

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 _____