

SELF-EMPLOYMENT THIRD-PARTY VERIFICATION

Release of Information: I hereby authorize the below third party 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 and signed by a third party; signature must be notarized.)

SELF-EMPLOYED APPLICANT NAME	BUSINESS LICENSE NO.
NAME OF BUSINESS	JOB TITLE
LOCAL BUSINESS ADDRESS	DATE BUSINESS BEGAN
# OF EMPLOYEES	NAMES OF EMPLOYEES
NATURE OF BUSINESS (NARRATIVE)	
# OF CLIENTS WITHIN THE R-1 SCHOOL DISTRICT	# OF CLIENTS OUTSIDE THE R-1 SCHOOL DISTRICT
HOURS In _____ of the previous twelve (12) months, applicant worked a minimum of forty (40) hours during the month of Presence Required Employment for this business. Applicant worked _____ HOURS in the prior 12 months for this business, _____ of which were Presence Required Employment and _____ of which did not require applicant to be present in the Telluride R-1 School District to perform work. EXCLUDE redeemed PTO and unpaid on-call hours.	
NAME OF THIRD PARTY SUBMITTING INFORMATION	RELATIONSHIP TO APPLICANT OR APPLICANT'S BUSINESS
SIGNATURE OF SUBMITTING THIRD PARTY	DATE

SWORN STATEMENT OF SELF-EMPLOYMENT THIRD-PARTY VERIFICATION

Under penalty of perjury, I, the undersigned, swear or affirm 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