

**Town of Grand Lake**  
**Local Employee Residency Program (LERP)**  
**Prospective Purchase Affidavit**

By my signature below, I hereby verify the following:

1. I wish to submit my application to participate in the Town of Grand Lake Local Employee Residency Program.
2. I have been provided with a Prospective Purchaser Application for the Local Employee Residency Program, including an Application Form, General Information Sheet, Requirements and Guidelines, a copy of the Local Employee Residence Deed Restriction and a copy of the Fannie Mae or Freddie Mac program approval letter.
3. I have fully reviewed each of these documents, and I understand my rights and obligations as detailed therein.
4. I have had the opportunity to seek professional legal and/or financial advice regarding my rights and obligations with respect to the purchase of a deed-restricted unit in the Town of Grand Lake under the Local Employee Residency Program.
5. I am willing and able to comply with all residency and occupancy requirements, annual appreciation limits, permitted capital improvement limits, resale marketing procedures and resale price limitations for deed-restricted units in the Local Employee Residency Program.
6. I have personally met with a least one (1) mortgage lender, and provided him with all current, required and pertinent financial and employment information. I also have provided the Town of Grand Lake with a letter from a mortgage lender confirming my financial pre-qualification for the purchase of a residential unit in the Local Employee Residency Program.
7. I understand that at or prior to the time of purchase of a unit in the Local Employee Residency Program, additional information may be required by the Town of Grand Lake in order to remain eligible to participate in the Local Employee Residency Program.
8. All information I have provided to the Town of Grand Lake is true and accurate. I understand that in order to remain eligible to purchase a unit in the Local Employee Housing Program, the information I have provided to the Town of Grand Lake must also be true and accurate at the time I purchase the unit.
9. I understand that if it is determined that any or all information is inaccurate or not verifiable, I will be disqualified from the application process and notified of the reasons for such disqualification.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

