

WATERVIEW HOMES OURAY

APPLICATION CHECKLIST

- \$25 non-refundable application fee** (Check made payable to Impact Development Services or pay online at impactdf.org/impactdevelopmentservices – cash will not be accepted)
- Completed application**
- Mortgage pre-qualification letter** (only required if purchasing a housing unit)
- Copy of unexpired legal ID** (including driver's license, identification card, or passport)
- Copy of **complete & filed** most recent Federal tax returns** (Please redact your Social Security Number)
- Copies of **all** most recent W-2's and 1099's** (Please redact your Social Security Number)
- Copies of most recent paystub from all current employers with year-to-date earnings**
(Also include previous employers from the prior 12 months)
- 6 most recent months statements from all checking accounts**
- Most recent month statement from all other asset accounts** (including, but not limited to savings, money market, retirement, investments, mutual funds, Paypal, Venmo, CashApp, virtual currency)
- Verification of Employment** (Please provide one complete form from *each* current W2 employer)

If you are Self-Employed, please include:

- Copy of Business License**
- Verification of Hours worked in Ouray County** (such as invoices, ledgers, etc.)
- Profit and Loss Statement** (From the past 12 months as of the date your application is submitted)
- Client Verification of Income and Hours Form** (Third Party Verification is preferred)

If you are or intend to be a Child Care Provider, please include:

- Child Care License** (or letter of intent to license from a licensed Child Care agency)

**COMPLETE APPLICATIONS WILL BE
ACCEPTED ON A ROLLING BASIS**

If you have questions, please contact:

Jim Kolnik at 970-541-2617

between the hours of 7:30am and 4:00pm
Monday – Friday

You may also reach out via email
lottery@impactdf.org

Return Completed Applications Via:

lottery@impactdf.org – *EMAIL SUBMISSION IS
STRONGLY ENCOURAGED*

Should you need to deliver a hardcopy of your
application, please email lottery@impactdf.org
to coordinate submission

WATERVIEW HOMES OURAY

APPLICATION

HOUSEHOLD INFORMATION

APPLICANT: _____

Mailing address: _____ Phone # (res.): _____

Phys. address: _____ Phone # (cell): _____

E-mail address: _____ Phone # (bus.): _____

CO-APPLICANT: _____

Mailing address: _____ Phone # (res.): _____

Phys. address: _____ Phone # (cell): _____

E-mail address: _____ Phone # (bus.): _____

OTHER HOUSEHOLD MEMBERS:

	Relationship: _____
	Relationship: _____
	Relationship: _____

Do you anticipate submitting a request for a Reasonable Accommodation* for yourself or a member of the Household?

** Reasonable accommodation may include changes which may be necessary in order for a person with a disability to use and enjoy a dwelling.*

PROPERTY OWNERSHIP

1. How long have you lived in your current home? ____ Years ____ Months
2. Do you own your home? YES ____ NO ____
3. Do you or any members of your Household own improved residential property within 150 miles of Ouray?
YES ____ NO ____
4. If yes, please describe the type (free market, Deed Restricted) and address of property:

If you own a property within 150 miles of Waterview Homes Ouray, you must sign an Agreement to Sell Property and sell your home within twelve (12) months of purchasing a Waterview Homes Ouray unit. Please include the Agreement to Sell Property with this application.

EMPLOYMENT

APPLICANT

5. All Current Employer(s):

6. Do you currently work within the boundaries of Ouray County?

- a. YES Go to question #7
- b. NO Go to question #8

7. If yes:

- a. How many hours per week? _____
- b. How many hours per year? _____
- c. Do you plan to continue that employment? YES NO

8. If no, do you have employment that will begin within the boundaries of Ouray County for a minimum of 40 hours per month and 1200 hours per year?

YES NO

CO-APPLICANT (IF APPLICABLE)

9. All Current Employer(s):

10. Do you currently work within the boundaries of Ouray County?

- a. YES Go to question #11
- b. NO Go to question #12

11. If yes:

- a. How many hours per week? _____
- b. How many hours per year? _____
- c. Do you plan to continue that employment? YES NO

12. If no, do you have employment that will begin within the boundaries of Ouray County for a minimum of 40 hours per month and 1200 hours per year?

YES NO

INCOME

Please total your **Gross Household income** of the past 12 months from the following sources:

\$ _____

Income from Employment

Includes income on W-2 and 1099 forms such as wages, salaries, overtime pay, commissions, fees, tips and bonuses, and any other employment income from partnerships or S corporations

\$ _____

Benefit Payments

Includes Social Security, SSI, Workers' Compensation, Disability pay or benefits, unemployment benefits, severance pay, annuities, pensions, retirement or death benefits

\$ _____

Alimony and/or Child Support

\$ _____

Interest, dividends, and other income from Household Assets

Includes interest from bank accounts or bonds, dividends from stocks or mutual funds, income distributed from trust funds, etc.

\$ _____

Re-occurring/ and/or One-Time Monetary Gifts from family members

\$ _____

Rental Income

Includes income from renters/roommates

\$ _____

Other Capital Income

Includes multiple-year capital gains, royalties

\$ _____

Other Income _____

**Please specify source*

\$ _____

TOTAL GROSS HOUSEHOLD INCOME

HOUSEHOLD NET ASSETS

Include cumulative assets and liabilities for all Household Members.

HOUSEHOLD GROSS ASSETS

Cash/Cash Equivalents

Cash on Hand \$ _____
 Checking Account \$ _____
 Saving Account \$ _____
 Money Market Funds \$ _____
 Cash Value of Life Insurance \$ _____
 Other \$ _____

Real Estate

Residential \$ _____
 Land \$ _____
 Other: _____ \$ _____
**Please specify*

Investments

Certificates of Deposit \$ _____
 Stocks \$ _____
 Bonds \$ _____
 Mutual Funds \$ _____
 Annuities \$ _____
 Retirement Funds \$ _____
 Funds in names of dependents \$ _____
 Other \$ _____

Personal Property

Automobiles \$ _____
 Recreational Vehicle/Boat \$ _____
 Home Furnishings \$ _____
 Appliances/Furniture \$ _____
 Collections \$ _____
 Jewelry \$ _____
 Other \$ _____

Business Assets (if applicable) \$ _____

Total Household Assets \$ _____

HOUSEHOLD GROSS LIABILITIES

Current Debts

Household (e.g. rent) \$ _____
 Business \$ _____
 Medical \$ _____
 Credit Cards \$ _____
 Department Store Cards \$ _____
 Legal \$ _____
 Taxes Owed \$ _____
 Other \$ _____

Outstanding Loans

Bank/Finance Company \$ _____
 Automobile \$ _____
 Recreational Vehicle/Boat \$ _____
 Education \$ _____
 Life Insurance \$ _____
 Personal (family/friends) \$ _____
 Business \$ _____
 Other \$ _____

Mortgages

Residential \$ _____
 Land \$ _____
 Other \$ _____

Total Household Liabilities \$ _____

HOUSEHOLD NET ASSETS

\$ _____ LESS \$ _____ = \$ _____
TOTAL ASSETS **TOTAL LIABILITIES** **NET ASSETS**

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

1. As part of the application process to purchase a Waterview Homes Ouray Deed-Restricted property, Impact Development Services may request any combination of documentation reasonably related to proof of income, assets, and employment. Impact Development Services may also verify any and all information contained in my/our loan application and in other documents required in connection with the loan.
2. I/We authorize you to provide Impact Development Services any and all information and documentation in your care or custody upon request by Impact Development Services. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances, and copies of federal income tax returns.
3. I/We authorize you to contact current and previous employers to verify employment dates, hours and pay rate.
4. I/We understand(s) that information may be shared with the San Miguel Regional Housing Authority ("SMRHA") staff who may act as advisor and provide administrative support to Impact Development Services.
5. A copy of this authorization may be accepted as an original.
6. This authorization continues throughout the application process and ownership period, if any, and expires when I/we have sold and vacated the deed-restricted property.

Applicant Signature		Date		Co-Applicant Signature		Date
Print Name				Print Name		

DISCLAIMER: All personal information collected by Rural Homes, LLC and Impact Development Services is done so exclusively with your consent, by means of the signed completion of this form and the Release of Information form. The personal information collected is only used for the purposes of qualifying you for the Waterview Homes Ouray Project. We will not, under any circumstances, share your personal information with other individuals or organizations without your permission, including public organizations, corporations, or individuals. We do not sell, communicate, or divulge your information to any mailing lists. We store your file ourselves and we use and apply the appropriate security measures to preserve the confidentiality of your information.

FAIR HOUSING: Rural Homes, LLC and Impact Development Services are committed to compliance with all federal, state, and local fair housing laws. We will not discriminate against any person because of race, color, religion, national origin, sex, familial status, disability, or any other specific classes protected by applicable laws. Rural Homes, LLC will allow any reasonable accommodation or reasonable modification based upon a disability-related need. The person requesting any reasonable modification may be responsible for the related expenses.

CORA: SMRHA is subject to the Colorado Open Records Act (CORA) Colorado Revised Statutes section 24-72-201, *et seq.* Any information that you provide to Impact Development Services that is shared with SMRHA becomes public record, with the exception of specific confidential information as stated in CORA. Confidential information under CORA includes financial information; for example, state and federal income tax returns. However, please be aware that any confidential documents or information that you choose to provide or disclose at a public meeting will become a part of the public record of that meeting, and therefore subject to disclosure pursuant to CORA.

REQUEST FOR VERIFICATION OF EMPLOYMENT

SECTION A: APPLICANT		
<i>Please fill out Section A then give this form to your employer to complete Sections B and C.</i>		
Applicant Name:	Employer Name:	
Address:	Address:	
City, State, Zip Code	City, State, Zip Code	
Phone:	Phone:	
I authorize you to release my employment information to Impact Development Services.		
Employee's Signature: _____		Date: _____
SECTION B: EMPLOYER		
<i>Please provide the following information for the above listed employee, then send <u>the completed form</u> to the email at bottom of page. Please call 970-541-2617 with any questions that you may have.</i>		
Present position:	Dates of employment:	
Probability of continued employment:		
Current gross pay (per pay period):	Rate per hour:	Average hours worked per week:
Please check the frequency of pay: <input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> 2X / month (24X / year) <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____		
Average hours worked per year:	Percent of Time Worked In Ouray County:	Percent of Time Worked Outside Ouray County:
Overtime rate per hour:	Average number of overtime hours per week:	
Commissions earned per week:		
Tips earned per week:	Annual bonuses:	
Date and amount of applicant's last pay increase:	Date:	Amount:
Is the employee a seasonal worker:	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Average weeks worked per year:
Additional information (please explain seasonal work cycles and other pertinent information)		
Employee's total gross annual income: \$ _____		*Please include any paid holidays and paid time off in annual total
SECTION C: EMPLOYER AUTHORIZED SIGNATURE		
Signature:	Title:	
Printed Name:	Phone & Email Address:	

Under penalty of perjury, I declare that all information contained herein is true, correct, and complete to the best of my knowledge and belief.

Employer, please send completed form to lottery@impactdf.org.