Enclosed you will find the Anthracite Place Apartments rental application. Once we receive your application and supporting documents, we will begin the review process and notify you of any other items we will need. If a unit is not available at this time, you will be added to the waitlist.

Below are instructions for you as you begin the full application process:

1.   ALL individuals over the age of 18 within your household MUST complete a separate application and all supporting documentation.

2.   Please use blue or black ink.

3.   **Do not leave any section(s) blank. If a section does not apply to your household enter "N/A," do not leave any section blank**.

4.   If you need to make a correction draw one line through the incorrect information, then print the correct information above and initial the change. **Do not use white- out or correction tape on this application.**

5.   It is important that all information on all forms be legible, complete and correct. False or misleading information will cause your household's application to be rejected.

6.   Applications are processed in order of date and time the underlined completed application is received by GVRHA staff.

7.   Please be sure to submit a copy of a state issued photo ID or passport with your application. You must be a citizen of the US to apply.

8.   Income:
If you are currently employed: (you received a W-2 for taxes) please include copies of your most recent 2 paycheck stubs from any and all employers.

If you are self employed: Include your last tax return including all pages and the Schedule C, a business summary, and a current year Profit and Loss statement to date.

9.   Complete the Resident Statement of Assets form. All assets will be verified at a later date.

11.   If you receive SSI or SSDI, please include a copy of all pages of your award letter.

12.   When a unit becomes available, we will reach out to verify the information provided on the application and an application fee of $50 will be due then.

Please be very thorough when going through the enclosed application packet. Management will contact you if there is any missing information and you will be given the opportunity to submit it.

Anthracite Place Apartments
513 Belleview Ave Crested Butte

Anthracite Place Apartments - Frequently Asked Questions

What does LIHTC stand for, and what does it mean? Low Income Housing Tax Credit (LIHTC) is a dollar-for-dollar tax credit in the United States for affordable housing investments. It was created under the Tax Reform Act of 1986 that provides incentives for the utilization of private equity (in the form of tax credits to an investor) in the development of affordable housing aimed at low-income Americans.

How big is Anthracite Place Apartments? Anthracite Place is a 30-unit complex with 6 two-bedroom apartments and 24 one-bedroom apartments. Apartments range in size from approximately 550 sq ft to 785 sq ft.

What income limits make a person eligible to move into Anthracite Place? Anthracite Place has apartments earmarked for applicants who make under 50% of Area Median Income (AMI), and some units earmarked for applicants who make under 60% of income.

What are the current 2025 AMI Levels for Gunnison County?

1 person household	50%	$39,350	60%	$47,220
2 person household	50%	$45,000	60%	$54,000
3 person household	50%	$50,600	60%	$60,720
4 person household	50%	$56,250	60%	$67,500

Gunnison County
Housing Authority

EQUAL HOUSING
OPPORTUNITY

What will my rental rate be? Rent amounts at Anthracite Place Apartments are based on calculations from HUD. Below are the current rental rates, but they are subject to change when the 2025 AMI levels are published by HUD.

50% Units		60% Units	
1 bdrm	$1013	1 bdrm	$1224
2 bdrm	$1215	2 bdrm	$1468

Are pets allowed? No, Anthracite Place Apartments will not allow pets of any type (dog, cat, rabbit, fish, reptiles, etc.). Licensed service animals or certified companion pets are allowed as per Federal Regulations.

What are the move-in costs and when are they due? Each applicant will be required to pay a security deposit equal to one month's rent prior to move in and rent for the first month at move in. First month's rent will be pro-rated according to the move-in date.

What utilities are the tenant's responsibility? Tenants will be responsible for their electric service, telephone service, internet service, and cable service. Water, sewer, heat, hot water, and trash service will be included in the tenant's rent.

How many parking spaces are designated for each unit? Parking at Anthracite Place is by permit only. Each resident with a vehicle must register their vehicle with the GVRHA. No unit will be allowed more than two vehicles. If a resident has an overnight guest who parks their vehicle in the AP parking lot, the resident must notify management prior to guest parking on AP property. Any vehicles that are in the parking lot and management has not been notified and provided its approval will be towed at the owner's expense. Bike racks are provided on the property.

What are some of the apartment's in-unit amenities? The entire building has boiler driven in-floor heating, and each unit will also be provided with a stack washer/dryer, cooking range and refrigerator. Units are designed to be highly energy-efficient as per Enterprise Green standards.

Gunnison County Housing Authority

EQUAL HOUSING OPPORTUNITY

move-in application

Tax Credit Program Compliance

Head of Household Name			
Head of Household Address			
City		State	Zip Code
Phone Number		Email	

The information on this form is needed to certify your household. Please complete this **entire** form and **leave no blanks**. If there are any questions that you do not understand, please call the apartment manager. Thank you for your cooperation.

part 1   household composition

hh mbr	full name	relationship to head of household (hoh)	date of birth	social security number
1		HoH		
2				
3				
4				
5				
6				

Do you expect any additions to the household within the next 12 months? (check one) If yes, please explain: ☐ Yes   ☐ No

part 2   current/previous residency

current address [provide previous address(es) if less than two years]	dates of residency	rent or own?	monthly payment	landlord/mortgage company name
	from: to:			
	from: to:			
	from: to:			
	from: to:			

part 3   household income

does your household have income, assistance, or benefits from the sources listed below?		monthly income/assistance amount	hh mbr #
☐ Yes ☐ No	Self employment *(list nature of self employment)*	*(use* **net income** *from business)* $	
☐ Yes ☐ No	Employment with a third-party receiving wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation. *If yes, list the information in Part 4 below.*		
☐ Yes ☐ No	Unemployment benefits	$	
☐ Yes ☐ No	Veteran's Administration, GI Bill, or National Guard/ military benefits/income	$	
☐ Yes ☐ No	Educational assistance (for full- and part-time students)	$	
☐ Yes ☐ No	Retirement benefits from Social Security	$	
☐ Yes ☐ No	Supplemental Security Income (SSI) or Social Security Disability Income (SSDI)	$	
☐ Yes ☐ No	**Unearned** income from family members age 17 or under (example: Social Security, trust fund disbursements, etc.)	$	
☐ Yes ☐ No	Disability or death benefits other than Social Security	$	
☐ Yes ☐ No	Public housing assistance/Rental assistance/Section 8 voucher. Housing authority providing the assistance:	$	
☐ Yes ☐ No	I/we receive public assistance income (example: TANF, OAP, and AND)	$	
☐ Yes ☐ No	Child support payments. If yes, for how many children do you receive support?	$	
☐ Yes ☐ No	Alimony/spousal support payments	$	
☐ Yes ☐ No	Periodic payments from trusts, annuities, inheritance, retirement funds or pensions. If yes, list sources: 1. 2.	 $ $	
☐ Yes ☐ No	Income from real or personal property	*(use* **net earned income***)* $	

does your household have income, assistance, or benefits from the sources listed below?	monthly income/assistance amount	hh mbr #
☐ Yes ☐ No Do your family, friends, or any other person or organization outside of your household help you meet needs by giving you cash assistance? If yes, who provides the cash assistance? What is the average cash amount you receive?	How often do you receive the cash assistance? ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other: $	
☐ Yes ☐ No Do your family, friends, or any other person or organization outside of your household help you pay a bill or expense, such as for utilities, car, gas, insurance, bus pass, telephone, cable/internet, diapers, etc.? If yes, who helps you pay the bills or expenses? What is the average amount of assistance you receive?	How often do you receive the cash assistance? ☐ Weekly ☐ Monthly ☐ Yearly ☐ Other: $	

part 4   current employment information

(please attach a separate form for additional employment, if needed)

Resident Name	Occupation/Title	
Employer Name	Contact Person	
Employer Address		
City	State	Zip Code
Date Hired	Salary/Rate of Pay $	☐ 2 times a month ☐ Weekly ☐ Monthly ☐ Biweekly ☐ Hourly ☐ Annually	Number of Hours Worked per Week	Work Phone	Work Fax

Resident Name	Occupation/Title	
Employer Name	Contact Person	
Employer Address		
City	State	Zip Code
Date Hired	Salary/Rate of Pay $	☐ 2 times a month ☐ Weekly ☐ Monthly ☐ Biweekly ☐ Hourly ☐ Annually	Number of Hours Worked per Week	Work Phone	Work Fax

3

Resident Name		Occupation/Title		
Employer Name		Contact Person		
Employer Address				
City			State	Zip Code
Date Hired	Salary/Rate of Pay $	☐ 2 times a month ☐ Weekly ☐ Monthly ☐ Biweekly ☐ Hourly ☐ Annually	Number of Hours Worked per Week	Work Phone	Work Fax

part 5   previous employment information

(not required for retired persons)

Resident Name		Occupation/Title		
Employer Name		Contact Person		
Employer Address				
City			State	Zip Code
Date Hired	Ending Salary/Rate of Pay $	☐ 2 times a month ☐ Weekly ☐ Monthly ☐ Biweekly ☐ Hourly ☐ Annually	Terminate Date	Work Phone	Work Fax

Resident Name		Occupation/Title		
Employer Name		Contact Person		
Employer Address				
City			State	Zip Code
Date Hired	Ending Salary/Rate of Pay $	☐ 2 times a month ☐ Weekly ☐ Monthly ☐ Biweekly ☐ Hourly ☐ Annually	Terminate Date	Work Phone	Work Fax

part 6 student status certification

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

	Please choose **one** option below that best describes your **household.**
☐	The household contains **at least one occupant who is not a student** and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). List non-student here:
☐	The household contains **all students**, but is qualified because at least one occupant is a **part-time** student. Verification of part-time student status is required. List part-time student here:
☐	The household contains **all students who were, are, or will be full-time** for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **If yes, you must answer all five questions below.**

	yes	no
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)f	☐	☐
Is at least one student a single parent with child(ren), **and** this parent is not a dependent of someone else, **and** the child(ren) is/are not dependent(s) of someone other than the parent(s)?	☐	☐
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	☐	☐
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)	☐	☐
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	☐	☐

part 7 household asset information

	non-necessary personal property	hh mbr #	cash value	interest rate	annual income
☐Yes ☐No	RVs, ATVs, boats, antique cars, stamp collections, etc.				
	1. Description:		$		$
	2. Description:		$		$
☐Yes ☐No	Cash on hand.		$		$
☐Yes ☐No	Checking account(s). If yes, list **bank names and account number(s).**				
	1. Account number:		$	%	$
	2. Account number:		$	%	$
☐Yes ☐No	Savings account(s). If yes, list **bank names and account number(s).**				
	1. Account number:		$	%	$
	2. Account number:		$	%	$

		non-necessary personal property	hh mbr #	cash value	interest rate	annual income
☐ Yes	☐ No	Debit card(s). If yes, list **last 4 numbers of the card(s).** (not linked to an account that is listed above).				
		1. Last 4 numbers on card:		$		
		2. Last 4 numbers on card:		$		
☐ Yes	☐ No	Internet-based assets (Cash app, Venmo, PayPal, Apple Pay, etc.).		$	%	$
☐ Yes	☐ No	Brokerage account(s). If yes, list **bank names(s) and account number(s).**				
		1. Account number:		$	%	$
		2. Account number:		$	%	$
☐ Yes	☐ No	Capital investments.		$	%	$
☐ Yes	☐ No	Annuities. If yes, list **bank name(s) and account number(s).**				
		1. Account number:		$	%	$
		2. Account number:		$	%	$
☐ Yes	☐ No	Money market. If yes, list **bank name(s) and account number(s).**				
		1. Account number:		$	%	$
		2. Account number:		$	%	$
☐ Yes	☐ No	Life insurance (do not include term life). If yes, list **company.**				
		1.		$	%	$
		2.		$	%	$
☐ Yes	☐ No	Cryptocurrency (Ethereum, Tether, Bitcoin, etc.)		$	%	$
☐ Yes	☐ No	Stocks/Bonds. If yes, list **company** where held.				
		1.		$	%	$
		2.		$	%	$
☐ Yes	☐ No	Certificate of Deposit. If yes, list **bank name(s) and account number(s).**				
		1. Account number:		$	%	$
		2. Account number:		$	%	$
☐ Yes	☐ No	Trust funds that are under control of the household. If yes, list **bank name(s) and account number(s).**				
		1. Account number:		$	%	$
		2. Account number:		$	%	$
☐ Yes	☐ No	Lump Sum amounts (lottery/inheritance, etc).				
		1. Description:		$	%	$
		2. Description:		$	%	$
☐ Yes	☐ No	Safety Deposit Box and its contents.		$		
☐ Yes	☐ No	Other				
		1. Description:		$	%	$
		2. Description:		$	%	$

non-necessary personal property	hh mbr #	cash value	interest rate	annual income
☐ Yes ☐ No I/we have disposed of assets (i.e., gave away money/assets) for less than the fair market value in the past two years. If yes, list items and date disposed.				
1. Item and date disposed		$	%	$
2. Item and date disposed		$	%	$
[A] Total cash value of non-necessary personal property:		$	**[B] Total Income:**	$

Important Note: If the above total value [A] is equal to or less than the current threshold, it is not added into the Total Net Assets Section [F] below. However, total income from non-necessary personal property is added to total asset income [G] below.

real property	hh mbr #	cash value	interest rate	annual income
☐ Yes ☐ No Description of property				
1.		$		$
2.		$		$
[C] Total real property value:		$	**[D] Total income from real property:**	$

Total Net Assets and Income

	cash value	
[E] Tax Return: Have you received a tax refund in the last 12 months? ☐ No ☐ Yes Value of return/credit	$	**Subtract tax return/ credit (if any) from total net assets. See formula for [F]**
[F] Total Net Assets: (Total real property [C] plus non-necessary personal property [A] if [A] exceeds the current threshold minus [E] tax return/refundable credit	$	**[G] Total Asset Income:** [B] + [D] $

If forms are completed electronically, one of the following boxes must be checked:

☐ **This form was completed electronically by the resident.**

☐ **Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).**

signatures

Under penalties of perjury, I certify that the information presented on this form is true and accurate to the best of my/our knowledge. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information will result in the denial of application or termination of the lease agreement.

Print Name of Applicant	Signature	Date

Print Name of Applicant	Signature	Date

Print Name of Other Applicant	Signature	Date

Print Name of Other Applicant	Signature	Date

Reviewed by (Signature of Owner/Representative)	Date

All household members ages 18 or over must sign and date.

certification of student status

Head of Household Name	Unit Number

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

please choose **one** option below that best describes your **household**

☐ The household contains **at least one occupant who is not a student** and has not been and will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive).

List non-student here:

☐ The household contains **all students**, but is qualified because at least one occupant is a **part time** student. Verification of part time student status is required.

List part-time student here:

☐ The household contains **all students who were, are, or will be full time** for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). **If yes, you must answer all five questions below.**

	yes	no
Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)	☐	☐
Is at least one student a single parent with child(ren), *and* this parent is not a dependent of someone else, *and* the child(ren) is/are not dependent(s) of someone other than the parent(s)?	☐	☐
Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	☐	☐
Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws? (attach verification of participation)	☐	☐
Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	☐	☐

If forms are completed electronically, one of the following boxes must be checked:

☐ **This form was completed electronically by the resident.**

☐ **Management or someone outside of the household assisted with completing the form electronically (Authorization to Assist is attached).**

signatures

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement. This form must be signed by each household member age 18 and older.

Resident Signature   Date

Resident Signature   Date

Resident Signature   Date

Resident Signature   Date   02/22.v7

asset certification

Instructions: Please complete both Sections 1 and 2. Complete **one** form per household. Include any assets you own or co-own and assets of children. Exclude assets held by foster children, foster adults, or live-in aides. Do not leave any blanks. Use N/A if a box is not applicable.

Head of Household	Unit Number

section 1   please choose one of the following

☐   I/We do not have any assets at this time. If checked, skip to Section 2 below.

☐   I/We have assets. My/our assets are listed below.

* Cash value is defined as market value less the cost of converting the asset to cash. Costs may include broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

Non-necessary Personal Property

Type of Asset	Cash Value*	Interest Rate (if applicable)	Annual Income	Type of Asset	Cash Value*	Interest Rate (if applicable)	Annual Income
Non-necessary personal property (non-account assets such as RVs, ATVs, boats, antique cars, stamp collections, etc.)				**Annuities** current balance	$	%	$
Description	$	%	$	**Money market** current balance	$	%	$
Description	$	%	$	**Life Insurance** current cash value (not term life)	$	%	$
Cash on hand	$	%	$	**Cryptocurrency** (Ethereum, Tether, Bitcoin, etc.)	$	%	$
Checking current balance	$	%	$	**Stocks/Bonds** current balance	$	%	$
Savings current balance	$	%	$	**Certificate of Deposit** current balance	$	%	$
Debit cards (not linked to an account that is listed above)	$	%	$	**Trust funds** current balance, if under control of household	$	%	$
Internet-based assets current balance (Cash App, Venmo, PayPal, ApplePay, etc.)	$	%	$	**Lump sum amounts** received not listed in above accounts (lottery/inheritance, etc)	$	%	$
Brokerage accounts current balance	$	%	$	**Safety deposit box** and its contents	$	%	$
Capital investments	$	%	$	**Other|Description**	$	%	
[A] Total cash value of non-necessary personal property:					$	**[B] Total Income:**	$

Important Note: If the above total value [A] is equal to or less than the current threshold, it is not added into the Total Net Assets Section [F] below. However, total income from non-necessary personal property is added to total asset income [G] below.

1

Real Property

Description of Property	Cash Value		Income
	$		$
	$		$
[C] Total real property value:	$	**[D] Total income from real property:**	$

Total Net Assest and Income

[E] Tax Return: Have you received a tax refund in the last 12 months? ☐ No ☐ Yes ──────────────▶ Value of return/credit	$	Subtract tax return/credit (if any) from total net assets. See formula for [F]	
[F] Total Net Assets: Total real property [C] plus non-necessary personal property [A] if [A] exceeds the current threshold minus [E] tax return/refundable credit	$	**[G] Total Asset Income:** [B] + [D]	$

section 2   you must choose one of the following

☐   I/We have not sold or given away assets (including cash, real estate, etc.) for less than the fair market value during the past two years.

☐   Within the past two years, I/we have sold or given away assets (including cash, real estate, etc.) for less than their Fair Market Value (FMV). Date of disposal _____. These assets are included above and are equal to a total of $_____ (the value to include for each asset equals the difference between FMV and the amount actually received for the asset).

If forms are completed electronically, one of the following boxes must be checked:

☐   **This form was completed electronically by the resident.**

☐   **Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).**

signature

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Applicant/Resident Signature	Printed Name	Date

Applicant/Resident Signature	Printed Name	Date

Applicant/Resident Signature	Printed Name	Date

Applicant/Resident Signature	Printed Name	Date