

# SAN MIGUEL REGIONAL HOUSING AUTHORITY

820 Black Bear Road, Unit G-17 P.O. Box 840, Telluride, CO 81435  
Tel: 970-728-3034 Fax: 970-728-5371; e-mail: [smrha@telluridecolorado.net](mailto:smrha@telluridecolorado.net) web: [www.smrha.org](http://www.smrha.org)

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## TOWN OF MOUNTAIN VILLAGE LOTTERY APPLICATION for COYOTE COURT

For those persons interested in purchasing a Coyote Court unit, please submit the following to the San Miguel Regional Housing Authority located at the above address:

1. Completed **Application Form** (*Please remember to have Notarized where applicable*)
  - a. Currently employed – pages 1-6
  - b. Retired – pages 1-4 and 6
2. Enclose \$50.00 nonrefundable **Application Fee** (make check payable to SMRHA).
3. Enclose a copy of **Colorado Driver's License** (or other acceptable proof of identification) and automobile registration.
4. Enclose copies of complete tax returns for the last 2 years (this includes all W2s, 1099s, schedules, etc.)
5. A pre-qualification letter from a lender

### Applicant Information:

1. Name(s): \_\_\_\_\_
2. Other household members and relationship to Applicant(s): \_\_\_\_\_  
\_\_\_\_\_
3. Mailing Address: \_\_\_\_\_
4. Current street address: \_\_\_\_\_
5. Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_
6. email: \_\_\_\_\_
7. How long have you lived within the Telluride R-1 School District? \_\_\_\_ Yrs. \_\_\_\_ Mos.
8. How long have you been employed within the Telluride R-1 SD? \_\_\_\_ Yrs. \_\_\_\_ Mos.
9. Please check one as it applies: \_\_\_\_\_ Local Employee  
\_\_\_\_\_ Town of Mountain Village Employee \_\_\_\_\_ current Coyote Court owner (unit #\_\_\_\_)  
Emergency Worker: \_\_\_\_\_ T.F.P.D. \_\_\_\_\_ TMV Police Department
10. Do you, your spouse or any of your dependents own other property Yes\_\_\_\_ No\_\_\_\_.  
If Yes, describe the type (free market, deed restricted; residential, commercial;  
improved, unimproved; etc.) and location of each property: \_\_\_\_\_  
\_\_\_\_\_
11. **Deed Restricted property applicant wishes to purchase: Coyote Court Unit #:** \_\_\_\_\_

Please total your **gross income** of the past 12 months from the following sources (if married, indicate whether amounts are household or individual income):

Household or Individual Applicant

\_\_\_\_\_ **Income from employment** (includes income on W-2 and 1099 forms such as wages, salaries, overtime pay, commissions, fees, tips and bonuses, and any other employment income from partnerships or S corporations)

\_\_\_\_\_ **Benefit payments** (includes Social Security, SSI, Workers' Compensation, Disability pay or benefits, unemployment benefits, severance pay, annuities, pensions, retirement or death benefits)

\_\_\_\_\_ **Alimony and/or child support**

\_\_\_\_\_ **Interest, dividends, and other income from household assets** (includes interest from bank accounts or bonds, dividends from stocks or mutual funds, income distributed from trust funds, etc)

\_\_\_\_\_ **Re-occurring monetary gifts from family members**

\_\_\_\_\_ **Rental income** (includes income from renters/roommates)

\_\_\_\_\_ **Other capital income** (includes multiple-year capital gains, royalties)

===== **Other income (please specify)**

= \_\_\_\_\_ **TOTAL GROSS HOUSEHOLD INCOME**

Please complete the Net Worth Calculation Worksheets (pp.3-4) and enter your total household **net worth** here: \_\_\_\_\_. The total should include the documented value of all assets, including but not limited to ownership interest in a business or in land (developed or undeveloped), bank accounts, stocks, bonds, mutual funds, cars, household appliances, etc.

Please indicate which public or community service groups are you involved with:

\_\_\_\_\_  
\_\_\_\_\_

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**Every Applicant and adult co-occupant must sign and date the following statement:**

I hereby certify that I understand that ownership and occupancy of this property is limited to qualified Employee(s) (and their spouse and children), and I intend to occupy this employee housing unit as my primary Residence.

I hereby certify that all information provided above is true and complete to the best of my knowledge. I also give my permission to the Housing Authority or its designee to make inquiries to verify any information provided herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Net Worth Calculation Worksheet

<b>Assets (What you <u>own</u>)</b>			<b>Check If Jointly Held</b>
	<b><u>Applicant</u></b>	<b><u>Co-Applicant (if any)</u></b>	
<b>Cash:</b>			
Cash On Hand	\$ _____	\$ _____	_____
Checking Account	\$ _____	\$ _____	_____
Saving Account	\$ _____	\$ _____	_____
Money Market Funds	\$ _____	\$ _____	_____
Cash Value of Life Insurance	\$ _____	\$ _____	_____
Anticipated Gift(s) towards Down Payment	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
<b>Real Estate / Property (Fair Market Value):</b>			
Home(s) in San Miguel County	\$ _____	\$ _____	_____
Land in San Miguel County	\$ _____	\$ _____	_____
Home(s) outside San Miguel County	\$ _____	\$ _____	_____
Land outside San Miguel County	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
<b>Investments (Market Value):</b>			
Certificates of Deposit	\$ _____	\$ _____	_____
Stocks	\$ _____	\$ _____	_____
Bonds	\$ _____	\$ _____	_____
Mutual Funds	\$ _____	\$ _____	_____
Annuities	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
<b>Personal Property (Present Value):</b>			
Automobiles	\$ _____	\$ _____	_____
Recreational Vehicle / Boat	\$ _____	\$ _____	_____
Home Furnishings	\$ _____	\$ _____	_____
Appliances and Furniture	\$ _____	\$ _____	_____
Collections	\$ _____	\$ _____	_____
Jewelry and Furs	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
<b>Business Assets (Present Value):</b>			
All	\$ _____	\$ _____	_____
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<b>Total Gross Household Assets</b>	<b>\$ _____</b>	<b>\$ _____</b>	

**Liabilities (What you owe)**

	<u>Applicant</u>	<u>Co-Applicant (if any)</u>	<u>Check If Jointly Held</u>
<b>Current Debts:</b>			
Household e.g., Lease Obligation	\$ _____	\$ _____	_____
Business	\$ _____	\$ _____	_____
Medical	\$ _____	\$ _____	_____
Credit Cards	\$ _____	\$ _____	_____
Department Store Cards	\$ _____	\$ _____	_____
Back Taxes	\$ _____	\$ _____	_____
Legal	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
<b>Mortgages:</b>			
Home(s) in San Miguel County	\$ _____	\$ _____	_____
Land in San Miguel County	\$ _____	\$ _____	_____
Home(s) outside San Miguel County	\$ _____	\$ _____	_____
Land outside San Miguel County	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
<b>Loans:</b>			
Bank / Finance Company	\$ _____	\$ _____	_____
Bank / Finance Company	\$ _____	\$ _____	_____
Automobile	\$ _____	\$ _____	_____
Recreational Vehicle / Boat	\$ _____	\$ _____	_____
Education	\$ _____	\$ _____	_____
Life Insurance loan	\$ _____	\$ _____	_____
Personal (from family and/or friends)	\$ _____	\$ _____	_____
Business	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
<hr/>			
<b>Total Liabilities</b>	\$ _____	\$ _____	

**Total Assets Minus Total Liabilities = Household Net Worth**

\$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**EMPLOYER/EMPLOYEE AFFIDAVIT OF EMPLOYMENT**

Note: Complete this page for each occupant to be considered a qualified Employee.

**Employer's Affidavit**

I, \_\_\_\_\_, hereby declare that \_\_\_\_\_  
is presently employed as an employee or as an independent contractor by \_\_\_\_\_  
\_\_\_\_\_ whose principal address of business is: \_\_\_\_\_,  
which is located within the Telluride R-1 School District boundaries of San Miguel County.

Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer phone #: \_\_\_\_\_

The foregoing instrument was sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_.

WITNESS my hand and official seal.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**Employee's Affidavit**

I, \_\_\_\_\_, hereby declare that I am presently employed as an  
employee or as an independent contractor by \_\_\_\_\_  
whose principal address of business is: \_\_\_\_\_,  
which is located within the Telluride R-1 School District boundaries of San Miguel County.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: If self-employed, remember to enclose a copy of your business license.**

The foregoing instrument was sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by \_\_\_\_\_.

WITNESS my hand and official seal.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

## VERIFICATION OF EMPLOYMENT HOURS

This document serves to verify the employment hours for the following Employee:

\_\_\_\_\_

Employee began employment with \_\_\_\_\_ on \_\_\_\_\_.  
(Company) (date)

Employee is (was) employed as \_\_\_\_\_.  
(Job title)

If no longer employed by you, the Employee 's last date of employment was \_\_\_\_\_.

Is (Was) this employment **seasonal** or **year round**? (circle one)

**If seasonal**, Employee typically works (worked) **from** \_\_\_\_\_ **to** \_\_\_\_\_.

Employee works/will work/worked an average of \_\_\_\_\_ **hours per week**.

Employee works/will work/worked a total of \_\_\_\_\_ **weeks per year**.

Employee works/will work/worked a total of \_\_\_\_\_ **hours per year**.

Signed:

\_\_\_\_\_  
Employer's signature

\_\_\_\_\_  
Employer's name (printed) and job title

\_\_\_\_\_  
Contact telephone number

**CERTIFICATE of QUALIFICATION**

The SMRHA, on behalf of the Town of Mountain Village Housing Authority, after diligent review, finds that \_\_\_\_\_ is qualified as an Employee eligible to occupy Affordable Housing, as defined in the Town of Mountain Village Housing Authority Operating Document.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

By (Name): \_\_\_\_\_

Local Housing Programs Manager  
San Miguel Regional Housing Authority