

Town of Mountain Village
Deed Restricted Property Compliance Check

Deed Restricted Unit Address: _____

SELF-EMPLOYMENT STATEMENT

Self-Employed Individual: _____

Dates of self-employment: _____ to _____

Business Name: _____

Business Address: _____

Nature of Business: _____

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

Hours worked **within** the Telluride R1 School District boundary: _____

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

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: _____



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**

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: _____

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**