



**GUNNISON COUNTY, COLORADO  
2023 WORKFORCE HOUSING LINKAGE FEE  
EXEMPTION APPLICATION**

**GUNNISON COUNTY COMMUNITY DEVELOPMENT DEPARTMENT  
PLANNING OFFICE  
221 N. WISCONSIN ST, STE D., GUNNISON, CO 81230  
TELEPHONE: 970-641-0360**

DATE RECEIVED BY COMMUNITY DEVELOPMENT DEPARTMENT : \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant Information**

Full Name:			
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:			
	<i>Mailing Address</i>		<i>Apartment/Unit #</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Home Phone:	(    )	Alternate Phone:	(    )
E-mail Address:			
Marital Status:			
Spouse's Name:			
Spouse's Phone:	(    )		

**Permit Information**

Building Permit Application Number:		
Legal/ Physical Address:		
	<b><u>OCCUPANT'S FULL NAME</u></b>	<b><u>RELATIONSHIP</u></b>
Occupant #1:		
Occupant #2:		
Occupant #3:		
Occupant #4		
Occupant #5		

**INCOME REVIEW SECTION**  
**PLEASE ATTACH TAX RETURNS FOR THE FOLLOWING YEARS**  
 2024 Income Tax Filing Information

<b>Primary Tax Payer Profile</b>		<b>Income Reported:</b>		
<i>Last</i>		<i>First</i>		<i>M.I.</i>
<i>Address on Return (City, State , Zip)</i>			<b>Tax ID or Social Security#</b>	
Primary Phone:	( )	Alternate Phone:	( )	
<b>Secondary Tax Payer Profile</b>		<b>Income Reported:</b>		
<i>Last</i>		<i>First</i>		<i>M.I.</i>
<i>Address on Return (City, State , Zip)</i>			<b>Tax ID or Social Security#</b>	
Primary Phone:	( )	Alternate Phone:	( )	

**2023 Income Tax Filing Information**

<b>Primary Tax Payer Profile</b>		<b>Income Reported:</b>		
<i>Last</i>		<i>First</i>		<i>M.I.</i>
<i>Address on Return (City, State , Zip)</i>			<b>Tax ID or Social Security#</b>	
Primary Phone:	( )	Alternate Phone:	( )	
<b>Secondary Tax Payer Profile</b>		<b>Income Reported:</b>		
<i>Last</i>		<i>First</i>		<i>M.I.</i>
<i>Address on Return (City, State , Zip)</i>			<b>Tax ID or Social Security#</b>	
Primary Phone:	( )	Alternate Phone:	( )	

**2022 Income Tax Filing Information**

<b>Primary Tax Payer Profile</b>		<b>Income Reported:</b>		
<i>Last</i>		<i>First</i>		<i>M.I.</i>
<i>Address on Return (City, State , Zip)</i>			<b>Tax ID or Social Security#</b>	
Primary Phone:	( )	Alternate Phone:	( )	
<b>Secondary Tax Payer Profile</b>		<b>Income Reported:</b>		
<i>Last</i>		<i>First</i>		<i>M.I.</i>
<i>Address on Return (City, State , Zip)</i>			<b>Tax ID or Social Security#</b>	
Primary Phone:	( )	Alternate Phone:	( )	

## Residency Documentation

To document that you are a resident(s) of Gunnison County, please provide as many of the following documents that identify your physical address, as possible:

- a. Employment address
- b. Utility Bills
- c. Driver's License and car registration address
- d. Bank or financial institution address
- e. Voter registration card

**Privacy Act Notice:** This information will be solely used by the Department in determining whether you qualify for an exemption under the **Workforce Housing Linkage Fee (Board of County Commissioners Resolutions No. 2006-44, No. 2011-49, No. 2012-09)** It will not be disclosed outside this Department except if required and permitted by law.

I/We hereby certify that all of the information submitted is true and complete. I/We made no misrepresentations in the application or other documents, not did I/We omit any pertinent information:

\_\_\_\_\_  
Signature of Applicant/Primary Tax Payer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Secondary Tax Payer

\_\_\_\_\_  
Date

### For Internal Use Only

<b>Received By:</b>	<b>Date:</b>	
<b>Approved/Denied By:</b>	<b>Date:</b>	
<b>Comments:</b>		