



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)

## PINION PARK LOTTERY SELF-EMPLOYMENT STATEMENT

### Business Detail

**Applicant's Name:** \_\_\_\_\_

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

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

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

Number of **months** worked during the previous 12 months: \_\_\_\_\_

Number of months you worked a minimum of 40 hours: \_\_\_\_\_

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

Hours worked **within** the Norwood R-2j School District boundary: \_\_\_\_\_

Hours worked **outside** Norwood R-2j School District boundary: \_\_\_\_\_

Number of hours anticipated in the next 12 months: \_\_\_\_\_

### REQUIRED DOCUMENTATION:

- Copy of a business license for compliance period
- Copy of professional licenses *(if applicable)*
- Verification of hours worked within Norwood R-2j 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)***

### 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, including attachments submitted to SMRHA verify my self-employment, are true, complete, and correct to the best of my knowledge and belief.**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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

Sworn to, before me, by \_\_\_\_\_ this \_\_\_\_ day of \_\_\_\_\_, 2022.

Witness my hand and official seal.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
 Notary Public



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**CLIENT VERIFICATION  
 INCOME AND HOURS  
 WITHIN NORWOOD R-2j 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

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 Email