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/impactdevelopmentservices – 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.

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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 # (cen):Phone # (bus.)
L-man address.	1 none ii (bus.)
OTHER HOUSEHOLD MEMBERS:	
	Relationship to Applicant(s):
	Relationship to Applicant(s):
	Relationship to Applicant(s):
	Relationship to Applicant(s):

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APPLICANT'S RELEASE and AUTHORIZATION

To Whom It May Concern:

- 1. As a part of the application process to rent Wetterhorn Homes Ridgway deed-restricted property in the Town of Ridgway, Impact Development Services (IDS) may verify any and all information contained in my/our rental application.
- 2. I/We authorize you to provide to the IDS any and all information and documentation in your care or custody that they request. Such information includes, but is not limited to, employment history and income, employment forecast, bank, money market, and similar account balances, and copies of income tax returns.

DATED: effective thisda	y of	, 20	•
Applicant Signature	_	Applicant Signature	
Please print name	_	Please print name	
The foregoing instrument was acknowledge.	nowledged before me this_	day of	202_,
STATE OF COLORADO COUNTY OF OURAY)) ss.)		
Witness my hand and official seal. My commission expires			
		Notary Public	

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REQUEST FOR VERIFICATION OF EMPLOYMENT

SECTION A: APPLICANT Please fill out Section A then give this form to	o vour emplo	over to comple	ote Sectio	ns R c	and C
Please fill out Section A then give this form to your employ Applicant Name:		Employer Name:			
Address:		Address:			
City, State, Zip Code		City, State, Zip Code			
Phone:		Phone:			
I authorize you to release my employment in	nformation t	o Impact Deve	elopment	Servi	ces.
Employee's Signature:				Date:	
SECTION B: EMPLOYER					
Please provide the following information for	the above lis	sted employee	e, then se	nd <u>th</u>	e completed form to the
email at bottom of page. Please call 970-541	1-2457 with o			-	have.
Present position:		Dates of emp	oloyment	:	
Probability of continued employment:					
Current gross pay (per pay period): Rate	per hour:		Average h	ours w	orked per week:
Please check the frequency of pay: Hourly Weekly 2X / month (24	X / vear)	☐ Bi-weekly	☐ Mon	ıthly	☐ Other:
Average hours worked per year: Percent of w			1		outside Ridgway R-2 District:
Overtime rate per hour:		Average num	ber of ov	vertim	ne hours per week:
Commissions earned per week:	I				
Tips earned per week:		Annual bonu	ses:		
Date and amount of applicant's last pay incr	ease:	Date:			Amount:
Is the employee a seasonal worker:				_	e weeks d per year:
Additional information (please explain seaso	onal work cyc	cles and other	pertinen	t info	rmation)
*Please include any paid holidays and paid time off in annual total					
SECTION C: EMPLOYER AUTHO	RIZED SI	GNATURE	: Under	penalty	y of perjury, I declare that all
information contained herein is signature:	true, correct, a	ritle:	the best of	f my kr	nowledge and belief.
Printed Name:		Phone & Email Address:			

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

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APPLICANT CERTIFICATION

Under penalty of	perjury, I certify the following (Select all statements that are true):
	I intend to work in Ouray County for at least forty (40) hours per month for a minimum of eight (8) months per year.
	I intend to work 1,200 hours per year by working physically within the Ouray County boundaries no less than eight (8) of every twelve (12) months on a rolling twelve (12) month basis.
	I understand that my Household and I must earn a minimum of seventy-five percent (75%) Qualifying Earned Income on an annual basis.
	My total Household Income does not exceed% AMI. I do not have a Net Worth that exceeds [insert amount](three (3) times the Initial Sales Price of the Housing Unit).
	My Household does have a Net Worth that exceeds[insert amount] three (3) times the Initial Sales Price of the Housing Unit.
	I intend to live in the deed-restricted unit as my primary residence. I intend to live in the deed-restricted unit for a minimum of eight (8) months per year.
	I will not short-term rent all or any part of the deed-restricted unit. I certify that I do not own residential property within 150 miles of the Town of Ridgway. *If yes, Applicant will be required to sign an Agreement to Sell for the other residential property.
	I understand that I will be required to verify my continued employment within the boundaries of Ouray County and compliance with the deed restriction when requested by Administrator at the Lease renewal date and possibly sooner.
are true, complete pertaining to my	rovided with this application, including attachments, submitted to the Administrator e, and correct to the best of my knowledge. I will provide other information qualification under Owner's Covenant as requested. I acknowledge that no s been made that I am a Qualified Household.
BY:	Dated:
Applican	t
STATE OF COL) ss.
The foregoing wa	as sworn to before me on the day of, 202,
by	
WITNESS my ha seal. My commiss	
	Notary Public

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CO-APPLICANT CERTIFICATION

(to be completed by all Household Members over the age of 18)

Under penalty of perjury, I certify the following (Select all statements that are true):

	I am a Family Member and am exempt from the Minimum Work Requirement.
	I intend to work within the boundaries of Ouray County for at least forty (40) hours per
	month for a minimum of eight (8) months per year.
	I intend to work 1,200 hours per year by working physically within the within the
	boundaries of Ouray County no less than eight (8) of every twelve (12) months on
_	a rolling twelve (12) month basis.
	I have submitted my Verification of Employment
Ц	I will submit my Verification of Employment within 30 days of occupancy of the housing unit.
	I understand that my Household and I must earn a minimum of seventy-five percent (75%) Qualifying Earned Income on an annual basis.
	I do not have a Net Worth that exceeds [insert amount] three (3) times the Initial Sales Price of the Housing Unit.
	My Household does have a Net Worth that exceeds [insert amount]
П	(three (3) times the Initial Sales Price of the Housing Unit). I intend to live in the deed-restricted unit as my primary residence.
	I intend to live in the deed-restricted unit as my primary residence. I intend to live in the deed-restricted unit for a minimum of eight (8) months per
Ш	year.
	I will not short-term rent all or any part of the deed-restricted unit.
	I certify that I do not own residential property within 150 miles of the Town of
	Ridgway. *If yes, Applicant will be required to sign an Agreement to Sell for the
_	other residential property.
	I understand that I will be required to verify my continued employment within the boundaries of Ouray County and compliance with the deed restriction when
	requested by Administrator at the Lease renewal date and possibly sooner.
	requested by Hammistation at the Bouse renewal date and possion sooner.
are true, complete pertaining to my	provided with this application, including attachments, submitted to the Administrator e, and correct to the best of my knowledge. I will provide other information qualification under the Owner's Covenant as requested. I acknowledge that no s been made that I am a Qualified Household.
BY:	Dated:
Applican	t
**	
STATE OF COLO	RADO)
) ss.
COUNTY OF OU	RAY)
The foregoing was	sworn to before me on the day of, 202,
by	·
WITNESS my han	d and official
seal. My commissi	on expires:
	Notary Public
	INDIALLY F HOLIC

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