



**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:		
	<u>OCCUPANT'S FULL NAME</u>	<u>RELATIONSHIP</u>
Occupant #1:		
Occupant #2:		
Occupant #3:		
Occupant #4		
Occupant #5		

INCOME REVIEW SECTION
PLEASE ATTACH TAX RETURNS FOR THE FOLLOWING YEARS
 2022 Income Tax Filing Information

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

2021 Income Tax Filing Information

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

2020 Income Tax Filing Information

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

Received By:	Date:	
Approved/Denied By:	Date:	
Comments:		