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San Miguel County Deed Restricted Purchase Application

(Rev. 11/2025)

APPLICATION CHECKLIST

- \$40 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 FOR EACH HOUSEHOLD MEMBER - **REDACT SSN**
- ALL PREVIOUS YEARS W-2s and/or 1099s FOR EACH HOUSEHOLD MEMBER - **REDACT SSN**

FOR QUESTIONS PLEASE CONTACT SMRHA AT 970-728-3034 OR ADMIN@SMRHA.ORG

NOTICE:

Applicant(s) have/has seven (7) days to submit missing information requested by SMRHA. Otherwise, Applicant will need to reapply with a new application. SMRHA may request additional documentation reasonably related to qualification. **SMRHA WILL NOT PROCESS INCOMPLETE APPLICATIONS.**

DISCLAIMER:

All personal information collected by SMRHA is done so exclusively with your consent, by means of the signed completion of this form. The personal information collected is only used for the purposes of qualifying you for the ownership property. We will not, under any circumstances, share your personal information with other individuals or organizations without your permission, including public organizations, corporations, or individuals. We do not sell, communicate, or divulge your information to any mailing lists. We store your file ourselves and we use and apply the appropriate security measures to preserve the confidentiality of your information.

FAIR HOUSING:

SMRHA is committed to compliance with all federal, state, and local fair housing laws. We 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.

CORA:

SMRHA is subject to the Colorado Open Records Act (CORA) Colorado Revised Statutes section 24-72- 201, 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 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, and therefore subject to disclosure pursuant to CORA.

1. PURCHASE PROPERTY INFORMATION

Prospective Property Address: _____ Current Owner Name(s): _____

2. APPLICANT HOUSEHOLD MEMBER INFORMATION

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

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

OTHER HOUSEHOLD MEMBERS (Exclude Tenants for Purchase):

NAME:	RELATIONSHIP:
NAME:	RELATIONSHIP:
NAME:	RELATIONSHIP:
NAME:	RELATIONSHIP:
NAME:	RELATIONSHIP:

3. RESIDENCY INFORMATION

I represent and certify that each Household member listed in Section 2 above has been a resident of and lived in the four-county region (San Miguel, Montrose, Dolores, and Ouray) a minimum of the eight (8) months immediately prior to the date of this application. Yes No

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 months. **Denote 0 where applicable.** SMRHA examines total gross income as well as income based on Qualifying/Non-Qualifying Income and Presence Required Income/Non-Presence Required Income to determine qualification and eligibility. Please inquire with SMRHA if you need assistance calculating or classifying income information. Documentation is required.

5.1 PRIOR 12-MONTH INCOME

QUALIFYING INCOME (Total Household Gross Income from previous 12 months)	
\$ _____	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"> • Deduct only documented expenses including business taxes and similar allowances. Depreciation not permitted.
\$ _____	Self-Employment Income from employment <u>outside</u> Telluride R-1 School District <ul style="list-style-type: none"> • Deduct only documented expenses including business taxes and similar allowances. Depreciation not permitted.
\$ _____	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
\$ _____	Monetary gifts/assistance up to 30% of the Contract Price of Subject Property
\$ _____	TOTAL QUALIFYING INCOME
\$ _____	TOTAL QUALIFYING INCOME FROM PRESENCE-REQUIRED EMPLOYMENT

NON-QUALIFYING INCOME (Total Household Gross Income from previous 12 months)	
\$ _____	Net rental property income (from any property including deed restricted property) <ul style="list-style-type: none"> • Deduct only proportional mortgage payments, normal ownership costs and regular maintenance, and third-party management fees. Depreciation not permitted.
\$ _____	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
\$ _____	Other income (please specify): _____
\$ _____	TOTAL NON-QUALIFYING INCOME

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

6. 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 6 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.

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 purchase a Deed Restricted Housing Unit. 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 OR 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. 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, SMRHA 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)	
EARNINGS My total income from this work for the reporting period is \$ _____, of which \$ _____ was earned from Presence Required Employment. The amount above accounts for \$ _____ in reasonable, documented, business expense deductions	
HOURS 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. 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.	

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) 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

