

Date & Time Received by LC: Rec'd by:	_
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LC OWNERSHIP LOTTERY APPLICATION PACKET



Applicant Name(s)

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.

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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

FARIT-AP	PLICANT INFORMATION
Applicant Name (as it will appear on title):	Co-Applicant Name (as it will appear on title):
Social Security Number: Date of Birth:	Social Security Number: Date of Birth:
Phone:	Phone:
Email:	Email:
Marital Status: Married Separated	Marital Status: Married Separated
Unmarried (single, divorced, widowed)	Unmarried (single, divorced, widowed)
Dependents: #: Ages:	Dependents: #: Ages:
Present Physical Address:OwnRent	Present Physical Address:Own Rent
Yrs Mos	
Total House Payment/Rent: \$ Mailing Address:	Total House Payment/Rent: \$ Mailing Address:
Applicant Employer, Address, Phone #:	PLOYMENT INFORMATION Co-Applicant Employer, Address, Phone #:
Applicant Employer, Address, Phone #:	
Applicant Employer, Address, Phone #:	Co-Applicant Employer, Address, Phone #: Self Employed
Applicant Employer, Address, Phone #: Self Employed # Yrs	Co-Applicant Employer, Address, Phone #: Self Employed
Applicant Employer, Address, Phone #: Self Employed # Yrs Position	Co-Applicant Employer, Address, Phone #: Self Employed # Yrs Position
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
Applicant Employer, Address, Phone #: Self Employed # Yrs Position AND # weeks/year If employed in current position less than 2 years, or if more than	Co-Applicant Employer, Address, Phone #: Self Employed # Yrs Position # weeks/year AND # weeks/year
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 none current position, complete the following (attach separate sheet if necessary).
Applicant Employer, Address, Phone #: Self Employed # Yrs Position AND # weeks/year If employed in current position less than 2 years, or if more than Applicant Employer, Address, Phone #:	Co-Applicant Employer, Address, Phone #: Self Employed # Yrs Position AND # weeks/year none current position, complete the following (attach separate sheet if necessary) Co-Applicant Employer, Address, Phone #:
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		PART III—INCOM	ME INFORMAT	TION
Gross Monthly Income	Applicant	Co-Applicant	Total	
Primary Job Income	\$	\$	\$	
Overtime				EQUAL HOUSING
Bonuses				OPPORTUNITY
Commissions				
Dividents/Interest				
Retirement				
Net Rental Income				
Additional Jobs - total				
Other*				
Total	\$	\$	\$	a pitamanagaya
*Other income: describe a tance, unemployment, vet				annuities, retirement benefits, public assis-
A / Co-A		Description of Incom	ne Source	Monthly Gross Income
				\$
	P ₀			\$
				\$
		*		\$
				\$
TOTAL				\$

		PART	IV—ASSET INF	ORMATION			
Description of Asset A	/Co-A	Institution \	Where Held			Cash	Value
Checking						\$	
Checking						\$	
Savings						\$	
Savings		ь .				\$	
Certificates of Deposit						\$	
Stocks/Mutual Funds						\$	
Assessed Value of RE Owned						\$	
TOTAL	*					\$	
IRA/401k/Retirement						\$	
Net Value of Business Owned						\$	
Property Address	Pend Sale/	ling Type of Rental Propert		Gross Monthly Rental Income	Mortgage Payments	Taxes, Ins., HOA Expenses	Net Rental
			\$	\$	\$	\$	\$
		Totals	\$	\$	\$	\$	\$
Source of Funds for Down Po						\$	



Signature





Date

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/usY							
I/We are not a party to a lawsuit as defendant or plaintiff. Y							
Part or all of my/our down payment is borrowed.	Y	_N					
I/We will occupy the property as my/our primary residenceY							
 I/We have have not have an ownership interest in any other residential property during the past three years. It was my/our primary residence2nd 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.							

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.

Date

Signature

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







ACKNOWLEDGMENT OF DEED RESTRICTION

Applicant Na	ame(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.
	als above indicate that we are making these statements without coercion and as tand 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)	
(Signature)	

IT SHALL BE A DISCRIMINATORY OR UNFAIR HOUSING PRACTICE: For any person to REFUSE TO SHOW, SELL, TRANSFER, RENT, or LÉASE, 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.







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 <i>Housing</i> @ 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

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.







APPEALS REQUEST FORM

Email this form and all docs to:	Jackie Wneiinan	nousing@lakecountyco.gov
I/We,		are appealing
the outcome of: (Print Applicant Names)		
Initial Qualification to purc	chase housing or enter a	lottery
My/Our outcome of the lot	ttery proceedings held or	7.23.25
My/Our reason(s) for requesting this App	peal:	
ATTACH ALL SU	PPORTING DOCUMEN	TATION NOW!
Please contact the LCHA at 719.486.410 purchase process.	2 with any questions reg	arding this Appeal Request or the
(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.