

**Town of Telluride**  
**DEED RESTRICTION PURCHASE 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.**

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**HOUSEHOLD INFORMATION**

*(Please Print)*

**Property Address:** \_\_\_\_\_ **# 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 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

_____	<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</b> (please specify)
_____	<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 (page 4) and enter your total household **net assets** here: \_\_\_\_\_.

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

## CO-SIGNER INFORMATION

***IF YOU NEED A CO-SIGNER NOTIFY SMRHA IMMEDIATELY  
A CO-SIGNER MUST BE APPROVED BY THE THA SUBCOMMITTEE BEFORE CLOSING***

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

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

### **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](mailto:admin@smrha.org) Web: [www.smrha.org](http://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**



**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**

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

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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](mailto:admin@smrha.org)**