

Firefox has installed it's own PDF viewer that has trouble with these forms. If the form is not fillable on screen or looks strange, please switch to Internet Explorer or Chrome and it should work fine.

***R. Merrill, Inc. Application Instructions  
Please Read the Following Instructions***

***For further detailed instructions, please refer to the audio prompt on the application page of our website: [www.rmidenver.com](http://www.rmidenver.com)***

***Application:***

Fill out the rental application completely. Be sure to sign your name at the end of the rental application. There is a \$20 application fee for each application.

***CHFA (Colorado Housing Finance Authority) Documents:*** The Burlington Hotel Lofts: One person moving into the property must make a gross annual Income under \$44,040. Two persons must make a combined gross annual Income under \$50,340 at the time you move in. Your income can increase after move-in.

The Curtis Flats: One person moving into the property must make a gross annual income under \$36,700. Two persons must make a combined gross annual income under \$41,950 at the time you move-in. Your income can increase after move-in.

***Income Verification:***

***Verification of Employment*** has to be e-mailed to your employer by the property management company. However, you will need to sign and date at the bottom of page one (consent to release information), of the page, do not fill out the second page. There is an e-mail coversheet that you will need to fill out. DO NOT send or hand to your employer, we must scan the form to them. They will need to scan back to us.

***Certification of Income for Self-Employed Persons*** is the form you fill out if you are self-employed; make sure that you provide the requested additional documents.

***Unemployed Resident Affidavit*** is the form you fill out if you are unemployed; make sure that you provide the requested additional documents. Other income will need to be documented, please ask our representative.

If you receive SSI or SSDI and or other forms of household income, please ask our representative for additional documentation to fit your situation.

***Asset Verification:***

***Resident Statement of Assets*** is about your assets. Assets are investments that earn you money: stocks, bonds, trusts, 401 K's, IRA's, or property you own. Assets are not cars, computers, stereos, or work tools. Please list the cash value of each asset. Do not fill out the interest rate or annual income, we will complete those columns together.

***Return Paperwork***

Please ask the manager about where to return paperwork. There are several options.

**R. MERRILL, INC.**  
Postal: 601 16<sup>th</sup> Street #440, Golden, CO 80401  
Website: www.rmidenver.com  
E-mail: rmidenver@ecentral.com  
Cell: 303-884-4140

### Rental Application Form

R. Merrill, Inc. does business in accordance with the Federal Fair Housing Laws and does not discriminate against any person because of race, color, religion, sex, handicap, familial status, national origin or sexual orientation.

Rental units are not available on a first come, first served basis. In all cases, unless otherwise specified in writing, we are working for the owner and owe loyalty and fiduciary responsibility to the owner at all times. Applicants will be screened and units leased to those most qualified to meet the needs of each owner.

Name: \_\_\_\_\_

Best Phone # \_\_\_\_\_ E-mail: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Pets: Cat \_\_\_\_\_ Other \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_

We do not except dogs at any of our properties, unless deemed service dogs.

#### Previous Landlord References

Building Name/Landlord: \_\_\_\_\_

Current Address: \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_

Roomates: Yes or No

Owner/Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**If you've occupied the above address for less than five years, please provide a second reference:**

Building Name/Landlord: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_

Roomates: Yes or No

Owner/Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### Employment References

Present Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Description: \_\_\_\_\_ Supervisor/Human Resource \_\_\_\_\_

Phone#: \_\_\_\_\_ FAX#: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

**Bank References**

Bank: \_\_\_\_\_ Account #: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Emergency Contact Information**

Nearest Relative: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Automobiles**

Type/Make/Year: \_\_\_\_\_

License Plate: State and Number \_\_\_\_\_

Driver's License: State and Number \_\_\_\_\_

The undersigned represents that the above statements are true and authorized verification given. This is to inform You that as part of our procedure in processing your application, an investigate consumer report will be prepared. Receipt of a non-refundable application fee of \$20.00 is acknowledged.

I hereby allow Rental Services, Inc. to verify my employment and rental reference(s) and/or run a credit and criminal history check. I am aware that they may ask several questions regarding my background and I give them my permission to do so.

Agreed and Acknowledged by Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

For Office use only:

Property: \_\_\_\_\_ Apt. No: \_\_\_\_\_ Rent per month \$ \_\_\_\_\_ Deposit \$ \_\_\_\_\_

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Property: \_\_\_\_\_ Apt. No: \_\_\_\_\_ Rent per month \$ \_\_\_\_\_ Deposit \$ \_\_\_\_\_



1981 Blake Street  
 Denver, Colorado 80202  
 888.925.5720  
 800.877.chfa (2432)  
 www.chfainfo.com

# verification of employment

The employer contact information below is to be completed by the property owner/agent, not the applicant/resident.

Employer	
Address	
Fax	Email
Regarding (Applicant/Resident Name)	

## property owner/management agent signature

The above Applicant/Resident is applying to/participating in a housing program that requires verification of income. The individual has signed a release below giving you permission to supply us with information. The information provided will remain confidential. Please return the completed form to the address/fax below.

*I certify that this verification has been sent directly to the employer and was not hand-carried by the applicant/tenant or any other interested party.*

Signature of Owner/Agent	Title	Date
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Owner/Agent's Mailing Address	Property owner/management agent signature
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Owner/Agent's Fax Number	Owner/Agent's Email Address
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## applicant/resident (employee) consent to release information

My signature below authorizes verification of my employment information.

Applicant/Resident Signature	Date
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*Form continues on next page.*

**employers: please fill out the information below as completely as possible.**

Please do not leave any items left blank. If an item is not applicable, please check the n/a box.

Employee Name		Job Title			
Presently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date First Employed: _____ Last Date of Employment: _____			
Base Pay \$ _____ per (check one)	<input type="checkbox"/> Hour If hourly, regular hours worked per week? _____	<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year	<input type="checkbox"/> Other: (biweekly, semi-monthly, etc.) _____
Overtime Hours Per Week _____ <input type="checkbox"/> N/A	Overtime Rate Per Hour \$ _____ <input type="checkbox"/> N/A	Shift Differential Hours Per Week _____ <input type="checkbox"/> N/A	Shift Differential Rate Per Hour \$ _____ <input type="checkbox"/> N/A		
Year-to-date Earnings \$ _____		YTD Period _____ to _____			
Does this employee receive? (check all that apply)		<input type="checkbox"/> Bonuses	<input type="checkbox"/> Commission	<input type="checkbox"/> Tips	<input type="checkbox"/> None
Average bonuses/tips/commissions \$ _____ per (check one) <input type="checkbox"/> N/A		<input type="checkbox"/> Hour	<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
Are bonuses/tips/commissions guaranteed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No. Please explain: _____		<input type="checkbox"/> N/A
Date of Next Pay Increase (if known) _____ <input type="checkbox"/> N/A		Amount of Next Pay Increase (if known) \$ _____ <input type="checkbox"/> N/A			
If employment is seasonal/periodic, please specify layoff periods.		<input type="checkbox"/> N/A			
Does this employee have a 401(k), 403(b), or other retirement account?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, can the employee withdraw the funds in this account?				<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the appropriate agency/contact information to verify retirement account information?				<input type="checkbox"/> N/A	

If form is completed electronically please complete box below:

Employer completed this form electronically \_\_\_\_\_ (employer initials)

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.**

\_\_\_\_\_  
Signature of Employer Representative Print Name Date

\_\_\_\_\_  
Title Telephone Number Email

Fax/Scan Cover Sheet

To: \_\_\_\_\_

From: Jeffrey Hopper

Attn: \_\_\_\_\_

Pages including this sheet: \_\_\_\_\_

Subject: \_\_\_\_\_ Housing Documents

Fax: \_\_\_\_\_ or E-mail: \_\_\_\_\_

Telephone: \_\_\_\_\_

Employer:

**Important Please Read Carefully**

Your employee \_\_\_\_\_ has applied for a rental unit in our building. In order to qualify he/she must have a third-party verification of income.

CHFA housing is a great opportunity to provide affordable housing to employee' in the Denver metro area. We hope that all employers recognized that the benefit of have employee's living and work in the Denver area in affordable and safe environments is a bonus for your business. **Please take the time to fill out all forms correctly.** This housing is in high demand! If forms are not filled out correctly or returned in a timely manner (**2 days**) it will jeopardize your employee from obtaining this housing opportunity.

Employer:

- Please answer all the questions in "The Employment Verification Form" **and be exact with dollar amounts and numbers. Do not put varies or depends, if you can't put an exact dollar amount put NA.**
- YTD (Year To Date) Income: **You must fill out the salary amount and the YTD income.** YTD is from January 1<sup>st</sup> of the current year until present or the last pay period.
- If there are items that do not pertain to the way he/she receives income, **please put NA in the blank.**
- Computer signatures and typed dates are not valid. **You must hand sign and date.**

**Thank you / Scan and email to: [rmidenver@ecentral.com](mailto:rmidenver@ecentral.com)**

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# certification of income for self-employed persons

Head of Household Name	Unit Number
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I am a self-employed individual. I am providing the following information and documentation to verify my household income. I certify that the information shown on the attached required items is true and complete to the best of my knowledge.

Based on my previous and planned self-employment activities, I anticipate my income for the next 12 months will be \$\_\_\_\_\_.

Please choose and complete one of the following options.

- I have filed federal income tax returns as a self-employed person. Attached are the following required documents:
  - Copy of my 20 \_\_\_\_ federal income tax returns as filed with the IRS
  - Year-to-date profit and loss statement
  - Business plan explaining business type/nature, frequency of work, frequency of payment, and payment amounts
  
- I have not yet filed or am not required to file federal income tax returns as a self-employed person. Attached are the following required documents:
  - Annual profit and loss statement for the previous year
  - Copies of payments/checks received from customers or ledger cards, if available
  - Year-to-date profit and loss statement
  - Business plan explaining business type/nature, frequency of work, frequency of payment, and payment amounts

*Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.*

Applicant/Resident Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Applicant/Resident \_\_\_\_\_



# unemployed resident affidavit

Resident Name	Unit Number
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I certify that I am currently unemployed. My status for the upcoming 12-month period is *(please choose one of the following)*:

- I anticipate becoming employed within the next 12 months. Based on my past work experience, skills, and income history as reflected in my federal income tax return for the most recent tax year (copy must be attached) or other relevant documentation (must be attached), I expect to earn \$ \_\_\_\_\_ per year when I become employed.
- I anticipate becoming employed within the next 12 months. I do not have a history of employment, but I expect to earn \$ \_\_\_\_\_ per year when I become employed.
- I do not anticipate becoming employed within the next twelve months.

By my signature, I certify the above information is true and correct.

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.**

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date





# resident statement of assets

**Instructions:** Please complete both Sections 1 and 2. All adults, except married couples, must complete separate forms. Include any assets you own or co-own and assets of children.

Assets include, but are not limited to, checking or savings accounts, real estate, stocks, bonds, and retirement accounts.

Resident Name	Unit Number
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## section 1 please choose one of the following

- I/We do not have any assets at this time.
- I/We have assets. My/our assets are listed below. [Please note: Certain funds (e.g., retirement, pensions, trusts) may or may not be fully accessible to you. Include only those amounts which are accessible.]

source	(a) cash value*	(b) interest rate	(a x b) annual income	source	(a) cash value*	(b) interest rate	(a x b) annual income
Savings Account	\$	%	\$	Checking Account	\$	%	\$
Cash On Hand	\$	%	\$	Safety Deposit Box	\$	%	\$
Certificates of Deposit	\$	%	\$	Money Market Funds	\$	%	\$
Stocks	\$	%	\$	Bonds	\$	%	\$
IRA Accounts	\$	%	\$	401k Accounts	\$	%	\$
Keogh Accounts	\$	%	\$	Trust Funds	\$	%	\$
Equity in Real Estate	\$	%	\$	Land Contracts	\$	%	\$
Lump Sum Receipts	\$	%	\$	Capital Investments	\$	%	\$
Benefit Cards (Direct Express, TANF, unemployment benefits)	\$	%	\$	Electronic Accounts: (Venmo, PayPal, Bitcoin, GoFundMe, etc.)	\$	%	\$

Value of Life Insurance Policies (excluding Term Life)*	\$
Additional Retirement/Pension Funds (not named above)*	\$
Value of Personal Property Held for Investment	\$
Other Assets (not included above)	\$

\* Cash value is defined as market value less the cost of converting the asset to cash. Costs may include broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\* Personal property held for investment purposes may include, but is not limited to, gem or coin collections, art, or antique cars. Do not include items such as household furniture, daily-use autos, clothing, active business assets, or special equipment for use by the disabled.

## section 2 you must choose one of the following

- Within the past two years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV). These assets are included above and are equal to a total of \$\_\_\_\_\_ (the value to include for each asset equals the difference between FMV and the amount actually received for the asset).
- I/We have not sold or given away assets (including cash, real estate, etc.) for less than the fair market value during the past two years.

If forms are completed electronically, one of the following boxes must be checked:

- This form was completed electronically by the resident.
- Management or someone outside of household assisted completing the form electronically (Authorization to Assist is attached).

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## signature

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Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

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Applicant/Resident Signature

Date

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Applicant/Resident Signature

Date

**Application Fees Can Be:  
Cash, personal check,  
or money order**

**Make Application Fees Out To:  
R. Merrill, Inc**

**Payment of Security Deposit & First  
Month's Rent or Pro-rated Rent  
No Personal Checks!**

*All payments towards security deposit and first month's rent or pro-rated rent  
must be either:*

**Money Order or Bank Issued Check**

*No personal checks are accepted. However, payments for the second month and  
thereafter may be in the form of a personal check, if desired.*

*Money Orders and Cashier's Checks must be made out to the property to which  
you will be renting:*

*Burlington Hotel.....made out to...Burlington Hotel Building Ltd.*

*The Curtis Flats.....made out to...Curtis Street Ltd.*

**Ask our representative about drop off/scanning  
options for application packets and other  
documents.**