

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: shirley@smrha.org web: www.smrha.org

Town of Telluride - Lottery Application

**Only complete Lottery Applications will be accepted at the SMRHA office beginning Thursday, December 1, 2011 and no later than 12 pm Monday, December 19, 2011
NO EXCEPTIONS**

The Telluride Affordable Housing Guidelines (Guidelines), specifically parts 1 and 3, 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, exts. 4 or 5. Applications are available online at 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) **All employers for qualifying household member**
 - 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.)
- Copies of your most recent paystubs (from all employers)
- A **pre-approval** letter from a lender stating the maximum loan amount
 - **If you own other property your pre-approval letter must describe how this affects your loan approval including but not limited to if you **HAVE** to sell your other property in order to get final loan approval, or if you may retain your other property the amount of rent you must collect in order to receive loan approval, or if you can retain ownership and not rent the unit**
- 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)
 - Detailed accounting of hours, such as time logs, invoices, etc., (if self-employed)

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.

SMRHA Use:

Extra Entry: _____

HOUSEHOLD INFORMATION

(Please Print!)

NUMBER HOUSEHOLD MEMBERS: _____

HOUSEHOLD MEMBER

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

(last name) (first name) (middle name)

Mailing address: _____ Phone # (res.) _____

Phone# (cell) _____

email address: _____ Phone # (bus.) _____

IF Married or a family member over the age of 18 complete this section:

(last name) (first name) (middle name)

Mailing address: _____ Phone # (res.) _____

Phone# (cell) _____

email address: _____ Phone # (bus.) _____

OTHER HOUSEHOLD MEMBERS: If family member under the age of 18 complete this section

(last name) (first name) (middle name)

(last name) (first name) (middle name)

OTHER HOUSEHOLD MEMBERS: If unrelated member of household complete this section

(last name) (first name) (middle name)

(last name) (first name) (middle name)

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? _____ years _____ months
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 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/one-time 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 |

7. Do you or any of your household members own other **property** within San Miguel County? 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:

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

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

Liabilities (What you owe)

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

| | | | | | | |
|---------------------|-----|--------------|----------|--------------------------|----------|-----------------------------|
| Total Assets | | Minus | | Total Liabilities | = | Household Net Assets |
| \$ _____ | --- | | \$ _____ | = | | \$ _____ |

**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 EMPLOYMENT HOURS and INCOME

To be completed by your employer(s) or, if you are self-employed, by yourself.

At least 1 member of the Household must demonstrate at least 1400 hours of employment per year* within the boundaries of the Telluride R-1 school district.

Employee name: _____

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 _____.
Date

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

If employment has been seasonal or intermittent, following are the dates of the Employee's employment 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) |

Employee works (worked) an average of _____ hours per week.

Employee works (worked) a total of _____ weeks per year.

Employee works (worked) a total of _____ hours per year.

Employee earns (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 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