



INCOME VERIFICATION & ELIGIBILITY FORM

RETURN TO:

OED - Business & Housing Services
201 W. Colfax Avenue - Dept. 204

Attn: Affordable Housing Coordinator
Denver, Colorado 80202

affordablehousing@denvergov.org

Phone: 720/913-1634

Fax: 720/913-1554

Thank you for your interest in Denver's Affordable Housing Program. In order to become eligible to purchase an affordable unit in Denver, you must submit a completed Income Verification & Eligibility Form. Each household member, over the age of 15 years, must submit the documents listed below, as applicable. Please be aware that a variety of information will be requested to assist in determining eligibility and that it may take up to ten business days to complete the review. If any information is omitted, missing or incomplete, the verification will not be reviewed until all information has been submitted. If you have any questions regarding this process, please contact the Affordable Housing Coordinator or visit our website at www.denvergov.org/oed.

- List name, address and price of unit you're interested in purchasing: _____
- Completed application, signed and dated by all applicants who will be living in the household (excluding children)
- Complete copies of the last TWO MONTHS of paycheck stubs for each employed household member age 15 years and older. The Work Number account information is NOT acceptable; nor is electronic print outs of checks. A complete copy of each paycheck must be provided.
- If self-employed, provide THREE YEARS of profit and loss statements.
- Verification of Employment form for each household member's employer. <http://www.denvergov.org> [Verification Form](#)
- If you are divorced, provide a copy of your executed divorce decree showing maintenance (alimony) and a copy of child support/custody orders if there are minor children. Your divorce must be finalized prior to purchasing an affordable unit.
- Complete copies of the last TWO MONTHS of **all** checking, savings and asset account statements. Asset accounts include stocks, bonds, money market accounts, individual retirement accounts, government bonds, etc. Only the interest and/or dividends from these accounts will be included with your annual gross income.
- Complete copies of the last TWO YEARS of FEDERAL income tax returns and corresponding W-2's, for each employed household member (age 15 years or older). If you do not have copies of your FEDERAL tax returns, please contact the IRS at 1-800-829-1040 and request such.
- If you have been divorced since you last filed federal income tax returns, please submit a copy of your executed divorce decree. Your divorce must be finalized prior to purchasing an affordable unit.
- Award letter(s) if receiving social security, pension, survivor, disability, TANF, etc.
- If receiving a financial gift from another person, provide gift letter including amount of gift, reason for the gift and when gift will be given.

There are a variety of resources available to homebuyers. The City and County of Denver partners with several non-profit organizations that offer FREE homeownership counseling classes. These classes include information on how to chose a real estate broker, how to prepare for homeownership, loan product information, what's involved in the closing process, how to care for your home, possible down payment assistance, etc. If you are interested in attending such a class, please contact any of the following providers:

<i>Brothers Redevelopment</i>	www.brothersredevelopment.org/	(303) 202-6340
<i>Del Norte Neighborhood Development</i>	www.delnortendc.org/	(303) 477-4774
<i>Colorado Housing Assistance</i>	coloradohousingassistance.org/	(303) 572-9445
<i>Colorado Housing & Finance Authority</i>	www.chfainfo.com/	(303) 297-2432
<i>NEWSED Community Development</i>	www.newsed.org/	(303) 534-8342
<i>Northeast Denver Housing Center</i>	www.nedenverhousing.org/	(303) 377-3334

1. Contact Information

Applicant

First Name:	_____	Last Name:	_____
Home Address:	_____	City, State & Zip Code:	_____
Home Telephone:	_____	E-Mail:	_____
Employer Name:	_____	Work Telephone:	_____
Employer Address:	_____	City, State & Zip Code:	_____
Position Title:	_____	Occupation:	_____

Co-Applicant

First Name:	_____	Last Name:	_____
Home Address:	_____	City, State & Zip Code:	_____
Home Telephone:	_____	E-Mail:	_____
Employer Name:	_____	Work Telephone:	_____
Employer Address:	_____	City, State & Zip Code:	_____
Position Title:	_____	Occupation:	_____

2. Broker Information *If you are currently working with a broker, please provide the below contact information.*

Company Name:	_____	Address:	_____
Broker Name:	_____	Telephone:	_____
E-Mail Address:	_____		

3. Lender Information *If you already secured a home loan, please provide the below contact information.*

Company Name:	_____	Address:	_____
Loan Officer Name:	_____	Telephone:	_____
E-Mail Address:	_____		

RELEASE: I hereby authorize the City of Denver to contact my realtor and/or lender regarding the purchase of an affordable housing unit. Conversely, I authorized my realtor and/or lender to contact the City of Denver regarding the purchase of an affordable housing unit.

Signature

4. Household Information Provide information for each household member who will be living in the home INCLUDING anyone who will be on the property title or lease, regardless of relationship.

Name (List Applicant First)	Relationship to Applicant	Age	Date of Birth (Month/Day/Year)		Days per year child resides with you	Employed
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Total Number of members in household: _____

5. Housing Composition Applicant Co-Applicant Applicant Co-Applicant

Do you currently own a home? Applicant Co-Applicant Are you a first-time homebuyer? Applicant Co-Applicant

How much do you have for down payment? Applicant Co-Applicant Where are the funds coming from Applicant Co-Applicant

6. Optional Information This information is requested for demographic and statistical purposes only. It is not used in determining your eligibility

Race: Black/African American White **Ethnicity:** Hispanic / Latino

Asian American Indian & Alaskan Native

Pacific Islander Other



EQUAL OPPORTUNITY: There will be no discrimination against an applicant on the basis of race, age, sex, marital status, sexual orientation, national origin, religion, handicap, or source of income. If you need special accommodations to enable you to apply for, or access to the Income Verification Process, please contact us at 720-913-1800.

7. Projected Annual Income For each household member (age 15 or over) who is receiving any of the following sources of income, please enter the requested information under the person's name. If an income type doesn't apply, skip it. Do not enter "NA" or textual information in any of the cells in this section.

Regular Income (yearly)	0	0	0	0	0		Total
Wages/ Salaries							\$0
Benefits/ Pensions							\$0
Public Assistance							\$0
Child Support or Alimony							\$0
Other Income							\$0
Total Anticipated Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Assets Note: The actual value of an asset is not used to determine income. Only interest or profit generated from the asset is considered as income. For each household member, enter asset information under the appropriate cells. If you own an asset that is not listed, provide the appropriate information in the "Other Assets" row at the bottom of this section.

a. Checking Account	0	0	0	0	0		Total
Account Balance							
(x) Interest Rate							
(=) Value of Checking Asset	\$0	\$0	\$0	\$0	\$0	\$0	\$0
b. Savings Account							
Account Balance							
(x) Interest Rate							
(=) Value of Savings Account	\$0	\$0	\$0	\$0	\$0	\$0	\$0
c. Certificates of Deposit							
Current Balance							
(-) Principal							
(=) Accrued Interest	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Profit From Real Estate							
Total Annual Receipts							
(-) Annual Mortgage Payment							
(=) Net Income							\$0

e. Business Operations							
Annual Revenues							
(-) Annual Expenditures							
Net Operating Income							\$0
f. Dividends							
Dividend Amount							
(x) Payments per Year							
(=) Total Value of Dividends	\$0	\$0	\$0	\$0	\$0	\$0	\$0
g. Other Assets							
List.....							\$0
List.....							\$0
List.....							\$0
Total Annual Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0

8. Certifications

I hereby certify that all the information provided and submitted in support of this application is true and correct as of the date set forth below my signature and that I will be disqualified if it is determined that any or all information provided is inaccurate or non-verifiable.

I hereby authorize the City and County of Denver, Business & Housing Services, or any other agency to which this information is provided on behalf of the City, to make any and all inquiries for the purpose of verifying the truthfulness and validity of the information provided.

I understand and agree that the City and County of Denver, Business & Housing Services, or any agency or authority it has designated to act on its behalf reserves the right to revise or revoke its eligibility determination based on any information received after a certification determination is made, including discovery of false information.

Signatures _____
Applicant Date Co-Applicant Date

REMINDERS:

-  **Do not schedule a closing until Income Verification has been provided by OED. If you have not been income verified by OED, a closing may not occur.**
-  **Obtain a copy of the prevailing Covenant and read thoroughly prior to purchase.**
-  **Visit our website at www.denvergov.org/oed for additional information on the Affordable Housing Program**
-  **Contact OED if you have any questions regarding the Covenant or the Affordable Housing Program.**

Thank you again for your interest in Denver's Affordable Housing Program!