



820 Black Bear Road, Unit G-17
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CLIENT VERIFICATION OF INCOME AND HOURS FOR SELF-EMPLOYED INDIVIDUALS

(Rev. 11/2025)

I, _____ hereby authorize the client named below to provide the information requested on this form to the San Miguel Regional Housing Authority for the purpose of determining my Household's eligibility to purchase or occupy an Affordable Housing Unit.

The following client may release information regarding services rendered:

Client Name: _____ Phone: _____

Address: _____ Email: _____

Applicant's Business Name: _____

Applicant Signature _____ Date _____

Dear Client:

The above person has made an application to the San Miguel Regional Housing Authority ("SMRHA") for purchase/occupancy of a Telluride deed-restricted Affordable Housing Unit which requires the Household to meet certain Employment Standards. To verify that the Household may be Qualified, a certification from you has been requested by the Applicant and is required to verify self-employment in whole or in part. Please complete and return this form directly to SMRHA, by email to admin@smrha.org or mail to the above.

SWORN STATEMENT OF CLIENT

Under penalty of perjury, I, the undersigned, declare and attest that all information provided by me contained herein regarding the above named self-employed individual is true, correct, and complete to the best of my knowledge and belief:

- Dates of service provided in the last twelve (12) months were between: _____ and _____
- Total number of service hours in the last twelve (12) months: _____
- Percentage of work which requires presence within the Telluride R-1 School District: _____ %
- Total amount invoiced during the last twelve (12) months: _____
- Nature of services performed:

Client Signature

Date

Client Printed Name

STATE OF COLORADO) ss.
COUNTY OF SAN MIGUEL)

Acknowledged, subscribed, and sworn to before me this ____ day of _____, 202____ by
_____. WITNESS my hand and official seal.

My Commission Expires: _____

Notary Public