

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

TOWN OF MOUNTAIN VILLAGE APPLICATION for AFFORDABLE HOUSING

For those persons interested in purchasing an Affordable Housing Unit or Affordable Housing Lot in Mountain Village, 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 1-5 and 7
 - b. Retired – pages 1-4 and 6-7
 - c. Handicapped or disabled – pages 1-4 and 6-7 (please call for additional information requirements).
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 3 years (this includes all W2s, 1099s, schedules, etc.)

Applicant Information:

1. Name(s): _____
2. Other intended **co-occupants** 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. 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: _____

10. Location of **Deed Restricted Property** Applicant wishes to purchase:
Physical Address: _____ Lot#: _____
Development/Building name: _____ 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 Assets Calculation Worksheets (pp.7-8) and enter your total household **net asset** 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:

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

Assets (What you <u>own</u>)			Check If Jointly Held
	<u>Applicant</u>	<u>Co-Applicant (if any)</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):			
Home(s) in San Miguel County	\$ _____	\$ _____	_____
Land in San Miguel County	\$ _____	\$ _____	_____
Home(s) 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	\$ _____	\$ _____	_____
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Total Gross Household Assets	\$ _____	\$ _____	

Liabilities (What you owe)

	<u>Applicant</u>	<u>Co-Applicant (if any)</u>	<u>Check If Jointly Held</u>
Current Debts:			
Household e.g., Lease Obligation	\$ _____	\$ _____	_____
Business	\$ _____	\$ _____	_____
Medical	\$ _____	\$ _____	_____
Credit Cards	\$ _____	\$ _____	_____
Department Store Cards	\$ _____	\$ _____	_____
Back Taxes	\$ _____	\$ _____	_____
Legal	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
Mortgages:			
Home(s) in San Miguel County	\$ _____	\$ _____	_____
Land in San Miguel County	\$ _____	\$ _____	_____
Home(s) 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	\$ _____	\$ _____	_____
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Total Liabilities	\$ _____	\$ _____	

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

\$ _____ \$ _____

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

Affidavit of Employee Qualifying by Virtue of Age

I, _____, hereby declare that I qualify as an Employee, as defined in the Mountain Village Affordable Housing Restriction, by being at least 60 years of age and by having been employed within the Telluride R-1 School District boundaries for a period of at least 5 years immediately prior to retirement.

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

or

Affidavit of Employee Qualifying by Virtue of Handicap or Disability

I, _____, hereby declare that I qualify as an Employee, as defined in the Mountain Village Affordable Housing Restriction, by being handicapped or disabled and by having been a Resident within the boundaries of the Telluride R-1 School District for at least 12 months.

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

VERIFICATION OF EMPLOYMENT HOURS

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

Employee is (was) employed as _____.
(Job title)

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

Contact telephone number

Employer's name and job title

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 Affordable Housing Restriction (Ordinance No. 2006-7).

Signature: _____

Date: _____

By (Name): _____

Local Housing Programs Manager
San Miguel Regional Housing Authority