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## Telluride Housing Authority Deed Restricted Rental Application

(Rev. 11/2025)

### APPLICATION CHECKLIST

- \$20 APPLICATION FEE (CHECK OR EXACT CASH)
- COMPLETED APPLICATION - **ALL NOTARIES ARE REQUIRED**
- EMPLOYMENT CERTIFICATION FROM EACH EMPLOYER PRIOR 12 MONTHS
- MOST RECENT PAYSTUB FROM ALL CURRENT EMPLOYERS OF EACH HOUSEHOLD MEMBER
- PREVIOUS YEAR FULL TAX RETURN - **REDACT SSN**

### INSTRUCTIONS:

This application is for use by any Household desiring to rent a Telluride Housing Authority (“**THA**”) deed-restricted unit, known as an Affordable Housing Unit (“**AHU**”). All such units are subject to the Telluride Affordable Housing Guidelines (“**Guidelines**”), as amended. Applicants are encouraged to familiarize themselves with the Guidelines, which can be found at the San Miguel Regional Housing Authority (“**SMRHA**”) website, prior to submitting a rental application. The qualification criteria are intentionally tailored to ensure AHUs are occupied, and continued to be occupied by residents and their families who make a living primarily from Presence Required Employment and to promote economic diversity within the Telluride community by the use of income restrictions by unit tiers. Information concerning tiers and income limits can be found in Appendix A of the Guidelines.

SMRHA does not maintain a waitlist for AHUs. Please only submit this application if you have been identified as a prospective renter by the current owner of an AHU who has the right to choose their qualified renter. Verification of Qualification is valid for thirty (30) days, after which a new application must be submitted. Applications are submitted and approved on a **unit-specific basis** and denial of an application for one property does not necessarily mean your Household may not qualify for another AHU.

Each **Tenant** should submit the separate Tenant application form if they are not members of the same Household. The Guidelines define a Household as “all individuals who are or will occupy an Affordable Housing Unit including without limitation Owner, Tenant and Immediate Family but excluding Guests and Temporary Occupant.”

**FOR QUESTIONS PLEASE CONTACT SMRHA AT (970) 728-3034 OR [ADMIN@SMRHA.ORG](mailto:ADMIN@SMRHA.ORG)**

**NOTICE:**

The Guidelines provide that it shall be the burden of the Applicant to provide all required information for verification of Eligibility and Qualification, and any missing or incomplete information or documentation, or information that cannot be verified, shall be construed against the Applicant and may be grounds for denial. Any material misstatement of fact or deliberate fraud by a member of an Applicant Household in connection with any information submitted to THA shall be cause for immediate expulsion from the application process. In addition, any material misstatement of fact or deliberate fraud by the Household shall be referred to prosecution for perjury. Applicant(s) has seven (7) days to submit missing or additional information requested by SMRHA. Otherwise, Applicant will need to reapply with a new application. SMRHA may request additional documentation reasonably related to verifying qualification. **SMRHA WILL NOT PROCESS INCOMPLETE APPLICATIONS.**

**FAIR HOUSING:**

SMRHA is committed to compliance with all federal, state, and local fair housing laws. SMRHA will not discriminate against any person because of race, color, religion, national origin, sex, familial status, disability, or any other specific classes protected by applicable laws.

**OPEN RECORDS AND PRIVACY DISCLAIMER:**

All personal information collected by SMRHA is done so exclusively with your consent, by means of the signed completion of this form. SMRHA will not, under any circumstances, share your personal information with other individuals or organizations without your permission, including public organizations, corporations, or individuals, unless otherwise required to by law or court order. SMRHA does not sell, communicate, or disclose your information to any mailing lists not associated with SMRHA, THA, or the Town of Telluride for purposes of important program updates and announcements. SMRHA stores your file and uses and applies the appropriate security measures to preserve the confidentiality of your information. Please refer to Guidelines Section 104.5 for more information. SMRHA is subject to the Colorado Open Records Act ("CORA"), § 24-72-200.1, *et seq.* Any information that you provide may become public record, with the exception of specific confidential information as stated in CORA. Confidential information under CORA includes certain financial information; for example, state and federal income tax returns. However, please be aware that 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.

**\*\*For SMRHA Office Use Only\*\***

**Property Applied For:** \_\_\_\_\_

**Tier:** \_\_\_\_\_ **Bed Count:** \_\_\_\_\_

**Date Application Submitted:** \_\_\_\_\_

**Date Deemed Complete:** \_\_\_\_\_

**Applicant Household** \_\_\_\_\_

**Member(s):** \_\_\_\_\_

**Applicant Household Gross Income (including THA allowed deductions):** \_\_\_\_\_  
Previous 12-Months:

**Net Assets:** \_\_\_\_\_

**Applicant Household Meets:**  Income Eligibility Tier\*\*

Residency Standard

\*\*Unit-Specific Criteria  
 Employment Standard

Property Ownership Standard

Earned Income Standard

Net Asset Standard\*\*

**Reviewed By:** \_\_\_\_\_

**Date Issued:** \_\_\_\_\_

**Approval/Denial Conclusion and Review Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 1. RENTAL PROPERTY INFORMATION

Prospective Property Address: \_\_\_\_\_ Current Owner Name(s): \_\_\_\_\_

Current Owner has submitted a Notice of Intent to Rent:  Yes  No

### 2. APPLICANT HOUSEHOLD MEMBER INFORMATION

PRIMARY APPLICANT NAME		
CURRENT MAILING ADDRESS	CITY, STATE, ZIP	
CURRENT PHYSICAL ADDRESS	CITY, STATE, ZIP	
CELL PHONE:	EMAIL ADDRESS:	DOB:

CO-APPLICANT NAME (IF APPLICABLE)		
CURRENT MAILING ADDRESS	CITY, STATE, ZIP	
CURRENT PHYSICAL ADDRESS	CITY, STATE, ZIP	
CELL PHONE:	EMAIL ADDRESS:	DOB:

#### OTHER HOUSEHOLD MEMBERS:

NAME:	RELATIONSHIP:	DOB:
NAME:	RELATIONSHIP:	DOB:
NAME:	RELATIONSHIP:	DOB:
NAME:	RELATIONSHIP:	DOB:
NAME:	RELATIONSHIP:	DOB:

### 3. RESIDENCY INFORMATION

Will applicant be sharing the property with the owner?  Yes  No / Lease Term  12 Month  6 Month

Rent per month \$ \_\_\_\_\_ Including Utilities:  Yes  No

# of bedrooms Applicant(s) Household is renting: \_\_\_\_\_

List all Applicant(s) Current Employers: \_\_\_\_\_

### 4. PROPERTY OWNERSHIP

Does any Household member, directly or indirectly, through a business or LLC, have an ownership interest, including any future interest in a trust or estate, in developed residential property in Montrose, Dolores, San Miguel, or Ouray County?  Yes  No *If yes*, address of property: \_\_\_\_\_

### 5. INCOME INFORMATION

Provide a complete and accurate statement of all income from all sources for your Household over the previous 12 month. **Denote 0 where applicable.** SMRHA examines total gross income as well as income based on Earned/Unearned Income and Presence Required Income/Non-Presence Required Income to determine qualification and eligibility. Please refer to the Guidelines Definitions and Part 1 for more information and inquire with SMRHA if you need assistance calculating or classifying income information. Documentation is required.

**5.1 PRIOR 12-MONTH INCOME**

<b>EARNED INCOME</b> <b>(Total Household Gross Income from previous 12 months)</b>	
\$ _____	W-2 Income from Presence Required Employment within Telluride R-1 School District
\$ _____	W-2 Income from employment <u>outside</u> Telluride R-1 School District
\$ _____	Self-Employment Income from Presence Required Employment <u>within</u> Telluride R-1 School District <ul style="list-style-type: none"> <li>• Deduct only documented expenses including business taxes and similar allowances. Depreciation not permitted.</li> </ul>
\$ _____	Self-Employment Income from employment <u>outside</u> Telluride R-1 School District <ul style="list-style-type: none"> <li>• Deduct only documented expenses including business taxes and similar allowances. Depreciation not permitted.</li> </ul>
\$ _____	Retirement and/or pension income, including Social Security <u>retirement</u> benefits (not SSI or SSDI)
\$ _____	Workers' Compensation or Unemployment, if the payment is a direct result of a current or former Presence Required Employment position
\$ _____	<b>TOTAL EARNED INCOME</b>
\$ _____	<b>TOTAL EARNED INCOME FROM PRESENCE-REQUIRED EMPLOYMENT</b>

<b>UNEARNED INCOME</b> <b>(Total Household Gross Income from previous 12 months)</b>	
\$ _____	Net rental property income (from any property including deed restricted property) <ul style="list-style-type: none"> <li>• Deduct only proportional mortgage payments, normal ownership costs and regular maintenance, and third-party management fees. Depreciation not permitted.</li> </ul>
\$ _____	Benefit payments (SSI, SSDI, Disability, Severance, Death Benefits), and workers' compensation or unemployment, if the payment is <u>not</u> a direct result of a current or former Presence Required Employment position
\$ _____	Income from trusts
\$ _____	Interest, dividends, capital gains, and other income from household assets (interest from bank accounts, bonds, dividends from stocks/mutual funds, etc.)
\$ _____	Alimony and/or child support
\$ _____	Monetary gifts/assistance (not for down payment)
\$ _____	Other income (please specify): _____
\$ _____	<b>TOTAL UNEARNED INCOME</b>

<b>PERMITTED DEDUCTIONS</b> <b>(Combined maximum \$10,000 per Household permitted as deduction)</b>	
\$ _____	Student Loan Debt
\$ _____	Medical Expenses
\$ _____	Childcare Expenses
\$ _____	Education, Healthcare, and/or retirement account contributions
\$ _____	<b>DEDUCTIONS (\$10k max)</b>

\$ \_\_\_\_\_ **TOTAL HOUSEHOLD GROSS INCOME** (Months 1-12)

## 6. NET ASSET CALCULATION

Assets of all members of a Household, including children, must be included in the determination of a Household's Net Assets. **Denote 0 where applicable.** Documentation of assets may be required. Assets held in a trust or any similar entity or interest where a person has management rights or equitable ownership, or the ability to utilize the trust assets for the payment of debts or for other purposes shall be deemed an Asset. Applicant's share of the trust assets (total assets/beneficiaries) will be included when calculating the net assets of an applicant and additional documentation will be required. One or more Household member is a beneficiary to a trust:  Yes  No

### Household Assets

**Cash/Cash Equivalents:**

Cash on Hand \$ \_\_\_\_\_  
 Checking Accounts \$ \_\_\_\_\_  
 Saving Accounts \$ \_\_\_\_\_  
 Money Market Funds \$ \_\_\_\_\_  
 Cash Value of Life Insurance \$ \_\_\_\_\_  
 Gift Toward Down Payment \$ \_\_\_\_\_

**Real Estate:**

Address: \$ \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \$ \_\_\_\_\_  
 \_\_\_\_\_

**Investments:**

Certificates of Deposit \$ \_\_\_\_\_  
 Stocks \$ \_\_\_\_\_  
 Bonds \$ \_\_\_\_\_  
 Mutual Funds \$ \_\_\_\_\_  
 Annuities \$ \_\_\_\_\_  
 Retirement Funds \$ \_\_\_\_\_  
 Funds in names of dependents \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**Business Assets**

Total Business Assets \$ \_\_\_\_\_

**Personal Property:**

Automobiles \$ \_\_\_\_\_  
 Recreational Vehicle/Boat \$ \_\_\_\_\_  
 Home Furnishings \$ \_\_\_\_\_  
 Collections \$ \_\_\_\_\_  
 Jewelry \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**Trust Assets**

Share of Trust Assets \$ \_\_\_\_\_

**Total Household Assets:** \$ \_\_\_\_\_

### Household Liabilities

**Current Debts:**

Household (e.g. lease) \$ \_\_\_\_\_  
 Business \$ \_\_\_\_\_  
 Medical \$ \_\_\_\_\_  
 Credit Cards \$ \_\_\_\_\_  
 Taxes Owed \$ \_\_\_\_\_  
 Legal Judgments \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**Loans:**

Bank/Finance Company \$ \_\_\_\_\_  
 Automobile \$ \_\_\_\_\_  
 Recreational Vehicle/Boat \$ \_\_\_\_\_  
 Education \$ \_\_\_\_\_  
 Life Insurance Loan \$ \_\_\_\_\_  
 Personal (family/friends) \$ \_\_\_\_\_  
 Business \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**Mortgages:**

Address: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_  
 Address: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_

**Total Household Liabilities:** \$ \_\_\_\_\_

### Household Net Assets

\$ \_\_\_\_\_ - \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
**TOTAL ASSETS                      TOTAL LIABILITIES                      NET ASSETS**

**7. EMPLOYMENT INFORMATION**

Each income earner in a Household must provide one Employment Certification for **each** job/employment position currently held and/or held in the prior 12 months. Please print/request additional copies of this page and the next page (Employment Certification) as needed for additional Household members or employers. If you have been self-employed for all or part of your income, please contact SMRHA for self-employment forms to verify hours and fill out the Self-Employment Business Detail on page 9 of this application.

**Household Member Name:** \_\_\_\_\_

**Check all that apply:**

- I worked for \_\_\_\_\_ employers located inside the Telluride R-1 School District boundaries in the past year, for a total of \_\_\_\_\_ hours within the Telluride R-1 School District, and have included an Employment Certification from each employer.
- I worked for one or more employer located outside of the Telluride R-1 School District, or performed work which is not Presence Required Employment.
- I have been self-employed in the prior 12 months, and have included a Self-Employment Business Detail from each self-employment source.
- I am Qualified Retired.
- I am Qualified Disabled.
- I am a primary childcare provider for my dependent child under the age of six (6) or dependent household member with a disability which requires significant at-home care, which prevented me from working the required hours.
- I have volunteered \_\_\_\_\_ hours locally for a recognized non-profit community organization or governmental organization which benefits San Miguel County and for which no monetary or other material compensation is received (Name: \_\_\_\_\_).

**Release of Employment Information**

I authorize the below-named Employer(s) to release any and all information requested by the San Miguel regional Housing Authority (SMRHA) or its Designee for the purpose of verifying my employment.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

Employer #1: \_\_\_\_\_ Employer #2: \_\_\_\_\_

Employer #3: \_\_\_\_\_ Employer #4: \_\_\_\_\_

## EMPLOYMENT CERTIFICATION

(To be completed by employer)

**Attention Employer:** Your current or previous employee is applying for qualification to rent an Affordable Housing Unit. At least one Household member of an Affordable Housing Unit must meet the Employment Standard specified in the Telluride Affordable Housing Guidelines which includes hours worked within the R-1 School District boundaries and income must be verified. Please provide the following information completely and accurately. If you have any questions, please call the San Miguel Regional Housing Authority at (970) 728-3034.

EMPLOYEE NAME	TITLE/POSITION
NAME OF BUSINESS	DATE EMPLOYMENT BEGAN
LOCAL BUSINESS ADDRESS	DATE EMPLOYMENT ENDED (OR N/A)
WAGES \$ _____ per hour <b>OR</b> Salary of \$ _____ per year  Total gross wages paid in the last 12 months: \$ _____  Does Employee receive tips (select one)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HOURS Employee's position is (select one): <input type="checkbox"/> Year-Round: _____ HOURS per Week; _____ WEEKS per Year <input type="checkbox"/> Winter Seasonal: _____ HOURS per Week; Start date _____ End date _____ <input type="checkbox"/> Summer Seasonal: _____ HOURS per Week; Start date _____ End date _____  Employee worked _____ HOURS in the prior 12 months for this Employer, _____ of which were Presence Required Employment and _____ of which Employee did not need to be present in the Telluride R-1 School District to perform work. EXCLUDE redeemed PTO and unpaid on-call hours.  Number of months Employee worked a minimum of forty (40) hours in previous twelve (12): _____	

### SWORN STATEMENT OF EMPLOYER'S REPRESENTATIVE

Under penalty of perjury, I, the undersigned, on behalf of the above-named business/employer, declare that all information contained herein regarding the above-named employee for the reporting period is true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

**SELF-EMPLOYMENT BUSINESS DETAIL**

(To be completed by Household members who are self-employed)

**Required Documentation:**

- Copies of Town of Telluride business licenses and professional licenses (if applicable)
- Business’ tax return for the previous year and 1099s if applicable.
- Verification of income - Third-party verification from an outside accounting firm in the form of payroll reports is preferred. If not possible, THA will require documentation supporting the hours and income reported below which may include but is not limited to: invoices, ledgers, and logs of client contacts to include locations, dates, times, services rendered, and hours worked. Client Verification of Income and Hours for Self Employed is required if documentation of hours and income is not conclusive.

SELF-EMPLOYED HOUSEHOLD MEMBER NAME	TOWN OF TELLURIDE BUSINESS LICENSE NO.
NAME OF BUSINESS	DATE BUSINESS BEGAN
LOCAL BUSINESS ADDRESS	DATE BUSINESS ENDED (OR N/A)
NATURE OF BUSINESS (NARRATIVE)	
<p>EARNINGS</p> <p>My total income from this work for the reporting period is \$ _____, of which \$ _____ was earned from Presence Required Employment.</p> <p>The amount above accounts for \$ _____ in reasonable, documented, business expense deductions</p>	
<p>HOURS</p> <p>In _____ of the previous twelve (12) months, I have worked a minimum of forty (40) hours during the month of Presence Required Employment for this business.</p> <p>I worked _____ HOURS in the prior 12 months for this business, _____ of which were Presence Required Employment and _____ of which Employee did not need to be present in the Telluride R-1 School District to perform work. EXCLUDE redeemed PTO and unpaid on-call hours.</p>	

**SWORN STATEMENT OF SELF-EMPLOYMENT CERTIFICATION**

Under penalty of perjury, I, the undersigned, declare that all information contained above is true, complete, and correct to the best of my knowledge and belief, and attest that any additional documentation submitted upon request shall be true, complete, and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STATE OF COLORADO**            )  
**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

