



Strengthening Community Through Workforce Housing

LEAVE OF ABSENCE REQUEST

*Please complete this form and forward to your Homeowners' Association for approval.
Completed form must be returned to Aspen/Pitkin County Housing Authority (APCHA) at least 30 days prior to leaving.*

Name: _____

Address: _____

Email Address: _____

Day Phone: _____ **Evening/Cell Phone:** _____

Request Dates from: _____ **To:** _____

Reason for Request: _____

Commitment to return to the Aspen/Pitkin County area, please explain: _____

The **Aspen/Pitkin County Affordable Housing Guidelines** allow for a Leave of Absence for owners of up to six months for a qualified retiree or up to one year for owners who are able to show a bona fide reason for leaving and a commitment to return. All homeowners must have approval from their Homeowners' Association for a leave of absence.

Local Emergency Contact Information:

Name(s): _____

Day Phone: _____ **Evening/Cell Phone:** _____

Local Address: _____

With an **approved** Leave of Absence owner may rent the unit to a qualified employee(s)* for the amount of owner's monthly housing expenses: monthly mortgage payment, association fees, utilities, taxes (if not part of mortgage payment) plus \$50, or the allowable maximum rent listed in the Guidelines for the size and category of your home, whichever is greater. If an Owner requests the leave after the fact or requests a second leave of absence (not a qualified retiree), no appreciation will be allowed for the second year.

Please list MONTHLY home expenses (provide copies of bills unless using amount stated in Guidelines):

Mortgage Payment(s):	\$ _____
Property taxes (if not included in mortgage payment):	\$ _____
Insurance (if not include in HOA dues or mortgage payment):	\$ _____
Monthly Association Fees:	\$ _____
Monthly Average Utilities:	\$ _____
Additional Costs (describe):	\$ _____
Plus	\$ 50.00 _____
TOTAL	\$ _____

Prorated by number of bedrooms if entire home not rented: \$ _____

OR

Amount stated in Guidelines (prorated by number of bedrooms, if necessary): \$ _____

I (We) hereby verify that all information provided is accurate and true:

Signature of Owner

Date

Signature of Owner

Date

*Employees must complete the Qualification Packet and be approved by APCHA prior to occupancy.

HOA PLEASE SIGN AND RETURN TO APCHA, 18 Truscott Place, Aspen, CO 81611

Approved: _____ YES _____ NO

Signature of Authorized Representative

Date

Comments: _____



Strengthening Community Through Workforce Housing

**AGREEMENT BETWEEN TENANT AND OWNER
(This is not a lease)**

I, _____ Owner of _____
(hereinafter Property), agree to rent to _____ (Tenant) for an amount of
\$ _____ per month.

As Tenant, I understand that I have leased a deed-restricted property and am bound by the Aspen/Pitkin County Housing Authority Guidelines, the HOA Rules and Regulations. I understand that I do not have a right or priority to purchase said property if the property comes up for sale upon the end of the Owner's leave of absence and I do not have the right to an appeal.

I (We) hereby verify that all information provided is accurate and true:

Signature of Owner

Date

Signature of Tenant

Date