

WETTERHORN HOMES RIDGWAY

SIMPLIFIED TENANT APPLICATION CHECKLIST

** This Application Needs to Be Submitted Prior To Occupying A Unit**

You must submit the following for an application to be considered complete:

- \$25 non-refundable Application Fee** (Check made payable to Impact Development Services or pay online at impactdf.org/impactdevelopmentsservices – cash will not be accepted)
- Copies of complete, signed, & filed most recent year's Federal Tax Returns**
(Please black out Social Security Number)
- Copies of all most recent year's W-2's and 1099's** (Please black out Social Security Number)
- Copies of most recent paystub from all current employers with year-to-date information** (Also include previous employers from the current year. If self-employed, see checklist below)
- Copies of 2 most recent bank statements from all accounts** (Including, but not limited to savings, money market, retirement, investments, mutual funds, Paypal, Venmo, CashApp, virtual currency)
- Copy of legal ID** (Including driver's license, identification card, or passport)
- Verification of Employment** (Please provide one complete form from each current W2 employer)

If you are Self-Employed, please also include:

- Copy of Business License**
- Verification of Hours worked in the Ouray County**
(Previous 12 months prior to application: invoices, ledgers, etc.)
- Profit and Loss Statement** (Previous 12 months prior to application)
- Client Verification of Income and Hours Form** (Third Party Verification is preferred)

Submit your application to lottery@impactdf.org

All documents must be submitted to
lottery@impactdf.org within sixty (60) days of the date
on your application.

Unit Address: _____
Unit Owner: _____

**Ridgway Wetterhorn Homes
Tenant Application**

HOUSEHOLD INFORMATION
(Please Print)

APPLICANT: _____
Mailing address: _____ Phone # (cell) _____
Phys. address: _____ Phone # (work) _____
E-mail address: _____

CO-APPLICANT (if applicable): _____
Mailing address: _____
(if different from Applicant)
Phys. address: _____ Phone # (cell): _____
E-mail address: _____ Phone # (bus.) _____

OTHER HOUSEHOLD MEMBERS:

_____	Relationship to Applicant(s): _____
_____	Relationship to Applicant(s): _____
_____	Relationship to Applicant(s): _____
_____	Relationship to Applicant(s): _____

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 970-541-2457 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 work inside Ridgway R-2 District:	Percent of work outside Ridgway R-2 District:
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: No:	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: Under penalty of perjury, I declare that all information contained herein is true, correct, and complete to the best of my knowledge and belief.		
Signature:	Title:	
Printed Name:	Phone & Email Address:	

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

