

TOWN OF MOUNTAIN VILLAGE
Deed Restricted Property Compliance Check
Owner Occupied Unit

Deed Restricted Property

Address: _____

Development: _____

OWNER: _____ **OWNER:** _____

Mailing Address: _____ Mailing Address: _____

Phone Number: _____ Phone Number: _____

E-mail: _____ E-mail: _____

EMPLOYEE STANDARD

Name of Owner Reporting Employment Information: _____

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

If yes:

Total number of hours worked during ***past 12 months***: _____

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

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

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

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**