SAN MIGUEL REGIONAL HOUSING AUTHORITY

REGULAR MEETING

June 5, 2023 @ 1 PM

Via Zoom ID#: 484.178.1222 PW: SMRHA2023

I. CALL TO ORDER

II. PUBLIC DISCUSSION

No more than five minutes per person.

III. REVIEW OF AGENDA

IV. APPROVAL OF MINUTES

May 1, 2023

V. WORKSESSION ITEMS

Review of SMC compliance form - Courtney McEleney, SMRHA
Review of application requirements - Courtney McEleney, SMRHA

VI. MANAGER REPORT

VII. OTHER BUSINESS

VIII. ADJOURN

NEXT SCHEDULED MEETING

July 5, 2023

1 PM

This agenda is subject to change including the addition of items or the deletion of items at any time. The lengths of discussions may be shorter or longer, at the Board’s discretion. If you are planning to come speak to a matter, let the SMRHA Manager know by calling 970-728-3034, ext. 4.
SAN MIGUEL REGIONAL HOUSING AUTHORITY
REGULAR MEETING MINUTES
MONDAY, MAY 1, 2023 @ 1 PM

The following Board Members were present via Zoom:
• Lance Waring, San Miguel County Commissioner
• Mike Bordogna, San Miguel County Manager
• Scott Robson, Telluride Town Manager

The following Board Members were absent via Zoom:
• Adrienne Christy, Telluride Town Council Member
• Pamela Shifrin, At-Large Board Member

The following were also in attendance via Zoom:
• Courtney McEleney, SMRHA Manager

I. CALL TO ORDER
The Regular Meeting of the San Miguel Regional Housing Authority Board was called to order by Lance Waring on Monday, May 1, 2023 at 1:02 p.m.

II. PUBLIC DISCUSSION
No public items were received.

III. REVIEW OF AGENDA ITEMS
No additions or subtractions of the Agenda were considered.

IV. APPROVAL OF MINUTES
Upon motion by Mike Bordogna and seconded by Scott Robson the meeting minutes of March 6, 2023 were unanimously approved.

V. WORKSESSION
Lawson Hill Closing Fees – Courtney McEleney, SMRHA

McEleney discussed the .75% buyer fee for Lawson Hill which has not been collected since at least 2020. The Board decided to table discussion until the July meeting until a review of the first half of 2023 fees could be shown. Until then, no buyer fees would be collected.

VI. MANAGER REPORT
SMRHA Manager reviewed the Manager Report updating the Board on available Pinion Park units, new Deed Restricted properties for purchase, and the Wetterhorn Ridgway lottery.

VII. OTHER BUSINESS
   Rio Vista I Insurance – Courtney McEleney, SMRHA
   McEleney reviewed the email from the Rio Vista I HOA provided in the packet.

VIII. ADJOURN
   Upon motion by Mike Bordogna and seconded by Scott Robson, the Regular Meeting of the San Miguel Regional Housing Authority (SMRHA) Board was adjourned by Lance Waring on May 1, 2023 at 1:41 p.m.
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: __________________________________________
# of Bedrooms: __________________
# of Bathrooms: __________________

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 unimproved or improved residential property in San Miguel County? Yes ____ No ____
If yes, list type and location of each property:

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

QUALIFYING INCOME
Household Gross Income from reporting period (June 1, 2022 – May 31, 2023)

$ __________ 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
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.

__________________________ Date

Employer Signature

__________________________
Printed Name

__________________________
Title

__________________________ Email

Phone Number

Please submit completed form to:
SMRHA
P.O. Box 840
Telluride, CO 81435
Fax: 970.728.5371
Email: admin@smrha.org
Welcome to the Deed Restriction Application Process!

Dear Applicant:

On the following pages you will be asked to provide information which will permit us, the San Miguel Regional Housing Authority (SMRHA), to determine if you are eligible to occupy a deed restricted unit.

Please read all of the information carefully and contact us with questions. We cannot process an application until it is complete.

The SMRHA is subject to the Colorado Open Records Act (CORA) Colorado Revised Statutes section 24-72-201, et seq. Any information that you provide becomes public record, with the exception of specific confidential information as stated in CORA. Confidential information under CORA includes items such as financial information; for example, state and federal income tax returns. However, please be aware any confidential documents or information that you choose to provide or disclose at a public meeting will become a part of the public record of that meeting, and therefore subject to disclosure pursuant to CORA.

If you have questions about the information you need to provide, or about the process, please contact us at 970-728-3034, extensions 4 or 5.

Sincerely,

SMRHA Staff
San Miguel County Covenant Rental Application
For Persons Interested in Occupying Deed Restricted Housing
in the Telluride R-1 School District in Lawson Hill, Lower Lawson, San Bernardo, and Aldasoro

** This Application Needs To Be Submitted Prior To Occupying A Unit **

You must submit all of the following for an application to be considered complete:

- $10.00 non-refundable Application Fee (make check payable to SMRHA)
- Completed application form (Please remember to have notarized where applicable)
- Copy of the complete tax return for the past year (this includes all W2s/1099s, schedules, etc.)

  SMRHA cannot accept income tax return extensions. Please remove SSN
- Copies of your most recent paystub(s) (from any/all current employers) with year to date info.
- Copies of a driver’s license for each adult household member and registration for each motor vehicle you own
- Additional documentation necessary for employment verification (if applicable)
  - Multiple Certification of Employment pages
  - Local Business License (if self-employed)
  - Time logs, invoices, etc. (if self-employed)

If you believe you qualify by virtue of having a disability or meeting the retirement age guidelines, or the “Alternative Standard”, please contact our office for more specific information.

## HOUSEHOLD INFORMATION
(Please Print)

Please indicate the unit for which you are applying: _______________________________ Rental # of Bedrooms: ______

<table>
<thead>
<tr>
<th>APPLICANT</th>
<th>Mailing address: ____________________</th>
<th>Phone # (res.) ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phys. address: _____________________</td>
<td>Phone # (cell) ____________________</td>
</tr>
<tr>
<td></td>
<td>E-mail address: ____________________</td>
<td>Phone # (bus.) ____________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CO-APPLICANT (if applicable):</th>
<th>Phone # (res.) ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phone # (cell) ____________________</td>
</tr>
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<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER HOUSEHOLD MEMBERS:</th>
<th>Relationship to Applicant(s): ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Please supply this same information for additional Household Members on another sheet of paper.
APPLICANT’S CERTIFICATION & AUTHORIZATION

Under the penalty of perjury, the applicant certifies the following:

All information provided in this application submitted to the San Miguel Regional Housing Authority to purchase deed restricted property in San Miguel County is true and complete.

AUTHORIZATION TO RELEASE INFORMATION
To Whom It May Concern:

1. As a part of the application process to purchase deed restricted property in San Miguel County, the San Miguel Regional Housing Authority (SMRHA) may verify any and all information contained in my/our loan application and in other documents required in connection with the loan.
2. I/We authorize you to provide to the SMRHA any and all information and documentation in your care or custody that they request. Such information includes, but is not limited to, employment history and income; bank, money market, and similar account balances, and copies of income tax returns.
3. A copy of this authorization may be accepted as an original.

☐ Check this box if you want the results letter shared with the owner/landlord.

DATED: effective this ____ day of ___________________________, 20___.

_________________________________  ____________________________________
Applicant Signature                  Applicant Signature

_________________________________  ____________________________________
Please print name                     Please print name

The foregoing instrument was acknowledged before me this _____ day of __________________
20__, by ____________________________________________.

Witness my hand and official seal.  
My commission expires______________  
_________________________________
Notary Public
VERIFICATION OF EMPLOYMENT HOURS AND INCOME
RELATED TO ELIGIBILITY TO OCCUPY AFFORDABLE HOUSING

*** For use by Employer/Company Representative. This document serves to verify the employment hours & income for your Employee. It is to be completed by a Company Representative with access to personnel records. ***

Employee Name: ________________________________

Employee began employment with ___________________ (Company) on __________ (Date).
Company is located at ___________________________ (physical address), which is within the Telluride R-1 School District boundaries.

If no longer employed by you, the Employee’s last date of employment was __________.
Employee is (or was) employed as (job title) ____________________________.
Please add a brief description of job duties and location of work: ________________________________

Is (or was) this employment seasonal or year round? (circle one)

If seasonal, Employee typically works (worked) from _______________ to _______________.
Employee works (worked) an average of _______________ hours per week.
Employee works (worked) a total of _______________ weeks per year.
Employee works (worked) a total of _______________ hours per year.
Employee earns (earned) an income of $ _______________ per ____________.
Employee receives _____ weeks of paid time off.

If salaried, Employee typically works (worked) from _______________ to _______________.
Employee works (worked) an average of _______________ hours per week.
Employee works (worked) a total of _______________ weeks per year.
Employee works (worked) a total of _______________ hours per year.
Employee earns (earned) an income of $ _______________ per ____________.
Employee receives _____ weeks of paid time off.

Percentage of work done inside the R-1 Telluride School District _________________.
Percentage of work done outside of the R-1 Telluride School District _________________.

Under the penalty of perjury, I/We certify that all of the information contained herein is true and correct to the best of my/our knowledge.

__________________________________       ____________________
Employer’s signature                        Date

__________________________________
Employer’s name and job title

______________________________
Contact telephone number

______________________________
Contact email

Note: To be completed by your employer(s) Applicant-Owner authorizes SMRHA to request additional information if necessary.
SAN MIGUEL COUNTY
CERTIFICATION OF ELIGIBILITY TO OCCUPY AFFORDABLE HOUSING

Employers Affidavit:
I, _____________________________, hereby declare under penalty of perjury that _____________________________ is presently employed by _____________________________ _____________________________, whose principal address of business is _____________________________, and further certify that the above named Employee is employed in the Telluride R-1 School District of San Miguel County, and that employment of said Employee began/will begin on _______________.

Date: ___________________________ By: _____________________________
(Employer)

The foregoing instrument was acknowledged before me this _______day of _______________ 20___, by _______________________________.

Witness my hand and official seal.
My commission expires_____________

______________________________
Notary Public

Employee’s Affidavit:
I, _____________________________, hereby declare under penalty of perjury that I am employed by _____________________________, whose principal address of business is _____________________________, that it is located within the Telluride R-1 School District of San Miguel County, and that my employment began/will begin on _______________.

Date: ___________________________ By: _____________________________
(Employee)

The foregoing instrument was acknowledged before me this _______day of _______________ 20___, by _______________________________.

Witness my hand and official seal.
My commission expires_____________

______________________________
Notary Public
SAN MIGUEL COUNTY DEED RESTRICTION
VERIFIED SELF-EMPLOYMENT STATEMENT

Date: __________________________

This document serves to verify the location and hours worked for: ____ __________________________.  
(Name)

My business began with __________________________ on __________.  
(Company) (Date)

[If you have more than one business/job, please attach a separate page for each one]

Please describe your business and your activities: ____________________________________________  
__________________________________________________________________________________  
__________________________________________________________________________________  

Job title: __________________________

Business Address: __________________________

Business Hours: __________________________

Names of Employees: __________________________

__________________________________________________________________________________

Hours worked within the Telluride R-1 School District boundary ________ per week.

Hours worked outside of the Telluride R-1 School District boundary ________ per week.

I work approximately ______ weeks per year and receive ______ weeks of paid time off.

I work for ______ clients per week on average.

How many clients are outside of the Telluride R-1 School District boundaries? __________________________

Hours worked outside the Telluride R-1 School District boundary ________ per week.

Please provide business documentation to assist in verification of self-employment qualification:

• Current copy of a business license and professional licenses required for your type of work or any other permits that may be applicable.

AND

• Include verifiable hours and location of work within the Telluride R-1 School District boundary.
  Tracking for ________ through ________.

• Verification may include invoices, ledgers or business logs of clients with location/dates/times/hours worked, IRS tax filings.

* Notarized Certification form on following page*
CERTIFICATION

Under penalty of perjury, I certify the following:
All information provided, including attachments, submitted to the San Miguel Regional Housing Authority are true, complete, and correct to the best of my knowledge. I will provide other information pertaining to my qualification under my deed restriction as requested.

I acknowledge that no representation has been made that I am a Qualified Household.

DATED: Effective this _____day of __________________________, 20__.

____________________________________  ____________________________________
Applicant                                      Applicant

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

Sworn to, before me, by ________________________________ on the___day of

_____________________, 20__.

WITNESS my hand and official seal.
My commission expires: __________

__________________________________
Notary Public
MANAGER REPORT

June 5, 2023

• SMC:
  o New listing: 450 San Miguel Ridge #7
  o All MLS listings have been placed on smrha.org
  o Compliance set for this month

• TOT:
  o 1 June closing
  o 2 TC DR properties are under contract
  o 1 new Intent to Sell - not required to go to lottery, TOT first right of purchase
  o Amended TAHG was adopted May 9, 2023
  o Continued tenant compliance

• DOH
  o Suspension of all new vouchers indefinitely
  o Manager trained on system
  o Scheduling inspections for July & August
SAN MIGUEL REGIONAL HOUSING AUTHORITY
2023 BOARD MEETINGS

1 P.M.
(unless otherwise noted)

<table>
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<th>Via Zoom</th>
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January 3 - CANCELED
February 6
March 6
April 3 - CANCELED
May 1
June 5
July 5
August 7
September 5
October 2
November 6
December 4

The Meeting Dates and Times are subject to change as are the Agendas, including the addition of items or the deletion of items at any time. If you are planning to come speak to a specific matter, please let the SMRHA Manager know by calling Courtney at 970-728-3034, ext. 4.

Packet materials are available from the San Miguel Regional Housing Authority by contacting the SMRHA Office no later than 24 hours prior to the meeting.