



75 South Frontage Road West
Vail, Colorado 81657
vailgov.com

Housing Department
970.479.2150
970.471-9503

Town of Vail Community Employee Housing Lottery Details June 30, 2022 Property Resale Announced

Location 1 & 2: 2347 Upper Traverse Way Unit B, Chamonix Vail Community
4061 Bighorn Road, #12L, Pitkin Creek Park

Open Houses: Thursday, July 7, 2022 from 4:00PM-6:00PM
Wednesday, July 13, 2022 from 12:00PM-2:00PM

Applications Due: THURSDAY JULY 14, 2022 AT 3:00PM

Upload complete application and supporting documentation using the link below

<https://vail.sharefile.com/r-re5421371cc354ebf804195518bc0209e>

NOTE: Ensure all supporting documentation/records verify dates you lived and worked in Vail. Not providing proper records could reduce the number of qualifying tickets.

For questions, schedule a 30 minute appointment with a Town of Vail Housing staff.

Thursday, July 7 between 10:00AM – 12:30PM
Tuesday, July 12 between 12:00PM – 2:00PM

Lottery Drawing: Friday, July 22, 2022 at 10 a.m. in the Town of Vail Council Chambers
There will be separate lotteries held for each property, starting with 2347 Upper Traverse Way Unit B followed by 4061 Bighorn Road, #12L.
Applicants are welcome to attend but not required.



Town of Vail Resale Lottery Application Form

Please check the box or boxes for the property(s) you are applying:

2347 Upper Traverse Way Unit B

4061 Bighorn Road, #12L

Application Due: Thursday, July 14, 3PM

Lottery Drawing: Friday, July 22, 2022 AT 10AM

UPLOAD YOUR APPLICATION AND SUPPORTING DOCUMENTS TO
<https://vail.sharefile.com/r-re5421371cc354ebf804195518bc0209e>

Applying as a couple to own the property jointly? Complete the application in the person's name with the greatest verifiable longevity of employment and residency in Vail.

Applicant Name: _____
First Middle Last

Physical Address: _____
Address, Unit # City, State Zip

Mailing Address: _____
House # or PO Box City, State Zip

Phone Numbers: Home: _____ Cell: _____

Email Address: _____

Employment Position Held: _____
Business Name Job Title

A. Eligibility (CONFIRM BY INITIALING NEXT TO EACH ITEM)

1. I am a **Qualified Buyer** as defined in the Housing Guidelines.
2. I have attached proof of **current residency**.
3. I have attached a legible copy of my current **driver's license or government issued ID card**.
4. I have secured a **mortgage prequalification** and have attached a letter from a lender stating the maximum mortgage for which I am qualified and have ensured my lender understands the deed restriction.
5. I have attached a current copy of my **Homebuyer Class** certification

OR

I agree to take the Homebuyer class within six months of the resale lottery drawing date.

6. **I will use the residence as my primary home** and maintain it as my primary residence in the future.
7. I do not currently **own or have an ownership interest in any improved residential property in Eagle County**
8. None of my immediate family members, including but not limited to spouse and children less than 18 years of age, currently **own or have an ownership interest in any improved residential property in Eagle County?**

If I own Eagle County residential property:

I understand that if I am selected to purchase a home, I intend to sell my existing residential property in Eagle County

OR

_____ I intend to apply for Town of Vail approval to deed restrict my existing residential property located in Eagle County. I understand that if accepted, the deed restriction will not be purchased by the Town.

8. _____ I am **currently working a minimum average of 30 hours per week** and provided details under Section C Employment and attached legible copies of my two most recent pay stubs.
9. _____ I have signed and attached employer verification form allowing the Town to discuss employment details with my employer.
10. _____ I have attached legible, complete copies of my most recent filed Federal tax returns. **(Please provide past 2 year complete tax returns)**
- _____ I have executed and attached Internal Revenue Service Form 8821 or equivalent.

B. Offer Price

I understand that this application serves as my application for 2347 Upper Traverse Way Unit B **-OR-** 4061 Bighorn Road, #12L **-OR- BOTH** Properties.

I understand that I will need to complete a Bid Sheet to serve as my offer and that if I am applying for both lotteries, I need to complete (2) two Bid Sheets. **By completing this application, it does not enter me into (2) lotteries unless specified through (2) two Bid Sheets prior to the application deadline.**

If I were to be the winner of both lotteries, I will be notified and have the **option to choose my fist choice.**

C. Employment

Begin with the most recent. Below, list each job you have had in Eagle County only. Include the name of the business, the street location and town where you worked, the duration of employment (i.e., 11/93 to 3/96), and the total number of years and months employed at that location. **You must provide documented proof of employment for each year worked.** If your employer has several business locations in the County and for example, you worked at different locations for different seasons, list each physical location at which you worked separately.

Describe the documentation you have attached for each time period and location. Do not put phone numbers on the documentation lines. We will not verify any employment without documentation. If affidavits are used, they must be notarized by the landlord or employer. If you are applying as a couple to jointly own the property, provide the *employment history of the one person* whose record is the longest.

	Business Name w/ physical address	Job Title	Employed from:	Total years & months	Examples of Documentation to provide: (W2, tax return, pay stub, affidavit)
1.	_____	_____	___/___ to ___/___	___ years ___ months	_____
	_____	_____			_____

2.	_____	_____	___/___ to ___/___	___ years ___ months	_____
	_____	_____			_____

Add additional pages if necessary

D. Residency

Below, list each location you have lived within Eagle County. Begin with the most recent. Include the physical location (street address and town), the length of residency (i.e., 11/93 to 3/96), and the total number of years and months lived at that location. **You must provide documented proof of residency for each year.** Describe the documentation you have attached for each time period and location. Do not put phone numbers on the documentation lines - we will not verify any residency without documentation. If affidavits are used, they must be notarized. If you are applying as a couple to jointly own the property, provide the residency history of the *one person* whose record is the longest.

	Residence address w/ physical address including unit #, City, ST	Length of Residence MM / YY to MM / YY	Total # years & months	Examples of Documentation to provide: (lease, utility bill, cancelled check, affidavit)
1.	_____	___/___ to ___/___	___ years ___ months	_____
	_____			_____
2.	_____	___/___ to ___/___	___ years ___ months	_____
	_____			_____

Add additional pages if necessary

E. Certification

This application must be completed in its entirety, all claims and documentation must be accurate and verifiable. You will only receive lottery tickets based on verified information.

___ I affirm that the information provided is true, complete and accurate as of this ___ day of _____, 20__.

___ I understand that any inaccuracy or incomplete statement may disqualify me from eligibility for purchase of a home.

___ I understand that this application in its entirety will become the property of the Town of Vail.

___ I also understand that the deadline for submitting these materials is **3:00 PM on July 14, 2022.**

___ I have reviewed a copy of the Deed Restriction Agreement and Vail Employee Housing Guidelines and, if selected to purchase a home, I agree to adhere to these policies.

The copies of the Guidelines that I have reviewed are dated _____.

The mortgage lender pre-qualification letter that I have submitted from _____ is an accurate reflection of my financial status. The maximum sales price for a home that I am qualified to purchase is \$_____.

I am also aware that this mortgage lender prequalification letter is only valid for ___ days or until _____. After this time, I/we will supply a more current letter from my/our lender.

___ I understand the lottery will be held on **Friday, July 22, 2022 at 10 a.m. in the Town of Vail Council Chambers**

___ I understand we do not have to be present.

___ I understand that I will have **three (3) business days** to decide whether to purchase the home.

___ I will have the ability to put **3% of the purchase price down** as earnest money at the time of signing the contract.

___ **I understand that the Town of Vail will not be responsible for contacting me if I am out of town.**

Applicant Signature

Print Name

Date

Tax Information Authorization

▶ Go to www.irs.gov/Form8821 for instructions and the latest information.
 ▶ Don't sign this form unless all applicable lines have been completed.
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165
For IRS Use Only
Received by: _____
Name _____
Telephone _____
Function _____
Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 6.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached**

Name and address Missy Johnson Town of Vail 75 S. Frontage Rd. W., Vail, CO 81657 Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. _____ PTIN _____ Telephone No. 970-479-2150 Fax No. 970-479-2157 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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Name and address Martha Anderson Town of Vail 75 S. Frontage Rd. W., Vail, CO 81657 Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. _____ PTIN _____ Telephone No. (970) 471-9503 Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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3 Tax information. Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Income and Real Estate Ownership			3. a,b,c,g,h,i,l

4 Specific use not recorded on the Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5

5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain
 To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature	Date
Print Name	Title (if applicable)



Employment Verification Authorization

I, _____ authorize the Town of Vail to
applicant name
discuss my employment details with _____.
company/employer

Company contact phone number: _____

Company contact name and email: _____

Dated: _____

By: _____
applicant signature

Print Name: _____