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 Web: www.smrha.org

PINION PARK
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 or Telluride R-1 School District boundary: _____
Hours worked **outside** Norwood R-2j or Telluride 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 or 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)***

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 _____,

202__. Witness my hand and official seal.

My Commission Expires: _____

_____
Notary Public