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## 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 4 or 5.

Sincerely,

SMRHA Staff

# San Miguel County R-1 Deed Restriction Application

## For Purposes of Purchasing San Miguel County 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.)  
*SMRHA cannot accept income tax return extensions. Please remove SSN.*
- Copies of your most recent paystub(s) (from any/all current employers) with year to date info.
- Copies of a driver's license for each adult household member and registration for each motor vehicle you own.
- 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 more specific information.*

SMRHA staff will evaluate the application for eligibility based on criteria in Sections 1304 -1306 of the San Miguel County Land Use Code.

### HOUSEHOLD INFORMATION

*(Please Print)*

Please indicate the unit for which you are applying: \_\_\_\_\_ (circle one) **Purchase or Rent** # of Bedrooms: \_\_\_\_\_

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

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

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

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

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

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

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

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

**OTHER HOUSEHOLD MEMBERS:**

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

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

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

**NOTICE:** You are advised to make sure that any purchase contract you are considering includes a contingency for deed restriction application approval to avoid putting your earnest money at risk if your application is not approved in time.

How many years and months have you lived in San Miguel County? \_\_\_\_\_

When did you last live outside San Miguel County? \_\_\_\_\_

If you, your spouse, or any of your dependents own other property in San Miguel County, Montrose County, Ouray County or Dolores County, describe the type and location of each such property: \_\_\_\_\_

Where do you/will you work? \_\_\_\_\_

How many years and months have you worked there? \_\_\_\_\_

How many years and months have you been employed within the Telluride R-1 School District boundaries? \_\_\_\_\_

**Capital assets at closing (if applying to purchase):** What amount of any capital gains (if any) will be used at closing on this deed-restricted home? \$ \_\_\_\_\_ How much of that amount was realized from any sale of a previous home or homes (if any)? \$ \_\_\_\_\_

Please total your **gross income of the past 12 months** (and up until purchase, if applicable), from the following sources, whether required to be reported on IRS income forms or not:

- \_\_\_\_\_ **Wages from employment within Telluride R-1 School District boundaries** (this includes wages, tips, salaries, overtime pay, commissions, fees, and bonuses)
- + \_\_\_\_\_ **Wages from employment outside Telluride R-1 School District boundaries**
- + \_\_\_\_\_ **Benefit Payments** (this includes Social Security, SSI, Workers' Comp., Disability pay or benefits, unemployment benefits, severance pay, annuities, pensions, retirement or death benefits)
- + \_\_\_\_\_ **Alimony and/or child support**
- + \_\_\_\_\_ **Interest, dividends, capital gains, and other income from household assets** (this includes interest from bank accounts or bonds, dividends from stocks or mutual funds, income distributed from trust funds, etc)
- + \_\_\_\_\_ **Rental property income**
- + \_\_\_\_\_ **Monetary gifts** recurring or otherwise.
- + \_\_\_\_\_ **Other income** (please specify)

\_\_\_\_\_ **TOTAL GROSS INCOME**

Please indicate which public or community service groups are you involved with:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S CERTIFICATION & AUTHORIZATION**

Under the penalty of perjury, the applicant certifies the following:

All information provided in this application submitted to the San Miguel Regional Housing Authority to purchase deed restricted property in San Miguel County is true and complete.

**AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

1. As a part of the application process to purchase deed restricted property in San Miguel County, the San Miguel Regional Housing Authority (SMRHA) may 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, and copies of income tax returns.
3. A copy of this authorization may be accepted as an original.

Check this box if you are applying to rent a unit and want the results letter shared with the owner/landlord.

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

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

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

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Please print name

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

Witness my hand and official seal.  
My commission expires \_\_\_\_\_

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

**VERIFICATION OF EMPLOYMENT HOURS AND INCOME**  
**RELATED TO ELIGIBILITY TO OCCUPY AFFORDABLE HOUSING**

\*\*\***Note:** To be completed by your employer(s), if you are self-employed please contact staff for forms\*\*\*

Employee Name: \_\_\_\_\_

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

Company is located at \_\_\_\_\_ (physical address), which is within the Telluride R-1 School District boundaries.

If no longer employed by you, the Employee's last date of employment was \_\_\_\_\_.

Employee is (or was) employed as (job title) \_\_\_\_\_.

Please add a brief description of job duties and location of work: \_\_\_\_\_

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

**If seasonal**, Employee typically works (worked) **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) an **income** of \$ \_\_\_\_\_ per \_\_\_\_\_.

Employee receives \_\_\_\_\_ weeks of paid time off.

**If salaried**, Employee typically works (worked) **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) an **income** of \$ \_\_\_\_\_ per \_\_\_\_\_.

Employee receives \_\_\_\_\_ weeks of paid time off.

**Under the penalty of perjury, I/We certify that all of the information contained herein is true and correct to the best of my/our knowledge.**

Signed:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer's name and job title

\_\_\_\_\_  
Contact telephone number

\_\_\_\_\_  
Contact email

**Note: To be completed by your employer(s) Applicant-Owner authorizes SMRHA to request additional information if necessary.**

**SAN MIGUEL COUNTY**

**CERTIFICATION OF ELIGIBILITY TO OCCUPY AFFORDABLE HOUSING**

**Employers 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 in the Telluride R-1 School District of San Miguel County, and that employment of said Employee began/will begin on \_\_\_\_\_.

Date: \_\_\_\_\_

By: \_\_\_\_\_  
(Employer)

The foregoing instrument was acknowledged 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 \_\_\_\_\_, that it is located within the Telluride R-1 School District of San Miguel County, and that my employment began/will begin on \_\_\_\_\_.

Date: \_\_\_\_\_

By: \_\_\_\_\_  
(Employee)

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

Witness my hand and official seal.  
My commission expires \_\_\_\_\_

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

**Affidavit of Employee Qualified by Virtue of Age and Residency (For Applicants 60 & Older)**

I, \_\_\_\_\_, hereby declare under penalty of perjury that I qualify as an Employee as defined in Section 5-1305 B. of the San Miguel County Land Use Code by **being at least 60 years of age** and have resided and worked in the Telluride R-1 School District of San Miguel County for at least the past five years.

Date: \_\_\_\_\_

By: \_\_\_\_\_  
(Employee)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_

20\_\_\_\_, by \_\_\_\_\_.

Witness my hand and official seal.

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

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