

# 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*

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Deed Restricted Unit Address: \_\_\_\_\_

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### SELF-EMPLOYMENT STATEMENT

Self-Employed Individual: \_\_\_\_\_

Dates of self-employment: \_\_\_\_\_ to \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

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Number of **months** worked during the 12-month reporting period: \_\_\_\_\_

Number of **hours** worked during the 12-month reporting period: \_\_\_\_\_

Average hours **per week** worked: \_\_\_\_\_

Hours worked **within** the Telluride R1 School District boundary: \_\_\_\_\_

Hours worked **outside** Telluride R-1 School District boundary: \_\_\_\_\_

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#### REQUIRED DOCUMENTATION:

- Copy current business license
- Copy of professional licenses *(if applicable)*
- Verification of hours worked within Telluride R-1 School District reported above:  
*i.e. - invoices, ledgers, business logs of clients with locations, dates/times/hours worked*
- Client Verification of Income and Hours Form *(third party verification is preferred and may be required in certain circumstances)*

Deed Restricted Unit Address: \_\_\_\_\_

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## SELF-EMPLOYMENT CERTIFICATION

I can provide names and addresses of clients, jobs, and other pertinent information to support my employment upon request. I understand that this information may be used to verify my qualification for ownership and/or occupation of deed restricted housing. I will provide other information pertaining to my qualifications under the deed restriction as requested.

Under penalty of perjury, I, the undersigned, declare that all information submitted for the 2021 Compliance Check, including attachment submitted to SMRHA verify my self-employment, are true, complete, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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

**CLIENT VERIFICATION  
INCOME AND HOURS  
WITHIN TELLURIDE R-1 SCHOOL DISTRICT BOUNDARIES**

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**Release of Information**

*I hereby authorize the individuals contacted in this verification to release relevant service related information to SMRHA.*

Self-Employed Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Self-Employed Individual's Signature: \_\_\_\_\_

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

Client Address: \_\_\_\_\_  
\_\_\_\_\_

Dates services were provided by Self-Employed Individual: \_\_\_\_\_ to \_\_\_\_\_

Number of service hours provided: \_\_\_\_\_

Location of services performed: \_\_\_\_\_

Nature of services performed: \_\_\_\_\_  
\_\_\_\_\_

Amount of payment for services performed: \_\_\_\_\_

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

\_\_\_\_\_  
Client's 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](mailto:admin@smrha.org)**