



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

SAN MIGUEL COUNTY
Deed Restricted Property Continuing Qualification (LUC)

1. PROPERTY INFORMATION

Address:	
Development:	

2. OWNER HOUSEHOLD MEMBER INFORMATION

OWNER 1		
MAILING ADDRESS	PHONE NUMBER	E-MAIL
QUALIFIED RETIRED? Yes ☐		

OWNER 2		
MAILING ADDRESS	PHONE NUMBER	E-MAIL
QUALIFIED RETIRED? Yes ☐		

OTHER HOUSEHOLD MEMBERS RESIDING IN UNIT (DO NOT INCLUDE TENANTS):

NAME:	RELATIONSHIP TO OWNER(S):
NAME:	RELATIONSHIP TO OWNER(S):

TENANTS

Is Property, or part of Property, rented or shared (excluding Household Members listed above)?

Yes ☐ No ☐

If yes, are tenants qualified through SMRHA? Yes ☐ No ☐

TENANT 1 NAME:	DATES OF TENANCY:
TENANT 2 NAME:	DATES OF TENANCY:

3. RESIDENCY STANDARD

Number of months Property occupied as PRIMARY residence during the last 12 months (Owner 1): _____

Number of months Property occupied as PRIMARY residence during the last 12 months (Owner 2): _____

Number of months Property occupied as PRIMARY residence during the last 12 months (Tenant): _____

4. OTHER PROPERTY OWNERSHIP

Does any Household member, directly or indirectly, have an ownership interest, including any future interest in a trust or estate, in other unimproved or improved residential property in the Telluride R-1 School District?

Yes ☐ No ☐

If yes, list type and location of each property:

Does any Household member have an ownership interest in property outside the Telluride R-1 School District?

Yes ☐ No ☐

If yes, list type and location of each property:

5. QUALIFYING INCOME

Calculate Owner Gross Income from the last 12 months. Employees must work an average of 30 hours per week for at least eight months of each calendar year.

QUALIFYING INCOME (Owner Gross Income from last 12 months)	
\$ _____	Income from employment inside Telluride R-1 School District
\$ _____	Income from employment outside Telluride R-1 School District
\$ _____	Benefit payments (Social Security, SSI, Workers' Comp., Disability, Unemployment, Severance, Annuities, Pensions, Retirement, Death Benefits)
\$ _____	Alimony and/or child support
\$ _____	Interest, dividends, capital gains, and other income from household assets (interest from bank accounts, bonds, dividends from stocks/mutual funds, income from trust funds, etc.)
\$ _____	Rental income
\$ _____	Monetary gifts
\$ _____	Other income (please specify)
\$ _____	TOTAL GROSS INCOME

Please attach a copy of your Federal Tax Returns, Pay Stubs, W2s and or 1099s.

SMRHA may request additional tax documents if necessary

6. OWNER CERTIFICATION

Under penalty of perjury, I, the undersigned, swear or affirm that all information submitted for the compliance check, including accompanying documents, is true, complete, and correct to the best of my knowledge and belief.

Owner 1:

Printed Name

Signature

Date

Under penalty of perjury, I, the undersigned, swear or affirm that all information submitted for the compliance check, including accompanying documents, is true, complete, and correct to the best of my knowledge and belief.

Owner 2:

Printed Name

Signature

Date

Please submit completed form to:

SMRHA
P.O. Box 840
820 Black Bear Rd. G-17
Telluride, CO 81435
Email: admin@smrha.org

EMPLOYMENT CERTIFICATION

Release of Information: I hereby authorize my current/former employer to release any and all information to SMRHA as deemed necessary to determine my eligibility to occupy affordable housing.

EMPLOYEE NAME	
EMPLOYEE SIGNATURE	DATE

[To be completed by employer.]

Attention Employer: Your current or previous employee is completing their continuing qualification verification to own an Affordable Housing Unit. At least one Household member of an Affordable Housing Unit must meet the Employment Standard specified in their deed restriction 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 OR Salary of \$_____ per year Total gross wages paid in the last 12 months: \$_____ Does Employee receive tips (select one)? ☐ Yes ☐ No	
HOURS Employee's position is (select one): ☐ Year-Round: _____ HOURS per Week; _____ WEEKS per Year ☐ Winter Seasonal: _____ HOURS per Week; Start date _____ End date _____ ☐ 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 or employer, swear or affirm that the information provided herein regarding the above-named employee for the applicable reporting period is true, complete, and correct 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 TMV 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, swear or affirm that all information provided above, as well as any additional information or documentation submitted upon request, is true, complete, and correct to the best of my knowledge and belief.

_____ Signature	_____ Date	_____ Title
_____ Printed Name	_____ Phone	_____ Business Email