

APPLICATION FOR EXEMPTION FROM AUDIT LONG FORM

NAME OF GOVERNMENT
ADDRESS

Burlington Housing Authority
944 Lowell Avenue
Burlington, CO 80807

For the Year Ended
12/31/2021
or fiscal year ended:
6/30/2020

CONTACT PERSON
PHONE
EMAIL
FAX

Shauna Richardson
719-346-5464
burlingtonhousingauthority@gmail.com

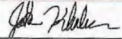
CERTIFICATION OF PREPARER

I certify that I am an independent accountant with knowledge of governmental accounting and that the information in the Application is complete and accurate to the best of my knowledge. I am aware that the Audit Law requires that a person independent of the entity complete the application if revenues or expenditure are at least \$100,000 but not more than \$750,000, and that independent means someone who is separate from the entity.

NAME:
TITLE
FIRM NAME (if applicable)
ADDRESS
PHONE
DATE PREPARED
RELATIONSHIP TO ENTITY

Jake Klabenes
Audit Director
Lutz
747 N Burlington Avenue, Suite 401, PO Box 1317, Hastings, NE 68902
402-463-8969
10/27/2022
Auditor

PREPARER (SIGNATURE REQUIRED)



Has the entity filed for, or has the district filed, a Title 32, Article 1 Special District Notice of Inactive Status during the year? [Applicable to Title 32 special districts only, pursuant to Sections 32-1-103 (9.3) and 32-1-104 (3), C.R.S.]

YES	NO
☐	☒

If Yes, date filed:

PART 1 - FINANCIAL STATEMENTS - BALANCE SHEET

* Indicate Name of Fund

NOTE: Attach additional sheets as necessary.

Attach additional sheets as necessary.

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		Fund*	Fund*		Fund*	Fund*	
Assets							
1-1	Cash & Cash Equivalents	\$	-	Cash & Cash Equivalents	\$	-	
1-2	Investments	\$	-	Investments	\$	-	
1-3	Receivables	\$	-	Receivables	\$	55,633	
1-4	Due from Other Entities or Funds	\$	-	Due from Other Entities or Funds	\$	-	
1-5	Property Tax Receivable	\$	-	Other Current Assets [specify...]			
	All Other Assets [specify...]						
1-6		\$	-		\$	-	
1-7		\$	-		\$	55,633	
1-8		\$	-	Capital Assets, net (from Part 5-4)	\$	344,784	
1-9		\$	-	Other Long Term Assets [specify...]	\$	-	
1-10		\$	-		\$	-	
1-11	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	-	(add lines 1-1 through 1-10) TOTAL ASSETS	\$	400,417	
Deferred Outflows of Resources							
1-12	[specify...]	\$	-	[specify...]	\$	-	
1-13	[specify...]	\$	-	[specify...]	\$	-	
1-14	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	\$	-	(add lines 1-12 through 1-13) TOTAL DEFERRED OUTFLOWS	\$	-	
1-15	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	-	TOTAL ASSETS AND DEFERRED OUTFLOWS	\$	400,417	
Liabilities							
1-16	Accounts Payable	\$	-	Accounts Payable	\$	4,686	
1-17	Accrued Payroll and Related Liabilities	\$	-	Accrued Payroll and Related Liabilities	\$	25,027	
1-18	Unearned Property Tax Revenue	\$	-	Accrued Interest Payable	\$	-	
1-19	Due to Other Entities or Funds	\$	-	Due to Other Entities or Funds	\$	-	
1-20	All Other Current Liabilities	\$	-	All Other Current Liabilities	\$	13,737	
1-21	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$	-	(add lines 1-16 through 1-20) TOTAL CURRENT LIABILITIES	\$	43,450	
1-22	All Other Liabilities [specify...]	\$	-	Proprietary Debt Outstanding (from Part 4-4)	\$	25,000	
1-23		\$	-	Other Liabilities [specify...]:	\$	-	
1-24		\$	-		\$	-	
1-25		\$	-		\$	-	
1-26		\$	-		\$	-	
1-27	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$	-	(add lines 1-21 through 1-26) TOTAL LIABILITIES	\$	68,450	
Deferred Inflows of Resources							
1-28	Deferred Property Taxes	\$	-	Pension Related	\$	-	
1-29	Other [specify...]	\$	-	Other [specify...]	\$	-	
1-30	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$	-	(add lines 1-28 through 1-29) TOTAL DEFERRED INFLOWS	\$	-	
Fund Balance							
1-31	Nonspendable Prepaid	\$	-	Net Position			
1-32	Nonspendable Inventory	\$	-	Net Investment in Capital Assets	\$	319,784	
1-33	Restricted [specify...]	\$	-				
1-34	Committed [specify...]	\$	-	Emergency Reserves	\$	-	
1-35	Assigned [specify...]	\$	-	Other Designations/Reserves	\$	-	
1-36	Unassigned:	\$	-	Restricted	\$	-	
		\$	-	Undesignated/Unreserved/Unrestricted	\$	12,183	
1-37	Add lines 1-31 through 1-36 This total should be the same as line 3-33 TOTAL FUND BALANCE	\$	-	Add lines 1-31 through 1-36 This total should be the same as line 3-33 TOTAL NET POSITION	\$	331,967	
1-38	Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15 TOTAL LIABILITIES, DEFERRED INFLOWS, AND FUND BALANCE	\$	-	Add lines 1-27, 1-30 and 1-37 This total should be the same as line 1-15 TOTAL LIABILITIES, DEFERRED INFLOWS, AND NET POSITION	\$	400,417	

PART 2 - FINANCIAL STATEMENTS - OPERATING STATEMENT - REVENUES

		Governmental Funds		Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page.	
Line#	Description	Fund#	Fund#	Description	Fund#		Fund#
Tax Revenue				Tax Revenue			
2-1	Property (include mills levied in Question 10-6)	\$ -	\$ -	Property (include mills levied in Question 10-6)	\$ -	\$ -	
2-2	Specific Ownership	\$ -	\$ -	Specific Ownership	\$ -	\$ -	
2-3	Sales and Use Tax	\$ -	\$ -	Sales and Use Tax	\$ -	\$ -	
2-4	Other Tax Revenue (specify...):	\$ -	\$ -	Other Tax Revenue (specify...):	\$ -	\$ -	
2-5		\$ -	\$ -		\$ -	\$ -	
2-6		\$ -	\$ -		\$ -	\$ -	
2-7		\$ -	\$ -		\$ -	\$ -	
2-8	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ -	\$ -	Add lines 2-1 through 2-7 TOTAL TAX REVENUE	\$ -	\$ -	
2-9	Licenses and Permits	\$ -	\$ -	Licenses and Permits	\$ -	\$ -	
2-10	Highway Users Tax Funds (HUTF)	\$ -	\$ -	Highway Users Tax Funds (HUTF)	\$ -	\$ -	
2-11	Conservation Trust Funds (Lottery)	\$ -	\$ -	Conservation Trust Funds (Lottery)	\$ -	\$ -	
2-12	Community Development Block Grant	\$ -	\$ -	Community Development Block Grant	\$ -	\$ -	
2-13	Fire & Police Pension	\$ -	\$ -	Fire & Police Pension	\$ -	\$ -	
2-14	Grants	\$ -	\$ -	Grants	\$ 139,298	\$ -	
2-15	Donations	\$ -	\$ -	Donations	\$ -	\$ -	
2-16	Charges for Sales and Services	\$ -	\$ -	Charges for Sales and Services	\$ -	\$ -	
2-17	Rental Income	\$ -	\$ -	Rental Income	\$ 73,112	\$ -	
2-18	Fines and Forfeits	\$ -	\$ -	Fines and Forfeits	\$ -	\$ -	
2-19	Interest/Investment Income	\$ -	\$ -	Interest/Investment Income	\$ 6	\$ -	
2-20	Tap Fees	\$ -	\$ -	Tap Fees	\$ -	\$ -	
2-21	Proceeds from Sale of Capital Assets	\$ -	\$ -	Proceeds from Sale of Capital Assets	\$ -	\$ -	
2-22	All Other (specify...):	\$ -	\$ -	All Other (specify...): Tenant Revenue - Other	\$ 4,321	\$ -	
2-23		\$ -	\$ -		\$ -	\$ -	
2-24	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ -	\$ -	Add lines 2-8 through 2-23 TOTAL REVENUES	\$ 216,737	\$ -	
Other Financing Sources				Other Financing Sources			
2-25	Debt Proceeds	\$ -	\$ -	Debt Proceeds	\$ -	\$ -	
2-26	Developer Advances	\$ -	\$ -	Developer Advances	\$ -	\$ -	
2-27	Other (specify...):	\$ -	\$ -	Other (specify...):	\$ -	\$ -	
2-28	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	Add lines 2-25 through 2-27 TOTAL OTHER FINANCING SOURCES	\$ -	\$ -	
2-29	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ -	\$ -	Add lines 2-24 and 2-28 TOTAL REVENUES AND OTHER FINANCING SOURCES	\$ 216,737	\$ -	
						GRAND TOTALS	
						216,737	

IF GRAND TOTAL REVENUES AND OTHER FINANCING SOURCES for all funds (Line 2-29) are GREATER than \$750,000 - STOP. You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.

PART 3 - FINANCIAL STATEMENTS - OPERATING STATEMENT - EXPENDITURES/EXPENSES

Line #	Description	Governmental Funds		Description	Proprietary/Fiduciary Funds		Please use this space to provide explanation of any items on this page
		Fund*	Fund*		Fund*	Fund*	
	Expenditures			Expenses			
3-1	General Government	\$ -	\$ -	General Operating & Administrative	\$ 7,106	\$ -	
3-2	Judicial	\$ -	\$ -	Salaries	\$ 36,845	\$ -	
3-3	Law Enforcement	\$ -	\$ -	Payroll Taxes	\$ -	\$ -	
3-4	Fire	\$ -	\$ -	Contract Services	\$ -	\$ -	
3-5	Highways & Streets	\$ -	\$ -	Employee Benefits	\$ 18,412	\$ -	
3-6	Solid Waste	\$ -	\$ -	Insurance	\$ 25,475	\$ -	
3-7	Contributions to Fire & Police Pension Assoc.	\$ -	\$ -	Accounting and Legal Fees	\$ (2,700)	\$ -	
3-8	Health	\$ -	\$ -	Repair and Maintenance	\$ 37,459	\$ -	
3-9	Culture and Recreation	\$ -	\$ -	Supplies	\$ -	\$ -	
3-10	Transfers to other districts	\$ -	\$ -	Utilities	\$ 17,625	\$ -	
3-11	Other [specify...]:	\$ -	\$ -	Contributions to Fire & Police Pension Assoc.	\$ -	\$ -	
3-12		\$ -	\$ -	Other (specify...) Other Expenses	\$ 4,165	\$ -	
3-13		\$ -	\$ -	Bad debt - Tenant Rents	\$ 11,355	\$ -	
3-14	Capital Outlay	\$ -	\$ -	Capital Outlay	\$ -	\$ -	
	Debt Service			Debt Service			
3-15	Principal (should match amount in 4-4)	\$ -	\$ -	Principal (should match amount in 4-4)	\$ -	\$ -	
3-16	Interest	\$ -	\$ -	Interest	\$ -	\$ -	
3-17	Bond Issuance Costs	\$ -	\$ -	Bond Issuance Costs	\$ -	\$ -	
3-18	Developer Principal Repayments	\$ -	\$ -	Developer Principal Repayments	\$ -	\$ -	
3-19	Developer Interest Repayments	\$ -	\$ -	Developer Interest Repayments	\$ -	\$ -	
3-20	All Other (specify...):	\$ -	\$ -	All Other (specify...):	\$ -	\$ -	
3-21		\$ -	\$ -		\$ -	\$ -	
3-22	Add lines 3-1 through 3-21 TOTAL EXPENDITURES	\$ -	\$ -	Add lines 3-1 through 3-21 TOTAL EXPENSES	\$ 155,742	\$ -	
3-23	Interfund Transfers (In)	\$ -	\$ -	Net Interfund Transfers (In) Out	\$ -	\$ -	
3-24	Interfund Transfers Out	\$ -	\$ -	Other [specify...][enter negative for expense]	\$ -	\$ -	
3-25	Other Expenditures (Revenues):	\$ -	\$ -	Depreciation	\$ 43,189	\$ -	
3-26		\$ -	\$ -	Other Financing Sources (Uses) (from line 2-26)	\$ -	\$ -	
3-27		\$ -	\$ -	Capital Outlay (from line 3-14)	\$ -	\$ -	
3-28		\$ -	\$ -	Debt Principal (from line 3-15, 3-16)	\$ -	\$ -	
3-29	(Add lines 3-23 through 3-28) TOTAL TRANSFERS AND OTHER EXPENDITURES	\$ -	\$ -	(Line 3-27, plus line 3-28, less line 3-26, less line 3-25, plus line 3-24) TOTAL GAAP RECONCILING ITEMS	\$ (43,189)	\$ -	
3-30	Excess (Deficiency) of Revenues and Other Financing Sources Over (Under) Expenditures Line 2-29, less line 3-22, less line 3-29	\$ -	\$ -	Net Increase (Decrease) in Net Position Line 2-29, less line 3-22, plus line 3-29, less line 3-23	\$ 17,906	\$ -	
3-31	Fund Balance, January 1 from December 31 prior year report	\$ -	\$ -	Net Position, January 1 from December 31 prior year report	\$ 314,161	\$ -	
3-32	Prior Period Adjustment (MUST explain)	\$ -	\$ -	Prior Period Adjustment (MUST explain)	\$ -	\$ -	
3-33	Fund Balance, December 31 Sum of Lines 3-30, 3-31, and 3-32 This total should be the same as line 1-37.	\$ -	\$ -	Net Position, December 31 Sum of Lines 3-30, 3-31, and 3-32 This total should be the same as line 1-37.	\$ 331,967	\$ -	

IF GRAND TOTAL EXPENDITURES for all funds (Line 3-22) are GREATER than \$750,000 - STOP. You may not use this form. An audit may be required. See Section 29-1-604, C.R.S., or contact the OSA Local Government Division at (303) 869-3000 for assistance.

PART 6 - CAPITAL ASSETS

Please answer the following question by marking in the appropriate box YES NO Please use this space to provide any explanations or comments:

6-1 Does the entity have capitalized assets? ☒ ☐

6-2 Has the entity performed an annual inventory of capital assets in accordance with Section 29-1-506, C.R.S.? If no, MUST explain: ☒ ☐

6-3 Complete the following Capital Assets table for GOVERNMENTAL FUNDS:				
	Balance - beginning of the year ¹	Additions ²	Deletions	Year-End Balance
Land	\$ -	\$ -	\$ -	\$ -
Buildings	\$ -	\$ -	\$ -	\$ -
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ -	\$ -	\$ -	\$ -
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ -	\$ -	\$ -	\$ -
Other (explain):	\$ -	\$ -	\$ -	\$ -
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ -	\$ -	\$ -	\$ -
TOTAL	\$ -	\$ -	\$ -	\$ -

6-4 Complete the following Capital Assets table for PROPRIETARY FUNDS:				
	Balance - beginning of the year ¹	Additions	Deletions	Year-End Balance
Land	\$ 65,337	\$ -	\$ -	\$ 65,337
Buildings	\$ 1,779,778	\$ 19,166	\$ -	\$ 1,798,944
Machinery and equipment	\$ -	\$ -	\$ -	\$ -
Furniture and fixtures	\$ 103,230	\$ 5,240	\$ -	\$ 108,470
Infrastructure	\$ -	\$ -	\$ -	\$ -
Construction In Progress (CIP)	\$ 19,166	\$ -	\$ 19,166	\$ -
Other (explain): Leasehold Improvements	\$ 188,326	\$ 44,874	\$ 5,240	\$ 227,960
Accumulated Depreciation (Enter a negative, or credit, balance)	\$ (1,812,738)	\$ (43,189)	\$ -	\$ (1,855,927)
TOTAL	\$ 343,099	\$ 26,091	\$ 24,406	\$ 344,784

¹ Must agree to prior year-end balance

² Generally capital asset additions should be reported at capital outlay on line 3-14 and capitalized in accordance with the government's capitalization policy. Please explain any discrepancy

PART 7 - PENSION INFORMATION

YES NO Please use this space to provide any explanations or comments:

7-1 Does the entity have an "old hire" firefighters' pension plan? ☐ ☒

7-2 Does the entity have a volunteer firefighters' pension plan? ☐ ☒

If yes Who administers the plan? ☐ ☐

Indicate the contributions from:

Tax (property, SO, sales, etc.):

State contribution amount:

Other (gifts, donations, etc.):

TOTAL

What is the monthly benefit paid for 20 years of service per retiree as of Jan 1?

PART 8 - BUDGET INFORMATION

- Please answer the following question by marking in the appropriate box
- | | YES | NO | N/A | |
|--|--------------------------|--------------------------|-------------------------------------|--|
| 8-1 Did the entity file a current year budget with the Department of Local Affairs, in accordance with Section 29-1-113 C.R.S.? If no, MUST explain: | ☐ | ☐ | ☒ | Please use this space to provide any explanations or comments: |
| 8-2 Did the entity pass an appropriations resolution in accordance with Section 29-1-108 C.R.S.? If no, MUST explain: | ☐ | ☐ | ☒ | |
- If yes: Please indicate the amount appropriated for each fund separately for the year reported

Governmental/Proprietary Fund Name	Total Appropriations By Fund
	\$ -
	\$ -
	\$ -
	\$ -

PART 9 - TAX PAYER'S BILL OF RIGHTS (TABOR)

- Please answer the following question by marking in the appropriate box
- | | YES | NO | |
|--|-------------------------------------|--------------------------|--|
| 9-1 Is the entity in compliance with all the provisions of TABOR (State Constitution, Article X, Section 20(5))? | ☒ | ☐ | Please use this space to provide any explanations or comments: |
- Note: An election to exempt the government from the spending limitations of TABOR does not exempt the government from the 3 percent emergency reserve requirement. All governments should determine if they meet this requirement of TABOR.

PART 10 - GENERAL INFORMATION

- Please answer the following question by marking in the appropriate box
- | | YES | NO | | | | | | |
|---|--|-------------------------------------|--|-----------------------|-------|---------------------|-------|--------------------|
| 10-1 Is this application for a newly formed governmental entity? | ☐ | ☒ | Please use this space to provide any explanations or comments: | | | | | |
| If yes: Date of formation: | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | | | | | | | |
| 10-2 Has the entity changed its name in the past or current year? | ☐ | ☒ | | | | | | |
| If Yes: NEW name | <div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div> | | | | | | | |
| PRIOR name | <div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div> | | | | | | | |
| 10-3 Is the entity a metropolitan district? | ☐ | ☒ | | | | | | |
| 10-4 Please indicate what services the entity provides: | <div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div> | | | | | | | |
| 10-5 Does the entity have an agreement with another government to provide services? | ☐ | ☒ | | | | | | |
| If yes: List the name of the other governmental entity and the services provided: | <div style="border: 1px solid black; width: 200px; height: 20px; margin: 0 auto;"></div> | | | | | | | |
| 10-6 Does the entity have a certified mill levy? | ☐ | ☒ | | | | | | |
| If yes: Please provide the number of <u>mills</u> levied for the year reported (do not enter \$ amounts): | <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 80%;">Bond Redemption mills</td> <td style="width: 20%; text-align: right;">0.000</td> </tr> <tr> <td>General/Other mills</td> <td style="text-align: right;">0.000</td> </tr> <tr> <td>Total mills</td> <td style="text-align: right;">0.000</td> </tr> </tbody> </table> | | | Bond Redemption mills | 0.000 | General/Other mills | 0.000 | Total mills |
| Bond Redemption mills | 0.000 | | | | | | | |
| General/Other mills | 0.000 | | | | | | | |
| Total mills | 0.000 | | | | | | | |

Please use this space to provide any additional explanations or comments not previously included

PART 12 - GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box

12-1 If you plan to submit this form electronically, have you read the new Electronic Signature Policy?

YES

NO

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Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedures

Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as DocuSign or EchoSign. Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
- Office of the State Auditor staff will not coordinate obtaining signatures.

The application for exemption from audit form created by our office includes a section for governing body approval. Local governing boards note their approval and submit the application through one of the following three methods:

- 1) Submit the application in hard copy via the US Mail including original signatures.
- 2) Submit the application electronically via email and either,
 - a. Include a copy of an adopted resolution that documents formal approval by the Board, or
 - b. Include electronic signatures obtained through a software program such as DocuSign or EchoSign in accordance with the requirements noted above.

Below is the certification and approval of the governing body. By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

Print the names of ALL members of the governing body below.		A MAJORITY of the members of the governing body must complete and sign in the column below.	
1	Full Name <u>Lisa Shryock</u>	I, <u>Lisa Shryock</u> , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed: <u>[Signature]</u> Expires: <u>6/30/2024</u>	Date: <u>12/19/2022</u> My term
2	Full Name <u>JAMES KEENE</u>	I, <u>JAMES KEENE</u> , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed: <u>[Signature]</u> Expires: <u>06/30/2024</u>	Date: <u>12/19/2022</u> My term
3	Full Name <u>Adriana Freil</u>	I, <u>Adriana Freil</u> , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed: <u>[Signature]</u> Expires: <u>12/30/2023</u>	Date: <u>12/19/2022</u> My term
4	Full Name	I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed: _____ Expires: _____	Date: _____ My term
5	Full Name	I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed: _____ Expires: _____	Date: _____ My term
6	Full Name	I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed: _____ Expires: _____	Date: _____ My term
7	Full Name	I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit. Signed: _____ Expires: _____	Date: _____ My term

PART 12 - GOVERNING BODY APPROVAL

Please answer the following question by marking in the appropriate box

YES

NO

12-1 If you plan to submit this form electronically, have you read the new Electronic Signature Policy?

☒

☐

Office of the State Auditor — Local Government Division - Exemption Form Electronic Signatures Policy and Procedures

Policy - Requirements

The Office of the State Auditor Local Government Audit Division may accept an electronic submission of an application for exemption from audit that includes governing board signatures obtained through a program such as DocuSign or Echosign. Required elements and safeguards are as follows:

- The preparer of the application is responsible for obtaining board signatures that comply with the requirement in Section 29-1-604 (3), C.R.S., that states the application shall be personally reviewed, approved, and signed by a majority of the members of the governing body.
- The application must be accompanied by the signature history document created by the electronic signature software. The signature history document must show when the document was created and when the document was emailed to the various parties, and include the dates the individual board members signed the document. The signature history must also show the individuals' email addresses and IP address.
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Below is the certification and approval of the governing body. By signing, each individual member is certifying they are a duly elected or appointed officer of the local government. Governing members may be verified. Also by signing, the individual member certifies that this Application for Exemption from Audit has been prepared consistent with Section 29-1-604, C.R.S., which states that a governmental agency with revenue and expenditures of \$750,000 or less must have an application prepared by an independent accountant with knowledge of governmental accounting; completed to the best of their knowledge and is accurate and true. Use additional pages if needed.

Print the names of ALL members of the governing body below.

A MAJORITY of the members of the governing body must complete and sign in the column below.

	Full Name			
1	Lisa Shryock	I, <u>Lisa Shryock</u> , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.	Signed: <u>[Signature]</u> Date: <u>12/19/2022</u>	My term
2	JAMES KEENE	I, <u>JAMES KEENE</u> , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.	Signed: <u>[Signature]</u> Date: <u>12/19/2022</u>	My term
3	Adrianne Freil	I, <u>Adrianne Freil</u> , attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.	Signed: <u>[Signature]</u> Date: <u>12/19/2022</u>	My term
4		I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.	Signed: _____ Date: _____	My term
5		I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.	Signed: _____ Date: _____	My term
6		I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.	Signed: _____ Date: _____	My term
7		I, _____, attest that I am a duly elected or appointed board member, and that I have personally reviewed and approve this application for exemption from audit.	Signed: _____ Date: _____	My term

RESOLUTION/ORDINANCE FOR EXEMPTION FROM AUDIT

(Pursuant to Section 29-1-604, C.R.S.)

Resolution #121920223

A RESOLUTION/ORDINANCE APPROVING AN EXEMPTION FROM AUDIT FOR YEAR 2020 FOR THE HOUSING AUTHORITY OF THE CITY OF BURLINGTON, STATE OF COLORADO.

WHEREAS, THE HOUSING AUTHORITY OF THE CITY OF BURLINGTON, STATE OF COLORADO wishes to claim exemption from the audit requirements of Section 29-1-603, C.R.S.; and

WHEREAS, Section 29-1-604, C.R.S., states that any local government where neither revenues nor expenditures exceed seven hundred and fifty thousand dollars may, with the approval of the State Auditor, be exempt from the provision of Section 29-1-603, C.R.S.; and

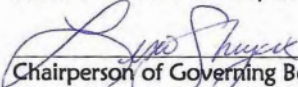
WHEREAS, neither revenues nor expenditures for THE HOUSING AUTHORITY OF THE CITY OF BURLINGTON, STATE OF COLORADO exceeded \$750,000 for Year 2020; and

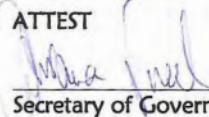
WHEREAS, an application for exemption from audit for THE HOUSING AUTHORITY OF THE CITY OF BURLINGTON, STATE OF COLORADO has been prepared by Jake Klabenos of Lutz & Company, PC, an independent accountant with knowledge of governmental accounting; and

WHEREAS, said application for exemption from audit has been completed in accordance with regulations issued by the State Auditor.

NOW THEREFORE, be it resolved by the Board of Commissioners of THE HOUSING AUTHORITY OF THE CITY OF BURLINGTON, STATE OF COLORADO that the application for exemption from audit for THE HOUSING AUTHORITY OF THE CITY OF BURLINGTON, STATE OF COLORADO for the year ended June 30, 2020, has been personally reviewed and is hereby approved by a majority of the Board of Commissioners of THE HOUSING AUTHORITY OF THE CITY OF BURLINGTON, STATE OF COLORADO; that those members of the Board of Commissioners have signified their approval by signing below; and that this resolution shall be attached to, and shall become a part of the application for exemption from audit of THE HOUSING AUTHORITY OF THE CITY OF BURLINGTON, STATE OF COLORADO for the year ended June 30, 2020.

ADOPTED THIS 19th day of December, A.D. 2022.


Chairperson of Governing Board

ATTEST

Secretary of Governing Board

Names of Governing Body	Date Term Expires
Lisa Shryock	June 30, 2024
Jim Keehne	June 30, 2024
Adriana Freel	June 30, 2023

Signature
