## Town of Grand Lake Local Employee Residency Program (LERP) Application Form

RETURN TO: Town of Grand Lake Local Employee Residency Program P.O. Box 99 Grand Lake, CO 80447 970-627-3435 970-627-9290 (F)

Please fully review the attached information, then complete this application form and return it with the following additional documents:

- 1. Proof of residency and/or employment in the Town of Grand Lake or Grand County. The applicant(s) must provide one (1) of either (a) or (b), and one (1) of (c), (d) or (e):
  - a. Copy of a current lease in your name for a property in the Town of Grand Lake or Grand County;
  - b. A current utility bill in your name for that property;
  - c. Last two (2) pay check stubs from your employer in the Town of Grand Lake or Grand County;
  - d. Income and Expense statement for the last twelve (12) months if you are selfemployed in the Town of Grand Lake or Grand County; or
  - e. Letter from an employer confirming your acceptance of an offer to be employed in the Town of Grand Lake or Grand County.
    - 1. This supersedes the requirement of providing either (a) or (b) above and stands alone as proof of future residency and/or employment.
- 2. Pre-approved Loan Letter from Lender
- 3. Prospective Purchaser Affidavit
- 4. Loan Authorization Form

## ALL INFORMATION IS CONFIDENTIAL

Please note that we cannot accept applications with incomplete documentation. If you have any questions, please contact the Town of Grand Lake at 970-627-3435. Staff is available to assist you with this program.

If you are applying individually, please fill out only the first column. If two (2) persons are applying for a single unit, please fill out one column for each. At least one (1) person must be fully qualified to purchase a Local Employee Residence. Be as thorough as possible. If you have any questions, please contact Town of Grand Lake Local Employee Residence Program at 970-627-3435.

I	
Name	
Mailing Address	
Street Address	
Home Phone	
Cell Phone	
Work Phone	
E-mail Address	
Current Employer	
Contact Name	
Contact Phone	
Date of Hire	
Full/Part/Seasonal Work	
Hours/week work	

Please confirm that all contact information, e-mail, and phone numbers are accurate.

Please indicate the LERP Unit(s) you are interested in purchasing: