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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 occupy a deed restricted unit.

Please read all of the information carefully and contact us with questions. We cannot 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 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.

If you have questions about 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 Covenant Rental Application**  
**For Persons Interested in Occupying Deed Restricted Housing**  
**in the Telluride R-1 School District in Lawson Hill, Lower Lawson, San Bernardo, and**  
**Aldasoro**

**\*\* This Application Needs To Be Submitted Prior To Occupying A Unit\*\***

You must submit all of 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)
- Copy of the complete tax return for the past year (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, or the "Alternative Standard", please contact our office for more specific information.*

**HOUSEHOLD INFORMATION**  
*(Please Print)*

**Please indicate the unit for which you are applying:** \_\_\_\_\_ **Rental**    **# 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.*

**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 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**

\*\*\* For use by Employer/Company Representative. This document serves to verify the employment hours & income for your Employee. It is to be completed by a Company Representative with access to personnel records.\*\*\*

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.

Percentage of work done inside the R-1 Telluride School District \_\_\_\_\_.

Percentage of work done outside of the R-1 Telluride School District \_\_\_\_\_.

**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.**

\_\_\_\_\_  
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



**CERTIFICATION**

Under penalty of perjury, I certify the following:

All information provided, including attachments, submitted to the San Miguel Regional Housing Authority are true, complete, and correct to the best of my knowledge. I will provide other information pertaining to my qualification under my deed restriction as requested.

I acknowledge that no representation has been made that I am a Qualified Household.

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