

# 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 Telluride DEED RESTRICTION APPLICATION For Purposes of Purchasing Town Constructed Deed-Restricted Property

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

- \$10.00 non-refundable Application Fee (make check payable to SMRHA)
- Completed application form (Please remember to have notarized where applicable.)
- Copies of complete tax returns for the last 2 years (this includes all W2s/1099s, schedules, etc.)
- Copies of your most recent paystub(s) (from any/all current employers) with year to date info.
- 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)

*If you believe you qualify by virtue of having a disability or meeting the retirement age guidelines, please contact our office for those specific certification pages.*

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.

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## HOUSEHOLD INFORMATION (Please Print)

Please indicate the unit for which you are applying to purchase: \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

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**APPLICANT:** \_\_\_\_\_

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

Phys. address: \_\_\_\_\_ Phone # (cell) \_\_\_\_\_

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

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**CO-APPLICANT** (if applicable): \_\_\_\_\_

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

Phys. address: \_\_\_\_\_ Phone # (cell) \_\_\_\_\_

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

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**OTHER HOUSEHOLD MEMBERS:**

\_\_\_\_\_ Relationship to Applicant(s): \_\_\_\_\_

\_\_\_\_\_ Relationship to Applicant(s): \_\_\_\_\_

\_\_\_\_\_ Relationship to Applicant(s): \_\_\_\_\_

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

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 Individual 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 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:  
\_\_\_\_\_  
\_\_\_\_\_

# 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

\_\_\_\_\_  
Co-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> )			Check If Jointly Held
	<u>Applicant</u>	<u>Co-Applicant (if any)</u>	
<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>	\$ _____		

<b>Total Assets</b>	<b>Minus</b>	<b>Total Liabilities</b>	<b>=</b>	<b>Household Net Assets</b>
\$ _____	---	\$ _____	=	\$ _____

**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

**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

# 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