

**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 self-employed 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.

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:
