

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 web: www.smrha.org

Welcome To The Deed Restriction Application Process!

Dear Applicant:

On the following pages you will be asked to provide information which will permit us, the San Miguel Regional Housing Authority (SMRHA) to determine if you are eligible to own or rent a unit that has been deed restricted.

Please read all of the information carefully and contact us with questions. We can not process an application until it is complete.

The SMRHA is subject to the Colorado Open Records Act (CORA) Colorado Revised Statutes section 24-72-201, *et seq.* Any information that you provide becomes public record, with the exception of specific confidential information as stated in CORA. Confidential information under CORA includes items such as financial information; for example, state and federal income tax returns. However, please be aware that any confidential documents or information that you choose to provide or disclose at a public meeting will become a part of the public record of that meeting, and therefore subject to disclosure pursuant to CORA.

We look forward to assisting you with your application.

If you have questions about any of the information you need to provide or about the process, please contact us at 970-728-3034, extensions, 5, 6 or 8.

Sincerely,

SMRHA Staff

SAN MIGUEL REGIONAL HOUSING AUTHORITY

Please submit with a \$10 application fee.
(payable to SMRHA)

TOWN OF TELLURIDE EMPLOYEE DWELLING UNIT (EDU) APPLICATION

NAME: _____

MAILING ADDRESS: _____

UNIT STREET ADDRESS: _____

PHONE: _____ EMAIL: _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____

WHERE DO YOU WORK? _____

HOW MANY YEARS AND MONTHS HAVE YOU WORKED THERE? ___ YEARS ___ MONTHS

HOW MANY YEARS AND MONTHS HAVE YOU BEEN EMPLOYED WITHIN THE TELLURIDE
R-1 SCHOOL DISTRICT? _____ YEARS _____ MONTHS

HOW MANY MONTHS PER YEAR DO YOU WORK IN THE DISTRICT? _____

HOW MANY HOURS PER WEEK DO YOU WORK IN THE DISTRICT? _____

WHAT PERCENTAGE OF INCOME IS EARNED IN THE DISTRICT? _____

WHAT WAS YOUR ANNUAL GROSS INCOME LAST YEAR? _____

IF NOT EMPLOYED, BUT APPLYING UNDER OTHER CRITERIA (PURSUANT TO TOWN
LAND USE CODE SECTION 2-132), CHECK HERE _____ AND BE PREPARED TO SUBMIT
DOCUMENTATION AS NECESSARY TO SHOW THAT YOU MEET THE APPLICABLE NON-
EMPLOYMENT CRITERIA.

PLEASE SUBMIT A LAWFUL PRESENCE AFFIDAVIT AND VERIFICATION FORM (TO BE
OBTAINED FROM THE TELLURIDE TOWN CLERK) WITH THIS APPLICATION, IN
COMPLIANCE WITH 2006 STATE HOUSE BILL 1023.

I HEREBY CERTIFY, SUBJECT TO PENALTY OF PERJURY, THAT ALL INFORMATION
PROVIDED ABOVE IS TO THE BEST OF MY KNOWLEDGE TRUE AND COMPLETE.

SIGNATURE _____ DATE _____

SAN MIGUEL REGIONAL HOUSING AUTHORITY
EMPLOYMENT CERTIFICATION

Dear Employer,

The individual named below has applied to occupy an employee dwelling unit or otherwise deed-restricted affordable housing unit in the Town of Telluride. In order to process his/her application, THA must verify the individual's employment. Please take a couple of minutes to answer the following questions.

Thank you for your cooperation and if you have any questions, please call the Housing Authority at 728-3034 (ext. 6 or 8).

Housing Authority staff

TO BE COMPLETED BY EMPLOYER

Employee's Name _____

Name of business _____

Address of business _____

Date hired _____

Hours per week worked (average) _____

Year round employment? Yes or No (circle one)

Seasonal employment? Yes or No (circle one) If Yes, months worked: _____

Employee earns a gross wage of \$ _____ per _____ (week, month, or year, etc)

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED ABOVE IS TO THE BEST OF MY KNOWLEDGE TRUE AND COMPLETE.

Employer's signature _____ Title _____

Phone # _____

Date _____