

Town of Telluride
DEED RESTRICTION RENTAL APPLICATION

The Following Information Must Be Submitted With Application

Incomplete Applications Will Not Be Accepted

- \$10.00 non-refundable Application Fee *(cash or make check payable to SMRHA)*
- Completed application form *(notarized where applicable)*
- Copies of complete federal tax returns from the most recent year, personal and business
(include all Federal W2s/1099s, schedules, etc. *(Please remove SSN)*)
- Copies of your most recent paystub(s) from any/all current employers for current year with year to date info. *(and current year pay information from any PREVIOUS employers)* and any other year to date income information
- Additional documentation necessary for employment verification *(if applicable)*
 - Multiple Certification of Employment pages for all current employers
 - Self-Employment Statement and Self-Employment Business Detail *(if applicable)*
 - Local Business License *(if self-employed)*
 - If self-employed please see staff for Town of Telluride requirements to demonstrate hours and client location- depending on the nature of your business

If you believe you qualify by virtue of having a disability or meeting the retirement age guidelines, please contact SMRHA for specific certification information and forms.

SMRHA will evaluate the application for eligibility based on criteria in the current Telluride Affordable Housing Guidelines.

HOUSEHOLD INFORMATION

(Please Print)

Rental Address: _____ # 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): _____

_____ Relationship to Applicant(s): _____

Please supply information for additional Household Members on a separate sheet of paper.

1. How long have you lived within the Telluride R-1 School District boundaries?
 _____ years _____ months
2. Current Employer(s):

3. Do you work within the boundaries of the Telluride R-1 School District? _____ Yes _____ No
4. Dates of Employment: _____
5. Including previous employment, how long 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:

Individual
Applicant or Household

_____	_____	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/one-time 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

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 (page 4) and enter your total household **net assets** here: _____.

9. Please list any **public or community service groups** you are involved with:

LANDLORD/OWNER & RENTAL INFORMATION

Landlord/Owner's Name: _____

Mailing Address: _____

Phone: _____

Email: _____

Rental Unit Address: _____

Unit #: _____

Monthly Rent: _____

Utilities:

will be included

will not be included

AHU Rent Limits are subject to increase/decrease based on the publication of new rent limits in the Telluride Affordable Housing Guidelines annually

Maximum Rent either includes utilities or is a calculation completed by SMRHA Staff (as THA staff) with the deduction of a utility allowance set by the Dept. of Housing and Urban Development (HUD) for our County:

Please check this box if you want your results letter shared with the landlord/owner

Return Completed Applications To:

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: admin@smrha.org Web: www.smrha.org

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 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.

NET ASSET CALCULATION

Household Assets

Cash/Cash Equivalents

Cash on Hand \$ _____
 Checking Account \$ _____
 Saving Account \$ _____
 Money Market Funds \$ _____
 Cash Value of Life Insurance \$ _____
 Other \$ _____

Real Estate

Residential: San Miguel Cty \$ _____
 Land: San Miguel Cty \$ _____
 Residential: Outside San Miguel Cty \$ _____
 Land: Outside San Miguel Cty \$ _____
 Other: _____ \$ _____

Investments

Certificates of Deposit \$ _____
 Stocks \$ _____
 Bonds \$ _____
 Mutual Funds \$ _____
 Annuities \$ _____
 Retirement Funds \$ _____
 Funds in names of dependents \$ _____
 Other \$ _____

Personal Property

Automobiles \$ _____
 Recreational Vehicle/Boat \$ _____
 Home Furnishings \$ _____
 Appliances/Furniture \$ _____
 Collections \$ _____
 Jewelry/Furs \$ _____
 Other \$ _____

Business Assets

Total Business Assets \$ _____

Total Household Assets \$ _____

Household Liabilities

Current Debts

Household (e.g. lease) \$ _____
 Business \$ _____
 Medical \$ _____
 Credit Cards \$ _____
 Department Store Cards \$ _____
 Taxes Owed \$ _____
 Legal \$ _____
 Other \$ _____

Loan

Bank/Finance Company \$ _____
 Automobile \$ _____
 Recreational Vehicle/Boat \$ _____
 Education \$ _____
 Life Insurance Loan \$ _____
 Personal (family/friends) \$ _____
 Business \$ _____
 Other \$ _____

Mortgages

Residential: San Miguel Cty \$ _____
 Land: San Miguel Cty \$ _____
 Residential: Outside San Miguel Cty \$ _____
 Land: Outside San Miguel Cty \$ _____
 Other \$ _____

Total Household Liabilities \$ _____

Household Net Assets

\$ _____ - \$ _____ = \$ _____

TOTAL ASSETS TOTAL LIABILITIES NET ASSETS

APPLICANT'S CERTIFICATION & AUTHORIZATION

CERTIFICATION

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 rent or 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, these Guidelines and all other applicable procedures, rules and regulations.

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 occupy 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 for purchase of a deed restricted unit 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 related to a purchase. 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.

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

(Notary seal)

**CERTIFICATION OF EMPLOYMENT
RELATED TO ELIGIBILITY TO OCCUPY AFFORDABLE HOUSING**

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: _____ By: _____
(Employer signature)

The foregoing instrument was sworn to before me this ____ day of _____ 20____,
by _____ (employer).

WITNESS my hand and official seal.
My commission expires: _____

Notary Public

(Notary Seal)

Employee's Affidavit

I, _____, hereby declare under penalty of perjury that I am employed by _____, that my principal place of employment is _____, which 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: _____ By: _____
(Employee signature)

The foregoing instrument was sworn to before me this ____ day of _____ 20____,
by _____ (employee).

WITNESS my hand and official seal.
My commission expires: _____

Notary Public

(Notary Seal)

TELLURIDE HOUSING AUTHORITY
EMPLOYER VERIFICATION
EMPLOYMENT HOURS AND INCOME

Release of Information

I hereby authorize my current (former) employer to release any and all information to SMRHA as deemed necessary to determine my eligibility to occupy affordable housing.

Employee Name: _____ **Date:** _____

Employee Signature: _____

Employer: _____

Employer Address: _____

Is Employer located within the Telluride R-1 School District boundaries? _____ YES _____ NO

Dates of employment: _____ to _____

Seasonal: _____ YES _____ NO

Wages Received: \$ _____ per _____

Paid leave received: _____ days

Average **hours per week** worked: _____

Total **weeks per year** worked: _____

Total **hours per year** worked: _____

Under penalty of perjury, I declare that all information contained herein is true, correct, and complete to the best of my knowledge and belief.

Employer Signature

Date

Printed Name

Title

Telephone Number

Email

Please submit completed form to:

SMRHA
P.O. Box 840
Telluride, CO 81435
Fax: 970.728.5371
Email: admin@smrha.org