

SAN MIGUEL COUNTY

Deed Restricted Property Compliance Check

Reporting Period

September 1, 2020 - August 31, 2021

Aldasoro, Lawson Hill, Rio Vista, San Bernardo, Two Rivers

Deed Restricted Property

Address: _____

Development: _____

OWNER: _____ OWNER: _____

Mailing Address: _____ Mailing Address: _____

Phone Number: _____ Phone Number: _____

E-mail: _____ E-mail: _____

OTHER HOUSEHOLD MEMBERS RESIDING IN UNIT:

_____ Relationship to Owner(s): _____

_____ Relationship to Owner(s): _____

_____ Relationship to Owner(s): _____

RESIDENCE STANDARD

1. Number of months Property occupied as **PRIMARY** residence during the 12-month reporting period: _____

2. Is Property, or part of Property, rented or shared (*excluding Household Members listed above*)? Yes ___ No ___

If yes, provide the following:

Current tenant /housemate contact information:

Name: _____ Phone: _____

Email: _____

Dates of Tenancy: _____ to _____

OTHER RESIDENTIAL PROPERTY OWNERSHIP

1. Does any Household member, directly or indirectly, have an ownership interest, including any future interest in a trust or estate, in other residential property in San Miguel County? Yes ___ No ___

If yes, list type and location of each property:

DR Property Address: _____

EMPLOYMENT STANDARD

Name of Owner Reporting Employment Information: _____

1. Are you employed within the Telluride R-1 School District? Yes ____ No ____

If yes:

Number of months worked during the 12-month reporting period: _____

Total number of hours worked during ***all months*** worked: _____

If no, do you qualify as:

Disabled: Yes ____ No ____

Retired: Yes ____ No ____

Required Documentation:

- **ALL** current Employer(s) must complete Verification of Employment
- Self Employed Individuals must complete Self-Employment Statement
- Disabled or Retired owners must provide effective dates and supporting documentation

QUALIFYING INCOME

Household Gross Income

\$ _____ **Wages** from employment **within** Telluride R-1 School District

\$ _____ **Wages** from employment **outside** Telluride R-1 School District

\$ _____ **Benefit payments** (*Social Security, SSI, Workers' Comp., Disability, Unemployment, Severance, Annuities, Pensions, Retirement, Death Benefits*)

\$ _____ **Alimony and/or child support**

\$ _____ **Interest, dividends, capital gains, and other income from household assets** (*interest from bank accounts, bonds, dividends from stocks/mutual funds, income from trust funds, etc.*)

\$ _____ **Rental property income**

\$ _____ **Monetary gifts**

\$ _____ **Other income** (*please specify*): _____

\$ _____ **TOTAL HOUSEHOLD GROSS INCOME**

DR Property Address: _____

Under penalty of perjury, I, the undersigned, declare that all information submitted for the 2021 compliance check, including accompanying documents, are true, complete, and correct, to the best of my knowledge and belief.

Owner: _____
Print Name

Signature

Date

STATE OF COLORADO)
) ss.
COUNTY OF SAN MIGUEL)

Acknowledged, subscribed and sworn to before me this _____ day of _____, 2021 by
_____.

Witness my hand and official seal.

My Commission Expires: _____

Notary Public

Under penalty of perjury, I, the undersigned, declare that all information submitted for the 2021 compliance check, including accompanying documents, are true, complete, and correct, to the best of my knowledge and belief.

Owner: _____
Print Name

Signature

Date

STATE OF COLORADO)
) ss.
COUNTY OF SAN MIGUEL)

Acknowledged, subscribed and sworn to before me this _____ day of _____, 2021 by
_____.

Witness my hand and official seal.

My Commission Expires: _____

Notary Public

DR Property Address: _____

**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

Phone Number

Email

Please submit completed form to:

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