

# 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)

**Only complete Lottery Applications will be accepted at the SMRHA office beginning Monday September 19, 2011 and no later than 12 p.m. (Noon) Friday, October 14, 2011  
NO EXCEPTIONS**

## Town of Telluride - Lottery Application

The Telluride Affordable Housing Guidelines (Guidelines), specifically parts 1 and 2 and Section 307, and the FAQ Sheet are your references for completing and understanding this Lottery Application. If you have questions about completing this Lottery Application, please call the SMRHA office at (970)728-3034, ext. 4 or 5. Applications are available online at [www.smrha.org](http://www.smrha.org) or at the SMRHA office located at the above address.

You must submit the following for an application to be considered complete:

- \$25.00 non-refundable Application Fee (make check payable to SMRHA)
- Completed application form (Please remember to have notarized where applicable.)
- Submit 1 Application per household: All Applicants must complete pages 1-6, AND :**
  - Currently employed – part A (pages 7-9)
  - Retired – part B (pages 10-13)
  - Disabled – part C (page 14)
  - Exception Application (if applicable) and \$25.00 Exception fee
- Copies of complete tax returns for the last 2 years (this includes all W2s, 1099s, schedules, etc.)
- A pre-approval letter from a lender
- Lawful Presence Affidavit – this document should be obtained from the Telluride Town Clerk's office in compliance with 2006 State Law House Bill 1023.
- Additional documentation necessary for employment verification (if applicable)
  - Multiple Certification of Employment pages
  - Local Business License (if self-employed)
  - Time logs, invoices, etc. (if self-employed)
- Unit preference sheet (page 15)

There are 3 levels of evaluation to determine if a household qualifies for this lottery. Please refer to the Guidelines for detailed information:

**Qualification** – A Household must maintain its Qualification continuously as long as it occupies the Housing Unit.

- a) At least 1 Household member must meet the employment requirement
- b) The unit must become the principal place of residence of the Household
- c) Household net assets must not exceed 2 times the Original Purchase Price of the unit
- d) Other property ownership (commercial or residential) is RESTRICTED

**Eligibility** – This only applies at the time of initial sale of the Housing Unit.

- a) Household size must be appropriate for available unit size
- b) Each unit is subject to an income limit:
  - i. Tier 1: Household income shall not exceed the 120% of AMI for SMC
  - ii. Tier 2: Household income shall not exceed the 150% of AMI for SMC

**Priority** – This refers to the rules by which applicants are placed in order for the purpose of offering the Units for sale as they become available (e.g. a lottery procedure)

SMRHA staff will evaluate the application for eligibility based on criteria in Sections 1 (**Common Policies**) and 3 (**Town-Constructed Units**) of the Telluride Affordable Housing Guidelines.

## HOUSEHOLD INFORMATION

*(Please Print!)*

NUMBER HOUSEHOLD MEMBERS: \_\_\_\_\_

PREFERRED BEDROOM SIZE: \_\_\_\_\_

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### HOUSEHOLD MEMBER

This person is authorized to speak and sign on behalf of all other Household Members:

\_\_\_\_\_  
(last name) (first name) (middle name)

Relationship to Household (check one): Owner\_\_\_\_ Member of an Owner's immediate family\_\_\_\_  
(relationship:\_\_\_\_\_ )

Mailing address: \_\_\_\_\_ Phone # (res.) \_\_\_\_\_

\_\_\_\_\_ Phone# (cell.) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone # (bus.) \_\_\_\_\_

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### OTHER HOUSEHOLD MEMBER

\_\_\_\_\_  
(last name) (first name) (middle name)

Relationship to Household (check one): Owner\_\_\_\_ Member of an Owner's immediate family\_\_\_\_  
(relationship:\_\_\_\_\_ )

Mailing address: \_\_\_\_\_ Phone # (res.) \_\_\_\_\_

\_\_\_\_\_ Phone# (cell.) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Phone # (bus.) \_\_\_\_\_

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### OTHER HOUSEHOLD MEMBERS:

\_\_\_\_\_  
(last name) (first name) (middle name)

Relationship to Household (check one): Owner\_\_\_\_ Member of an Owner's immediate family\_\_\_\_  
(relationship:\_\_\_\_\_ )

\_\_\_\_\_  
(last name) (first name) (middle name)

Relationship to Household (check one): Owner\_\_\_\_ Member of an Owner's immediate family\_\_\_\_  
(relationship:\_\_\_\_\_ )

*Please supply this same information for additional Household Members on another sheet of paper.*

**Pursuant to section 307.3.B of the Telluride Affordable Housing Guidelines, a Household may be eligible for ONE additional lottery entry.**

**If one member of the Household can provide proof of at least 3 calendar years of employment within the boundaries of the Telluride R-1 School District within the previous 5 calendar years, the Household will receive ONE additional entry. The individual must have worked at least 1400 hours during each calendar year claimed. If the individual had more than one place of employment, please provide a separate copy of page 8 for each employer. Only ONE additional entry will be granted per Household.**

1. How many years and months have you lived within the Telluride R-1 School District boundaries? \_\_\_\_\_ years \_\_\_\_\_ months
2. For what employer(s) do you work?  
\_\_\_\_\_
3. Is this work within the boundaries of the Telluride R-1 School District? \_\_\_\_ Yes \_\_\_\_ No
4. How many years and months have you worked there? \_\_\_\_\_
5. Counting previous employment, how many total years and months have you been employed within Telluride R-1 School District boundaries? \_\_\_\_\_ years \_\_\_\_\_ months
6. Please total your **gross income** of the past 12 months from the following sources:

Household or <sup>Individual</sup> Applicant

_____	_____	<b>Income from employment</b> (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)
_____	_____	<b>Benefit payments</b> (includes Social Security, SSI, Workers' Compensation, Disability pay or benefits, unemployment benefits, severance pay, annuities, pensions, retirement or death benefits)
_____	_____	<b>Alimony and/or child support</b>
_____	_____	<b>Interest, dividends, and other income from household assets</b> (includes interest from bank accounts or bonds, dividends from stocks or mutual funds, income distributed from trust funds, etc)
_____	_____	<b>Re-occurring/one-time monetary gifts from family members</b>
_____	_____	<b>Rental income</b> (includes income from renters/roommates)
_____	_____	<b>Other capital income</b> (includes multiple-year capital gains, royalties)
_____	_____	<b>Other income (please specify)</b>
= _____	_____	<b>TOTAL GROSS HOUSEHOLD INCOME</b>

7. Do you, your spouse, or any of your dependents own other **property** within the Telluride R-1 School District? Yes\_\_\_ No\_\_\_. If Yes, describe the type (free market, deed restricted; residential, commercial; improved, unimproved; etc.) and location of each such property:  
\_\_\_\_\_  
\_\_\_\_\_

8. Please complete the Net Assets Calculation Worksheets (pages 5-6) and enter your total household **net asset** here:\_\_\_\_\_.

9. Please indicate which **public or community service groups** you are involved with:  
\_\_\_\_\_

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## APPLICANT'S CERTIFICATION & AUTHORIZATION

Under penalty of perjury, the applicant certifies the following:

1. All information provided in this application, including attachments, submitted to the San Miguel Regional Housing Authority to purchase Town of Telluride Deed Restricted Property are true, complete, and correct to the best of the Applicant's knowledge;
2. The Applicant has been given a standard application information packet by THA Staff; and,
3. The Applicant, on the basis of the application presented, believes that the Household qualifies to occupy the Housing Unit in question according to the Deed Restriction, the Guidelines, and all other applicable procedures, rules and regulations.

**Please note: Any material misstatement of fact or deliberate fraud by the Household in connection with any information supplied to THA shall be cause for immediate expulsion from the application process and/or forced sale of the Housing Unit.**

### AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

1. As a part of the application process to purchase Town of Telluride Deed Restricted property, the San Miguel Regional Housing Authority (SMRHA) may request any combination of documentation reasonably related to proof of income, assets, and employment. SMRHA may also verify any and all information contained in my/our loan application and in other documents required in connection with the loan.
2. I/We authorize you to provide to the SMRHA any and all information and documentation in your care or custody that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances; credit history; and copies of income tax returns.
3. A copy of this authorization may be accepted as an original.

DATED: Effective this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

STATE OF COLORADO     )  
  ) ss.  
SAN MIGUEL COUNTY     )

Sworn to, before me, by \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

WITNESS my hand and official seal.

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

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

## Net Asset 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	\$ _____	\$ _____	_____
Retirement Funds	\$ _____	\$ _____	_____
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	\$ _____	\$ _____	_____
<hr/>			
<b>Individual Assets</b>	\$ _____	+ \$ _____	= _____
<b>Total Household Assets</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>Individual Liabilities</b>	\$ _____	+ \$ _____	= _____
<b>Total Household Liabilities</b>	\$ _____		

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

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

**PART A: Currently Employed  
CERTIFICATION of EMPLOYMENT**

**Employer's Affidavit**

I, \_\_\_\_\_, hereby declare under penalty of perjury that \_\_\_\_\_, is presently employed by \_\_\_\_\_ whose principal address of business is \_\_\_\_\_, and further certify that the above-named Employee is employed within the boundaries of the Telluride R-1 School District of San Miguel County, and that the employment of said Employee began on (date) \_\_\_\_\_.

Date: \_\_\_\_\_  
\_\_\_\_\_  
Employer signature

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 under penalty of perjury that I am employed by \_\_\_\_\_, whose principal address of business is located within the boundaries of the Telluride R-1 School District of San Miguel County, and that my employment there began on (date) \_\_\_\_\_.

Date: \_\_\_\_\_  
\_\_\_\_\_  
Employee signature

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

WITNESS my hand and official seal.  
My commission expires: \_\_\_\_\_  
\_\_\_\_\_  
Notary Public



## **PART A: Currently Employed** **VERIFICATION of COMMUNITY SERVICE HOURS**

**Up to 10% of the required employment hours per year\* may be fulfilled by  
verifiable volunteer community service hours**

Volunteer community service worker's (Volunteer) name: \_\_\_\_\_

Volunteer began service with \_\_\_\_\_ on \_\_\_\_\_.  
Company/Agency Date

Describe the type of volunteer community service: \_\_\_\_\_.

If no longer volunteering, the Volunteer's last day of service was \_\_\_\_\_.  
Date

If volunteer service has been intermittent or seasonal, following are the dates of the Volunteer's service periods (\*applicant may qualify based on five of the previous seven years):

(From)	(To)	(From)	(To)	(From)	(To)
(From)	(To)	(From)	(To)	(From)	(To)
(From)	(To)	(From)	(To)	(From)	(To)
(From)	(To)	(From)	(To)	(From)	(To)
(From)	(To)	(From)	(To)	(From)	(To)

Volunteer works (worked) an average of \_\_\_\_\_ hours per week.

Volunteer works (worked) a total of \_\_\_\_\_ weeks per year.

Volunteer works (worked) a total of \_\_\_\_\_ hours per year.

\_\_\_\_\_% of service was within the Telluride R-1 School District.

Volunteer received what type/amount of compensation in exchange for services? \_\_\_\_\_

\_\_\_\_\_  
 Supervisor's name (please print)      Supervisor's Title      Supervisor's Phone

\_\_\_\_\_  
 Company/Agency's Mailing Address      Company/Agency's Physical Location

**I certify that all of this information is true and correct.**

\_\_\_\_\_  
 Supervisor's signature

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

WITNESS my hand and official seal.  
 My commission expires: \_\_\_\_\_

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

**PART B: Retired**  
**AFFIDAVIT of ELDERLY STATUS**

I certify that I, \_\_\_\_\_, meet the definition of elderly as defined the guidelines.  
Print Name

I also have met the specific Employment Requirement for purchase described in Section 103.2.C.2. of the guidelines for the time period immediately prior to meeting the definition of Elderly contained in Section 904. (Elderly Households shall not be able to qualify according to the definition described in Section 103.2.C.1 of the guidelines.).

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

STATE OF COLORADO        )  
  ) ss.  
SAN MIGUEL COUNTY        )

Sworn to, before me, by \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

WITNESS my hand and official seal.  
My commission expires: \_\_\_\_\_

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

**PART B: Retired**  
**CERTIFICATION of EMPLOYMENT**

**Employer's Affidavit**

I, \_\_\_\_\_, hereby declare under penalty of perjury that \_\_\_\_\_, was employed by \_\_\_\_\_ whose principal address of business is \_\_\_\_\_, and further certify that the above-named Employee was employed within the boundaries of the Telluride R-1 School District of San Miguel County, and that the employment of said Employee began on (date) \_\_\_\_\_.

Date: \_\_\_\_\_  
\_\_\_\_\_ Employer signature

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 under penalty of perjury that I was employed by \_\_\_\_\_, whose principal address of business is located within the boundaries of the Telluride R-1 School District of San Miguel County, and that my employment there began on (date)\_\_\_\_\_.

Date: \_\_\_\_\_  
\_\_\_\_\_ Employee signature

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

WITNESS my hand and official seal.  
My commission expires: \_\_\_\_\_  
\_\_\_\_\_ Notary Public

**PART B: Retired**  
**VERIFICATION of EMPLOYMENT HOURS and INCOME**

To be completed by your employer(s) or, if you were self-employed documentation will be required

Employee name: \_\_\_\_\_

Employee began employment with \_\_\_\_\_ on \_\_\_\_\_.  
Company Date

Employee was employed as \_\_\_\_\_.  
Job title

The Employee's last date of employment was \_\_\_\_\_.  
Date

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

If employment was seasonal or intermittent, following are the dates of the Employee's employment periods:

_____ (From)	_____ (To)	_____ (From)	_____ (To)	_____ (From)	_____ (To)
_____ (From)	_____ (To)	_____ (From)	_____ (To)	_____ (From)	_____ (To)
_____ (From)	_____ (To)	_____ (From)	_____ (To)	_____ (From)	_____ (To)
_____ (From)	_____ (To)	_____ (From)	_____ (To)	_____ (From)	_____ (To)
_____ (From)	_____ (To)	_____ (From)	_____ (To)	_____ (From)	_____ (To)

Employee worked an average of \_\_\_\_\_ **hours per week**.

Employee worked a total of \_\_\_\_\_ **weeks per year**.

Employee worked a total of \_\_\_\_\_ **hours per year**.

Employee earned **income** of \$ \_\_\_\_\_ per \_\_\_\_\_.

\_\_\_\_\_  
Employer's name                      Employer's title                      Employer's phone

**I certify that all of this information is true and correct.**

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

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

WITNESS my hand and official seal.

My commission expires: \_\_\_\_\_  
\_\_\_\_\_  
Notary Public

**PART B: Retired**  
**VERIFICATION of COMMUNITY SERVICE HOURS**

**Up to 10% of the required employment hours per year\* may be fulfilled by verifiable volunteer community service hours**

Volunteer community service worker's (Volunteer) name: \_\_\_\_\_

Volunteer began service with \_\_\_\_\_ on \_\_\_\_\_.  
Company/Agency Date

Describe the type of volunteer community service: \_\_\_\_\_.

If no longer volunteering, the Volunteer's last day of service was \_\_\_\_\_.  
Date

If volunteer service has been intermittent or seasonal, following are the dates of the Volunteer's service periods:

_____ (From)	_____ (To)	_____ (From)	_____ (To)	_____ (From)	_____ (To)
_____ (From)	_____ (To)	_____ (From)	_____ (To)	_____ (From)	_____ (To)
_____ (From)	_____ (To)	_____ (From)	_____ (To)	_____ (From)	_____ (To)
_____ (From)	_____ (To)	_____ (From)	_____ (To)	_____ (From)	_____ (To)
_____ (From)	_____ (To)	_____ (From)	_____ (To)	_____ (From)	_____ (To)

Volunteer works (worked) an average of \_\_\_\_\_ hours per week.

Volunteer works (worked) a total of \_\_\_\_\_ weeks per year.

Volunteer works (worked) a total of \_\_\_\_\_ hours per year.

\_\_\_\_\_ % of service was within the Telluride R-1 School District.

Volunteer received what type/amount of compensation in exchange for services? \_\_\_\_\_

\_\_\_\_\_  
 Supervisor's name (please print)      Supervisor's Title      Supervisor's Phone

\_\_\_\_\_  
 Company/Agency's Mailing Address      Company/Agency's Physical Location

**I certify that all of this information is true and correct.**

\_\_\_\_\_  
 Supervisor's signature

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

WITNESS my hand and official seal.  
 My commission expires: \_\_\_\_\_

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

**PART C: Disabled**  
**AFFIDAVIT of DISABILITY STATUS**

*I certify that I, \_\_\_\_\_, meet the definition of "a person who has a physical or  
(name)  
mental impairment that substantially limits one or more major life activities; has a record of such impairment; or  
is regarded as having such an impairment" as defined in Federal laws as contained in 29 U.S.C Section 706(8)  
and/or in the Americans with Disabilities Act of 1990.*

I understand that only units \_\_\_\_\_ are ANSI-rated and that there is no guarantee that these units will be available to the Household should I be a Lottery Winner.

I have been a Resident within the boundaries of the Telluride R-1 School District for at least 12 months immediately prior to the anticipated closing date of a sale or for at least five (5) of the previous seven (7) calendar years.

I have provided a copy of my most recent lease or acceptable evidence of residency for 5 of the previous 7 years. **\*\*Please attach all records\*\***

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

STATE OF COLORADO            )  
  ) ss.  
SAN MIGUEL COUNTY)

Sworn to, before me, by \_\_\_\_\_ on the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

WITNESS my hand and official seal.  
My commission expires: \_\_\_\_\_

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

## Whitehouse Unit Preference

HH Name: \_\_\_\_\_ HH Size:

Please provide your unit preferences by numbering them from 1 through 8.  
(You can list as many or as few as you like.)

Please only list the units you are willing to purchase, if it is assigned to your household.

You may change your order at any time prior to unit assignment by contacting SMRHA and re-ordering your unit preferences. There are scheduled site walk dates in the FAQ and on the web-site. There is no limit to the number of times you can view units.

<b>Order of Preference</b>	<b>Unit Number</b>	<b>Unit Size: # of BR</b>	<b>Unit Price</b>