

# 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](http://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](mailto: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**

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**HOUSEHOLD INFORMATION**  
*(Please Print)*

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**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 Ouray 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: 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](mailto:lottery@impactdf.org).**



