

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

Application:

Fill out the rental application completely. Be sure to sign your name at the end of the rental application.

There is a \$16 application fee for each application.

CHFA (Colorado Housing Finance Authority) Documents:

If you have further questions, there are audio instructions on our website with more information on completing these forms. Rmerrill.net/applications.html

The Burlington Hotel Lofts and 2033 Curtis Flats are income restricted. One person moving into the property must make a gross annual income under \$32,880. Two persons must make a combined gross annual income under \$ 37,560 at the time you move in. Your income can increase after move-in.

Income Verification

Verification of Employment is the form we fax to your employer. However, you will fill out the top part of the form. There is a fax coversheet that you will need to fill out. Do NOT send this to your employer – we must fax or scan it to them and they must fax or 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 a copy of your most recent Federal Tax return or 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.

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 (column A) of each asset. Do not fill out the interest rate or annual income B or AB column.

Student Verification

Non Student, Part-Time Student, or Full-Time Student: all applicants will need to fill out the **Certification of Student Status** form. If you are a Part Time Student or a Full-Time Student, you will need to fill out the top part of **Verification of Student Status**. Your educational institution will fill out the bottom part of the form. You will need to provide a copy of your class schedule. Do NOT give this to your faculty advisor – we must fax or scan it to them and they must fax or scan back to us.

Return Paperwork

Please return all paperwork to our offices located at:

2197 Arapahoe Street (22nd and Arapahoe at the Paris Hotel Courtyard).

You'll see "The Lobby" restaurant and patio. Walk toward the back of the courtyard and look for our office door marked 2197. If no one is in the office, put the paperwork through the mail slot.

Remember to include your \$16 application fee for each application.

R. MERRILL, INC.
2197 Arapahoe Street, Denver, Colorado 80205
Website: www.rmidenver.com
E-mail: rmidenver@ecentral.com
Office: 303-778-1100
Cell: 303-884-4140
Fax: 303-293-3161

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.

Previous Landlord References

Landlord: _____

Current Address: _____ Dates of Occupancy: _____

Roomates: Yes No

Owner/Manager: _____ Phone #: _____

Some Management Companies require us to send a fax for a tenant referral: Fax #: _____

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

Landlord: _____

Previous Address: _____ Dates of Occupancy: _____

Roomates: Yes No

Owner/Manager: _____ Phone #: _____

Some Management Companies require us to send a fax for a tenant referral: Fax #: _____

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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 \$16.00 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 \$ _____

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

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

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

Notes: _____

Energy Winter Summer

Xcel

Parking



Verification of Employment

Employer: _____

Address: _____

Fax #: _____

RE: _____
Applicant/Resident Name

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

Owner/Agent's Address Owner/Agent's Fax Number

Consent to Release Information: My signature below authorizes verification of my employment information.

Applicant/Resident Signature

Date

Employer: Please fill out the information below as completely as possible.

Date of Hire: _____ Position: _____

Base Pay: \$_____ per (check one) Year Month Week Hour Other: _____

If hourly, hours worked per week: _____ Year-to-Date Earnings: \$_____ thru ____ / ____ / ____

Overtime Hrs per week: _____ Overtime pay rate: \$_____

Average No. of Shift Differential Hours per week: _____ Shift Differential Rate per Hour: \$_____

Does this employee receive? (check all that apply) Bonuses Tips Commission None

Average bonus/tips/commission: \$_____ per (check one) Year Month Week Hour

Are bonus/commissions Guaranteed? Yes No, Explain: _____

Date of Next Pay Increase (if known): _____ Amount of Next Pay Increase (if known): \$_____

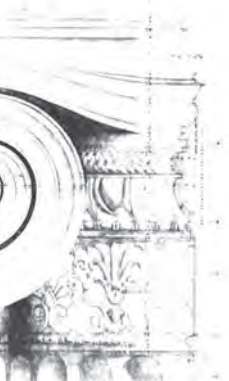
If employment is seasonal/periodic, please specify layoff periods: _____

Employer Comments: _____

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 Title Date

Telephone #



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DESK: 303-778-1100 FAX: 303-293-3161
OFFICE: 2197 Arapahoe Street, Denver, CO 80205
BILLING: P.O. Box 24898 Denver, CO 80224
EMAIL: rmidenver@ecentral.com
WEB: www.rmidenver.com

Fax/Scan Cover Sheet

To: _____

From: Jeffrey Hopper

Attn: _____

Pages including this sheet: _____

Subject _____ employment and income verification

Fax: _____ or E-mail: _____

Telephone: _____

Employer:

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.

Employer:

- Please answer out all the questions in “ The Employment Verification Form” and be exact with dollar amounts and numbers.
- YTD (Year To Date) Income: You must fill out the salary amount and the YTD income. YTD is from January 1st 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.

Thank you / Fax : 303- 293-3161 or scan and e-mail to: rmidenver@ecentral.com

Your employee cannot hand deliver this back to us. It must come from your fax or email.

CERTIFICATION OF INCOME FOR SELF-EMPLOYED PERSONS

I am a self-employed individual. I am providing the following documentation to verify my household income:

I certify that the information shown on the tax returns is true and complete to the best of my knowledge. The following required items are attached:

a copy of my 20_____ Federal Income Tax returns as filed with the IRS,

a copy of a Current Profit and Loss Statement, and

a copy of my Business Plan.

I have not yet filed Federal Income Tax returns as a self-employed person. Attached are the following:

a copy of my business plan,

a copy of a current profit-and-loss statement, and

copies of receipts/checks for services provided.

I certify that I am not required to file Federal Income Tax returns. The following alternative documentation is attached:

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

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.

Name (Please Print)

Date

Signature

Unemployed Resident Affidavit

Resident Name

Unit #

Certification Date

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 attached) or other relevant documentation (attached), I expect to earn \$_____ per year when I become employed.
- Based on my circumstances, 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.

Signature

Date



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

zero-income household questionnaire

You reported that your household has no income. Please explain how you pay for household living expenses and meet basic needs by answering the questions below:

Head of Household Name	Date
Unit Number	

1 Do you have a job in which you are paid cash such as babysitting, fieldwork, temporary work, sell Avon, Mary Kay, etc?
 If "yes", how much are you paid each time you work and how often do you work?

2 Do your parents, children, friends or any other person or organization outside of your household help you meet your needs by giving cash assistance?
 If "yes", how much and how often do you receive assistance?

3	monthly cost	how do you pay this?
Rent		
Utilities: Electricity/Gas/etc		
Telephone/Mobile Phone		
Food		
Cleaning Supplies (dish soap, detergent, etc.)		
Paper Supplies (toilet paper, paper towels, etc)		
Personal Hygiene items (shampoo, deodorant, etc)		
If young children: diapers, formula		
Transportation (gas for car, car insurance, bus tokens)		
Cable or Internet Service		

signature(s)

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

I certify that the information supplied in this form is true and correct to the best of my knowledge.

Signature of Applicant/Resident	Date
Signature of Applicant/Resident	Date

Verification of Household Assistance

I, _____ purchase or pay for the following items on a weekly or monthly basis for _____ Unit # _____.

(Example: toiletries, cleaning supplies, diapers, formula, phone bill, cable bill, car insurance, etc.)

_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____
_____	Weekly/Monthly \$ _____

Total Monthly Amount Rcvd \$ _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to willfully falsify a material fact or make a false statement in any matter within the jurisdiction of a federal agency.

I certify that the information supplied in this form is true and correct to the best of my knowledge.

(Provider Signature)

(Date)

**Colorado Housing and Finance Authority
Resident Statement of Assets**

Instructions: Please complete Section I and II of the asset information form. Roommates should complete separate forms. Include any assets you own, co-own, and that are held in the name(s) of children in the household. **Assets include, but are not limited to, checking or savings accounts, real estate, stocks, bonds, and retirement accounts.** Be sure to complete both Sections.

Family Name: _____

Unit No. : _____

Section I: 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) Int. Rate	(A*B) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(A*B) Annual Income
Savings Account	\$		\$	Checking Account	\$		\$
Cash on Hand	\$		\$	Safety Deposit Box	\$		\$
Certificates of Deposit	\$		\$	Money market funds	\$		\$
Stocks	\$		\$	Bonds	\$		\$
IRA Accounts	\$		\$	401(k) Accounts	\$		\$
Keogh Accounts	\$		\$	Trust Funds	\$		\$
Equity in real estate	\$		\$	Land Contracts	\$		\$
Lump-sum Receipts	\$		\$	Capital investments	\$		\$

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, such as 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 II: 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). The difference between FMV and the amount received, for each asset on which this occurred. The amounts are equal to \$_____ and are included above.

I/we have **not** sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

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.

Applicant/Resident Signature

Date

Applicant/Resident Signature

Date

Certification of Student Status

Head of Household: _____ Effective Date: _____
Move-in Date: _____
(MM/DD/YYYY)

Students include individuals attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade or mechanical schools. Students do not include individuals participating in on-the-job training or correspondence courses.

Please choose the option below that best describes your household:

- The household contains at least one occupant who is not a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (*months need not be consecutive*).
- The household contains all students, but is qualified because at least one occupant is a **part time** student. Verification of part time student status is required for at least one occupant. Please list the names of all **part time** students: _____
- The household contains all **full time** students for five months or more out of the current and/or upcoming calendar year (*months need not be consecutive*). Please answer questions 1-5 below:

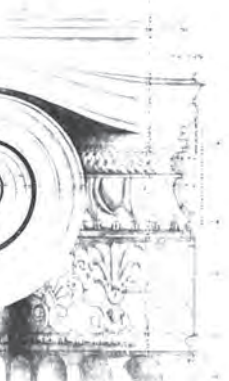
	<u>Yes</u>	<u>No</u>
1. Are the students married and entitled to file a joint tax return? (attach an affidavit or tax return)	<input type="checkbox"/>	<input type="checkbox"/>
2. Is at least one student a single parent with child(ren), <i>and</i> this parent is not a dependent of someone else, <i>and</i> the child(ren) is/are not dependent(s) of someone other than parent(s)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state, or local laws? (attach verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the household consist of at least one student who was previously under foster care? (provide verification of participation)	<input type="checkbox"/>	<input type="checkbox"/>

Under penalties of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge and belief. I/we agree to notify management immediately of any changes in this household's student status. I/we understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of the lease agreement.

All household members age 18 or older must sign and date this form.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

Full time student households that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked no, or verification does not support the exception indicated, the household is considered an ineligible student household.



R. MERRILL, INC.

Historic Places to Live & Work Downtown

DESK: 303-778-1100 FAX: 303-293-3161
OFFICE: 2197 Arapahoe Street, Denver, CO 80205
BILLING: P.O. Box 24898 Denver, CO 80224
EMAIL: rmidener@ecentral.com
WEB: www.rmidener.com

Fax Cover Sheet

To: _____

From: Jeffrey Hopper

Attn: _____

Pages including this sheet: _____

Subject: Verification of Student Status

Fax: _____ or E-mail: _____

Telephone: _____

Student Advisor:

Your Student _____,

Has applied for a rent restricted unit in our building. In order to qualify he/she must have a third-party verification of hours enrolled for this calendar year.

Please find the verification of student status form enclosed.

The advisor:

- Needs to complete the bottom half of the form.
- Needs to keep the filled out form, if additional information is needed.
- Needs to complete and fax back the form, so that the student can qualify and we can process the application in a timely manner.

Thank you / Fax: 303- 293-3161 or scan and email to: rmidener@ecentral.com

Payment of Security Deposit & First Months Rent

No Personal Checks!

All payments towards security deposit and first month's rent must be either:

Cash

Money Order

Cashier's 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 Ltd.

Curtis Street Apts..... made out to.....Curtis Street Ltd.

Do Not Make Out Any Payments to R. Merrill, Inc.