



210 E. Hyman, Suite 202 • Aspen, CO 81611
970-920-5050 • www.apcha.org

Strengthening Community Through Workforce Housing

Custody Affidavit

Applicant(s) know and understand they are applying for a unit/property that is governed by the rules, regulations and guidelines of the Aspen Pitkin County Housing Authority (APCHA).

I, _____, certify that:

I have been made aware of the rules and regulations regarding the minimum occupancy requirements for approval to reside in deed restricted housing aka employee housing.

I understand and confirm that to be eligible to purchase a _____ bedroom unit, I must have possession of child/ren a minimum of 100 days per year.

I understand that if, at any time, APCHA finds that any deceptive or fraudulent statements have been made, I will be disqualified from this lottery and/or other lotteries and/or required to immediately sell the Property or Unit.

I understand there may be legal ramifications of committing fraud and perjury by signing this document and/or any other document in this application process that has false, incomplete or misleading information.

Please mark one:

- _____ I reside 100 miles or less from the primary residence of the child/ren.
- _____ I reside more than 100 miles from the primary residence of the child/ren.
- _____ I have full custody of the child/ren (enrollment documentation in local school is required).

I certify I have the child:

- | | |
|-------------------------------------|----------------------------|
| _____ Weekdays | _____ Weekends |
| _____ Alternative Weekends | _____ Spring Vacation |
| _____ Summer | _____ Christmas |
| _____ Thanksgiving | _____ Child's Birthday |
| _____ Father's Day Weekend | _____ Mother's Day Weekend |
| _____ Other (please clarify) _____. | |

I certify the information given above is true and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____

NOTARY SIGNATURE ON SECOND PAGE

Documentation must be provided. Either an Order of Allocation of Parental Responsibilities or a letter from an attorney or counselor will be required if the court order has not been issued.

Aspen Pitkin County Housing Authority



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STATE OF COLORADO

COUNTY OF PITKIN

Before me personally appeared _____ who acknowledged to me that he/she/they executed the foregoing instrument this _____ day of _____, 20__.

Notary Public

[NOTARY SEAL]

My Commission Expires:

Documentation must be provided. Either an Order of Allocation of Parental Responsibilities or a letter from an attorney or counselor will be required if the court order has not been issued.