



City and County of Broomfield Affordable Housing Program Certificate of Eligibility

This is to certify that _____ and _____ is/are qualified under the Guidelines of the City and County of Broomfield Affordable Housing Program for the purchase of an income restricted home at (property name and address):

This certification does not grant or imply any qualification for a mortgage nor does it give any rights to the named parties other than those specifically stated.

Number of individuals in the household: _____

Income and assets comply with the City and County of Broomfield guidelines: Yes No

One or more members of the household is/are employed within the boundaries of the City and County of Broomfield: Yes No

One or more members of the household is/are a resident of the City and County of Broomfield: Yes No

City and County of Broomfield

Reviewed and approved by:

Signature

Print name

Title

Date

