



820 Black Bear Road, Unit G-17  
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E-mail: [admin@smrha.org](mailto:admin@smrha.org) Web: [www.smrha.org](http://www.smrha.org)

**San Miguel County**  
**Deed Restricted Rental Application**  
(Rev. 3/2026)

**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

**FOR QUESTIONS PLEASE CONTACT SMRHA AT 970-728-3034 OR [ADMIN@SMRHA.ORG](mailto: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. Results of your qualification will be shared with the owner of the unit you are applying to occupy. 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 purpose of qualifying you for the rental 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. RENTAL 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:**

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 or intends to occupy the unit as their primary residence.  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 the four County Region (San Miguel, Montrose, Ouray, Dolores)?  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**

<b>QUALIFYING 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 is 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 is 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 QUALIFYING INCOME</b>
\$ _____	<b>TOTAL QUALIFYING INCOME FROM PRESENCE-REQUIRED EMPLOYMENT</b>

<b>NON-QUALIFYING 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 is 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.)
\$ _____	Monetary gifts/assistance
\$ _____	Alimony and/or child support
\$ _____	Other income (please specify): _____
\$ _____	<b>TOTAL NON-QUALIFYING INCOME</b>

\$ \_\_\_\_\_ **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 intend to work for \_\_\_\_\_ employers located inside the Telluride R-1 School District boundaries, 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 rent 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 <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.  Number of months Employee worked a minimum of thirty (30) 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

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**SELF-EMPLOYMENT BUSINESS DETAIL**

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

**Required Documentation:**

- Copies of Town of Telluride or Town of Mountain Village 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 that is 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 BUSNIESS 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 thirty (30) 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 I did not need to be present in the Telluride R-1 School District to perform work.	

**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

**APPLICANT CERTIFICATION**

**(Print Additional Copies as Needed – All Adult applicants must complete this form)**

Applicant acknowledges, and under penalty of perjury, certifies the following:

1. All information provided in this application, including attachments, submitted to the San Miguel Regional Housing Authority to rent a Deed Restricted property in San Miguel County are true, complete, and correct to the best of the Applicant’s knowledge;
2. The Applicant, on the basis of the application presented, believes the Household qualifies to rent the Deed Restricted Housing Unit in question according to the Deed Restriction and all other applicable procedures, rules and regulations; and
3. As a part of the application process to rent a Deed Restricted property in San Miguel County, the San Miguel Regional Housing Authority (SMRHA) may request additional documentation reasonably related to proof of income, assets, and employment. 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 the Household in connection with any information supplied to SMRHA shall be cause for immediate expulsion from the application process or removal from the Deed Restricted Housing Unit. In addition, any material misstatement of fact or deliberate fraud by the Household shall be referred to prosecution for perjury.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
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