## 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
<b>information</b> (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)
☐ <b>Verification of Employment</b> (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.)
☐ <b>Profit and Loss Statement</b> (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.

RWH\_RentalSimplifiedAPP Page 1 of 6

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 # (bus.)
	. ,
OTHER HOUSEHOLD MEMBERS:	
	Relationship to Applicant(s):
	Relationship to Applicant(s):
	Relationship to Applicant(s):
	Relationship to Applicant(s):

RWH\_RentalSimplifiedAPP Page 2 of 6

#### **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	

RWH\_RentalSimplifiedAPP Page 3 of 6

## REQUEST FOR VERIFICATION OF EMPLOYMENT

SECTION A: APPLICANT  Please fill out Section A then give this form to your employer to complete Sections B and C.			
Applicant Name:	Employer Name:		
Address:	Address:		
City, State, Zip Code	City, State, Zip Code		
Phone:	Phone:		
I authorize you to release my employment information	n to Impact Development Services.		
Employee's Signature:Date:			
SECTION B: EMPLOYER			
Please provide the following information for the above email at bottom of page. Please call 970-541-2457 wit	h listed employee, then send <u>the completed form</u> to the		
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:  ☐ Hourly ☐ Weekly ☐ 2X / month (24X / year) ☐ Bi-weekly ☐ Monthly ☐ Other:			
Average hours worked per year: Percent of work inside O	uray County: Percent of work 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: Average weeks No: 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			
Signature:	t, and complete to the best of my knowledge and belief.  Title:		
Printed Name:	Phone & Email Address:		

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

RWH\_RentalSimplifiedAPP Page 4 of 6

### **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.			
<ul> <li>☐ My total Household Income does not exceed% AMI.</li> <li>☐ I do not have a Net Worth that exceeds [insert amount](three (3) times the Initial Sales Price of the Housing Unit).</li> </ul>			
☐ 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.			
All information provided with this application, including attachments, submitted to the Administrator are true, complete, and correct to the best of my knowledge. I will provide other information pertaining to my qualification under Owner's Covenant as requested. I acknowledge that no representation has been made that I am a Qualified Household.			
BY: Dated:			
Applicant			
STATE OF COLORADO ) ss.			
COUNTY OF OURAY )			
The foregoing was sworn to before me on the day of, 202,			
by			
WITNESS my hand and official seal. My commission expires:			
Notary Public			

RWH\_RentalSimplifiedAPP Page 5 of 6

## **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]
	(three (3) times the Initial Sales Price of the Housing Unit).  I intend to live in the deed-restricted unit as my primary residence.
H	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
Ц	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	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
	INOTALLY I WOLLC

RWH\_RentalSimplifiedAPP Page 6 of 6