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: ______

<table>
<thead>
<tr>
<th>APPLICANT:</th>
<th>________________________________</th>
<th>Phone # (res.) __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing address:</td>
<td>________________________________</td>
<td>Phone # (cell) __________________</td>
</tr>
<tr>
<td>Phys. address:</td>
<td>________________________________</td>
<td>Phone # (bus.) __________________</td>
</tr>
<tr>
<td>E-mail address:</td>
<td>________________________________</td>
<td>Phone # (bus.) __________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CO-APPLICANT (if applicable):</th>
<th>________________________________</th>
<th>Phone # (res.) __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing address:</td>
<td>________________________________</td>
<td>Phone # (cell) __________________</td>
</tr>
<tr>
<td>Phys. address:</td>
<td>________________________________</td>
<td>Phone # (bus.) __________________</td>
</tr>
<tr>
<td>E-mail address:</td>
<td>________________________________</td>
<td>Phone # (bus.) __________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER HOUSEHOLD MEMBERS:</th>
<th>Relationship to Applicant(s): __________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>Relationship to Applicant(s): __________________</td>
</tr>
</tbody>
</table>

*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.

__________________________________________ Date

Employer’s signature

__________________________________________

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
SAN MIGUEL COUNTY DEED RESTRICTION
VERIFIED SELF-EMPLOYMENT STATEMENT

Date: _________________________

This document serves to verify the location and hours worked for: ____ ______________________.

(Name)

My business began with ______________________ on ________________.

(Company) (Date)

[If you have more than one business/job, please attach a separate page for each one]

Please describe your business and your activities: _____________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Job title: _____________________________________________

Business Address: ________________________________

Business Hours: ________________________________

Names of Employees: _____________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Hours worked within the Telluride R-1 School District boundary ________ per week.

Hours worked outside of the Telluride R-1 School District boundary ________ per week.

I work approximately ______ weeks per year and receive ______ weeks of paid time off.

I work for _______ clients per week on average.

How many clients are outside of the Telluride R-1 School District boundaries? __________________________

Hours worked outside the Telluride R-1 School District boundary ________ per week.

Please provide business documentation to assist in verification of self-employment qualification:

• Current copy of a business license and professional licenses required for your type of work or any other permits that may be applicable.

AND

• Include verifiable hours and location of work within the Telluride R-1 School District boundary.

Tracking for ________ through ________.

• Verification may include invoices, ledgers or business logs of clients with location/dates/times/hours worked, IRS tax filings.

* Notarized Certification form on following page*
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