

EXHIBIT D

Edwards Riverfront Estates Transfer Fee Exemption Application

Page 1

Name of Buyer(s): _____

Buyer's mailing address: _____

Phone #: () _____ Email: _____

Address of Subject Property to be Purchased: _____

Name of Buyer's Realtor (if applicable): _____

Phone #: () _____ Email: _____

Name of Title Company _____

Name of Escrow Officer _____ Email: _____

Expected closing date: _____

#	Items	Enclosed
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1.	Check for \$250 processing fee (<i>Payable To: The Valley Home Store</i>)	_____
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2.	Identification (<i>Copy of ID; driver's license, passport, etc.</i>)	_____
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3.	Acknowledgement of Deed Restriction (<i>notarized</i>) – <i>Exhibit C</i>	_____
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4.	Buyer's Affidavit Certification of Eligibility for Transfer Fee Exemption	_____
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5.	Employer's Affidavit (<i>Completed by Employer</i>) - Attachment 1	_____
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6.	Copy of Purchase and Sale Agreement	_____
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7.	Deed Restriction (<i>To be retained by Buyer for future records</i>)	_____
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Please deliver or mail packet to: The Valley Home Store
 25 Mill Loft, Suite 200 in Edwards, CO 81632

Please complete the following checklist and submit the package to The Valley Home Store no less than 21 days prior to expected closing date.

Edwards Riverfront Estates Transfer Fee Exemption Application

**Buyer's Affidavit and Acknowledgements
of Deed Restriction Agreement for
Resident Occupied For Sale Housing at the Edwards Riverfront Estates**

(Initial)

_____ I (we) acknowledge that the Subject Property identified above is subject to a Deed Restriction which imposes a 2% fee on the transfer of the Unit if I do not qualify as an Eligible Household per the terms of the Deed Restriction.

_____ I (we) have read the Deed Restriction and agree to abide by the terms of it.

_____ I (we) understand that this exemption from the Transfer Fee applies only so long as the Owner or lessee is considered an Eligible Household and the Owner or lessee uses the Subject Property as its Primary Residence.

_____ I (we) understand that the exemption will end when I (we) are no longer considered an Eligible Household or I (we) stop using the Subject Property as my (our) Primary Residence or own other residential property at which time the Transfer Fee shall be immediately due and payable. If not paid when due, the unpaid fee shall constitute a lien upon the Subject Property until paid.

_____ I (we) will notify Eagle County if I (we) cease to be an Eligible Household or cease to use the Subject Property as my (our) Primary Residence.

Buyer's Signature: _____ Date: _____

Buyer's Signature: _____ Date: _____

**Buyer's Affidavit Certification of Eligibility
for Transfer Fee Exemption**

An Exemption from the Transfer Fee is only temporary. The Exemption will end when you fail to qualify as an Eligible Household, stop using the Subject Property as your Primary Residence, and/or own other residential real estate at which time the Transfer Fee shall be immediately due and payable.

I (we) believe I (we) are currently exempt from the payment of the Transfer Fee for the following reasons:

Eligible Households

1. _____ I (we) intend to use the Subject Property as our Primary Residence and will occupy the Subject Property for at least 9 out of any 12 months.

AND

At least one member of the Household:

1. _____ Has earned a living primarily in Eagle County by having worked an average of at least thirty (30) hours per week on an annual basis at a business with an office or job site physically located in Eagle County (multiple jobs in Eagle County may be combined to reach 30 hours per week);
OR
2. _____ Has been hired for a job in Eagle County on a permanent basis to work at least thirty (30) hours per week;
OR
3. _____ Works for employers that are located outside of Eagle County (i.e. telecommuters) but makes my (our) home in Eagle County. Telecommuting Households may be considered eligible if all other eligibility requirements are met and the Household can prove Eagle County residency for at least 1 year before application submission.
OR
4. _____ Is over the age of sixty (60) and had earned at least 75% of his or her income in Eagle County prior to his or her retirement;
OR
5. _____ Is a disabled person who had been a full-time employee in Eagle County (subject to the retirement exception) for a minimum of two years immediately prior to his or her disability or has been granted an exception to the minimum of 30 hours per week in order to continue with a federal or state benefit program, if the person works the maximum number of hours per week the program will allow;

Edwards Riverfront Estates Transfer Fee Exemption Application

(continued)

OR

My (our) Household:

6. _____ Cumulatively earns at least 75% of its Gross Household Income in Eagle County.

Verification of Employment

I (we) have attached a copy of one of the following documents as evidence of my employment within Eagle County:

1. _____ Most recent paystubs proving full time employment within Eagle County.

Employer Name and Address	Dates of Employment
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____

- 2. _____ Most recent tax returns showing total Eagle County income
- 3. _____ Offer letter of employment from an Eagle County business
- 4. _____ Income in Eagle County prior to retirement
- 5. _____ Disabled status showing income prior to disability

Ownership of Property within Eagle County

- 1. _____ No member of my (our) Household, including, but not limited to, spouses and children under 18 years of age, may own real estate anywhere as of the date of purchase of the Subject Property. I (we) understand that should a Household member acquire any interest alone or in conjunction with others in any other real estate, I (we) will cease to be an Eligible Household. I (we) have not deeded any real estate to a corporation or other person or entity except at fair market value or deeded real estate to a corporation or other legal entity in which any Household member has any financial interest to meet this requirement.
- 2. _____ A member of my (our) Household owns commercial property for business use or vacant land and is hereby request an exemption from this requirement, which may be granted at the sole discretion of Eagle County.

Residency

- 1. I (We) have been maintaining my sole residence in Eagle County continuously since _____. Verification of residency is included with the Transfer Fee Exemption Application.

(continued)

Verification of Residency

I (we) have attached a copy of one of the following documents as evidence of my residency within Eagle County:

1. _____ Colorado Driver's License (with Eagle County address)
2. _____ Motor Vehicle Registration showing Eagle County address
3. _____ Voter's Registrations Card showing Eagle County address
4. _____ Listing Agreement for other Eagle County residence, if applicable

OR

Qualified Employer

1. _____ I am a Qualified Employer and will lease the Subject Property to an Eligible Household who complies with the above qualifications.
2. _____ I will submit the Eligible Household's complete application and copy of the lease within 30 days of closing. If the application is not received and approved, the Buyer/Owner is not eligible for the Exemption and the Transfer Fee will become due. An application is required for every change in Eligible Household.
3. _____ Annual Recertification of Eligible Households is required per the Deed Restriction.

General Acknowledgements

All of the documents which I have attached to verify my status as Eligible for the Transfer Fee Exemption are genuine.

I have read and acknowledge the above information to be true. All Household members over the age of 18 must sign this form below.

Buyer's Signature: _____ Date: _____

Buyer's Signature: _____ Date: _____

**Attachment 1
Employer's Affidavit
Verification of Employment**

The following affidavit concerns the following employee or proposed employee:

1. Employer Information/Verification of Employee Start Date

I, _____, whose principal address of business is _____
and whose telephone number is _____ hereby declare under penalty of perjury
that _____ began/will begin his or her
employment with my company on _____.

He or she has been hired to work _____ hours per week.

1. Employment status

Although he or she may be an "at will" employee, his or her employment is expected by me to continue for at least six (6) months. I certify that he or she (please check that which most accurately depicts the employee's employment status):

- _____ has worked a minimum of _____ hours per week for at least nine (9) months in the previous twelve (12) months;
- _____ has been offered and accepted employment which will continue for a period of at least six months and will include a minimum of _____ hours per week.
- _____ is a minimum of 60 years old and has worked a minimum of 30 hours per week for five consecutive years before retirement.

By/Signature: _____ Date: _____

Printed Name: _____

Title: _____

Phone: _____