and families working in the Gunnison Valley.

Instructions: Please read all questions carefully and fill in all blanks. If a particular question does not apply, please write n/a in the space.

Return the completed application, two most recent paystubs for all jobs, and a copy of ID for all household member 18 and over, to GCHA 307 N Wisconsin Street Gunnison or email it to GCHA-Housing@gunnisoncounty.org.

Please read the restrictions and recertification requirements prior to applying.

Qualifications and Restrictions

Workforce requirements:

At least 80% of income is made working for an employer whose business address is located within Gunnison County, whose business employs employees within Gunnison County, whose state business license denotes an address in Gunnison County, and/or the business taxes are paid in Gunnison County (if an employer is not physically based in Gunnison County)

Income restrictions:

Current income limits and rent are listed in the Workforce Housing Certification Policy attached.

Lease Terms

Lease terms are for 12 months, with automatic one-year extensions available for tenants in good standing.

Deposit and Move-in Costs

Move in costs consist of first month's rent and a security deposit equal to one month's rent. First month rent will be prorated if move in occurs after the first of the month. Half of the security deposit is required to hold the unit and the remaining half is due at move in along with any pet deposit.

Resident Responsibilities

Snow - Residents are responsible for snow removal on and around their unit, including the deck, walkway and driveway. Residents are also responsible for yard care for their unit (minimal) and for cleaning up after pets.

Pets – One pet is permitted per unit. An exception might be granted for two pets, written request is required. Prior to move-in, pets must be registered on PetScreening.com with all required vaccination documentation current, and an additional \$300.00 pet deposit per pet must be paid in full prior to move-in. Please request PetScreening.com registration information from GVRHA.

No Smoking- All Workforce Housing is an entirely smoke-free property.



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|--------------------------|
| Do not write in this box |
| Date: _____ |
| Time: _____ |
| Staff Initials: _____ |

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Instructions: Please read all questions carefully and fill in all blanks. If a particular question does not apply, please write n/a in the space. Return completed application with two most recent paystubs for all jobs.

Applicants: Please list all adults (18 and over) residing in the unit

Head of Household

Full Legal Name: _____
Current Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email address: _____
Date of birth: _____ SSN _____
Driver's License Number: _____

Co-Applicant

Full Legal Name: _____
Current Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email address: _____
Date of birth: _____ SSN _____
Driver's License Number: _____

List all members under 18 that will be residing in the unit either full or part time:
Name and Date of birth:

Total number of household members: _____

Size of unit requested: ___ Studio ___ 1 bedroom ___ 2 bedroom ___ 3 bedroom

*Put a "1" on your first choice, a "2" on your second choice, and a "3" on your third choice if applicable

Rental History

Complete all sections for the last two places you have lived. If over 5 years, only one is required.

Current Address: _____

City, State Zip _____

Dates resided: From _____ To _____

Monthly Payment \$ _____

Landlord Name _____

Landlord Phone Number _____

Landlord Email Address _____

May we contact this landlord for reference? _____ Yes _____ No

Reason For Leaving:

Previous Address: _____

City, State Zip _____

Dates resided: From _____ To _____

Monthly Payment \$ _____

Landlord Name _____

Landlord Phone Number _____

Landlord Email Address _____

May we contact this landlord for reference? _____ Yes _____ No

Reason For Leaving:

Has any member of the household ever been evicted or otherwise removed from housing? ____ Yes ____ No. If yes, provide the following information:

Who? _____ When? _____

For what reason? _____

Do you have any pets, ESA or Service Animals? Yes _____ No _____

Answers to the following questions are optional. If you decline to answer, we may be unable to determine your eligibility for the housing program offered at this property.

Are you handicapped? Yes _____ No _____

Are you disabled? Yes _____ No _____

Income from Employment

List **all full-time and/or seasonal employment** for head of household, co-applicant and other household members age 18 or older, including the self-employed. This section is only for income from work. For Social Security or retirement income see below.:

Income 1:

Household member name _____

Place of Employment _____

Employer Address _____

Employer Phone # _____

Supervisor _____

Total Monthly Earnings _____ Start date _____

Income 2:

Household member name _____

Place of Employment _____

Employer Address _____

Employer Phone # _____

Supervisor _____

Total Monthly Earnings _____ Start date _____

Income 3:

Household member name _____

Place of Employment _____

Employer Address _____

Employer Phone # _____

Supervisor _____

Total Monthly Earnings _____ Start date _____

***Please attach copies of the 2 most recent paystubs for each income source listed above.
Applications will NOT be processed or accepted without this supporting documentation.**

Please include a second sheet if you have more income from employment.

Income from Other Sources

List non-employment income for all household members; this includes interest, dividends, income from rental property, social security, pensions, public assistance, SSI, unemployment compensation, alimony, child support, worker's compensation, disability compensation, the portion educational grants and scholarships allotted for subsistence and all other income.

***Please attach copies of the most recent statement for each income source listed below.**

Person Receiving Income_____

Source of Income_____

Total Annual Income_____ Monthly Amount_____

Person Receiving Income_____

Source of Income_____

Total Annual Income_____ Monthly Amount_____

Person Receiving Income_____

Source of Income-_____

Total Annual Income_____ Monthly Amount_____

Assets

List assets of all household members, including bank accounts (including checking and savings), stocks, bonds, credit union shares, land, and real estate owned.

***Please attach a copy of the most recent statement for each account listed below.**

Asset 1:

Household Member _____

Description of Asset (bank account, stocks, bonds, credit union shares, real estate or other)

Est. Current Value _____

Annual Income from Assets or Interest Rate _____

Asset 2:

Household Member _____

Description of Asset _____

Est. Current Value _____

Annual Income from Assets or Interest Rate _____

Asset 3:

Household Member _____

Description of Asset _____

Est. Current Value _____

Annual Income from Assets or Interest Rate _____

Asset 4:

Household Member _____

Description of Asset _____

Est. Current Value _____

Annual Income from Assets or Interest Rate _____

Please include a second sheet if you have more assets.

Asset 5:

Household Member _____

Description of Asset _____

Est. Current Value _____

Annual Income from Assets or Interest Rate _____

