



820 Black Bear Road, Unit G-17
P.O. Box 840, Telluride, CO 81435
Tel: 970-728-3034 ext. 4
E-mail: admin@smrha.org Web: www.smrha.org

SAN MIGUEL REGIONAL HOUSING AUTHORITY
REGULAR MEETING

October 8 @ 1 PM

Via Zoom	ID#: 484.178.1222	PW: SMRHA2023
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- I. CALL TO ORDER**
- II. PUBLIC DISCUSSION**
No more than five minutes per person.
- III. REVIEW OF AGENDA**
- IV. APPROVAL OF MINUTES**
September 14, 2026
- V. WORKSESSION**
 - A. Review of 2026 SMCHA Continuing Qualification forms and timeline**
- VI. ACTION ITEM**
 - A. 2027 Budget Approval**
- VII. EXECUTIVE DIRECTOR REPORT**
- VIII. ADJOURN**

NEXT SCHEDULED MEETING

November 2, 2026

1 PM



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SAN MIGUEL REGIONAL HOUSING AUTHORITY

REGULAR MEETING MINUTES

Monday, September 14, 2026 @ 1 PM

The following SMRHA Board Members were present:

- Lance Waring, Commissioner, San Miguel County
- Elena Levin, Councilperson, Town of Telluride
- Mike Bordogna, County Manager, San Miguel County
- Zoe Dohnal, Town Manager, Town of Telluride
- Matt Lewis, At Large Board Member

The following were also in attendance:

- Pamela Shifrin, Executive Director, SMRHA

I. CALL TO ORDER

The Regular Meeting of the San Miguel Regional Housing Authority Board was called to order by Lance Waring on September 14, 2026, at 1:03 p.m. via Zoom.

II. PUBLIC DISCUSSION

None

III. REVIEW OF AGENDA ITEMS

No additions or changes to the agenda were proposed.

IV. APPROVAL OF MINUTES

Upon motion by Elena Levin and seconded by Matt Lewis the minutes of the July 6, 2026, Regular Meeting were approved unanimously.

V. WORKSESSION

- A. The Board agreed to reschedule the October 5, 2026 meeting to Thursday, October 8, 2026, at 1:00 p.m. The Board also reviewed the proposed meeting schedule for 2027 and agreed to move to an every-other-month meeting cadence, beginning January 4, 2027.
- B. The Board reviewed the Draft 2027 SMRHA Operating Budget. Two options were presented to address the anticipated increase in healthcare costs. The Board selected Option Two, which utilizes reserve funds to cover the healthcare cost increase in conjunction with the proposed expense reductions. Funding contributions from the Town of Telluride and San Miguel County will remain at their 2026 budgeted levels for 2027. The draft budget will be revised accordingly and presented to the Board at the October meeting for approval.

VI. DISCUSSION

- A. Lance Waring and Mike Bordogna presented the County's recently adopted resolution allowing certain Pinion Park sellers an adjustment up to the 100% AMI income limit if the property is listed at the owner's original purchase price. The adjustment applies only to units currently restricted at 80% AMI. The Board discussed the adjustment in the context of the disparity between existing income restrictions and current lending rates.

VII. EXECUTIVE DIRECTOR REPORT

Pamela Shifrin presented the Executive Director's Report and provided updates regarding SMRHA's online application process, an upcoming Town of Telluride housing lottery, and San Miguel County continuing qualification verification.

VIII. ADJOURNMENT

Upon motion Elena Levin and seconded by Matt Lewis the Regular Meeting of the San Miguel Regional Housing Authority Board was adjourned at 1:41 p.m. on September 14, 2026.



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SAN MIGUEL COUNTY Deed Restricted Property Continuing Qualification (COV 2023)

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 Household Gross Income from the last 12 months. Per Section 5.2.2 (a)(1) The Subject Property Owner has been employed for and earning Qualifying Income on at least **1200** hours per year with a minimum of 40 hours in each of 8 months on a rolling 12-month cycle immediately preceding the Compliance Date and is currently earning Qualifying Income, and (a)(2) The Subject Property Owner's Household Qualifying Income exceeds the Households Non-Qualifying Income.

QUALIFYING INCOME (Total Household 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



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SAN MIGUEL COUNTY
Deed Restricted Property Continuing Qualification (COV 2010-2021)

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. EMPLOYMENT

Per Section 5.2.2 (a) of your deed restriction, the Subject Property Owner has been employed for at least **1032** hours of the twelve months immediately preceding the Compliance Date.

Please attach a copy of your most recent Pay Stubs

SMRHA may request additional 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	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 _____



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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

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



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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 (Pinion Park)

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 within a one-hundred and fifty (150) mile radius from the Housing Unit?

Yes ☐ No ☐

If yes, list type and location of each property:

Does any Household member have an ownership interest in property outside a one-hundred and fifty (150) mile radius from the Housing Unit??

Yes ☐ No ☐

If yes, list type and location of each property:

5. QUALIFYING INCOME

Calculate Total Household Gross Income from the last 12 months.

QUALIFYING INCOME (Total Household Gross Income from last 12 months)	
\$ _____	Income from employment inside Norwood R-2j School District or Telluride R-1 School District
\$ _____	Income from employment outside Norwood R-2j School District or 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. NET ASSET STANDARD

Please complete the Household Net Asset Calculation on the following page.

Net Assets = Total Household Assets - Total Household Liabilities

HOUSEHOLD NET ASSET CALCULATION

Include assets and liabilities for all Household members. Enter \$0 where not applicable.

HOUSEHOLD ASSETS

Cash / Cash Equivalents		Real Estate	
Cash on Hand	\$ _____	Residential - within 150 miles	\$ _____
Checking Account	\$ _____	Land - within 150 miles	\$ _____
Savings Account	\$ _____	Residential - outside 150 miles	\$ _____
Money Market Funds	\$ _____	Land - outside 150 miles	\$ _____
Cash Value of Life Insurance	\$ _____	Other	\$ _____
Investments		Personal Property	
Certificates of Deposit	\$ _____	Automobiles	\$ _____
Stocks	\$ _____	Recreational Vehicle / Boat	\$ _____
Bonds	\$ _____	Home Furnishings	\$ _____
Mutual Funds	\$ _____	Appliances / Furniture	\$ _____
Annuities	\$ _____	Collections	\$ _____
Retirement Funds	\$ _____	Jewelry / Furs	\$ _____
Funds in Names of Dependents	\$ _____	Other	\$ _____
Other	\$ _____	Business Assets	
		Total Business Assets	\$ _____

TOTAL HOUSEHOLD ASSETS: \$ _____

HOUSEHOLD LIABILITIES

Current Debts		Loans	
Household (e.g., rent)	\$ _____	Bank / Finance Company	\$ _____
Business	\$ _____	Automobile	\$ _____
Medical	\$ _____	Recreational Vehicle / Boat	\$ _____
Credit Cards	\$ _____	Education	\$ _____
Department Store Cards	\$ _____	Life Insurance Loan	\$ _____
Taxes Owed	\$ _____	Personal (family / friends)	\$ _____
Legal	\$ _____	Business	\$ _____
Other	\$ _____	Other	\$ _____
Mortgages			
Land	\$ _____	Residential	\$ _____
Other	\$ _____		

TOTAL HOUSEHOLD LIABILITIES: \$ _____

HOUSEHOLD NET ASSETS (Assets - Liabilities)

\$ _____

7. 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 Norwood R-2j School District or Telluride 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

SELF-EMPLOYMENT TRACKING SHEET

For your convenience we have provided a tracking sheet to document your work. Alternative tracking methods are acceptable, however prior approval of alternative methods by SMRHA is encouraged. Please contact SMRHA with any questions regarding self-employment reporting requirements.

Print Name:				
Company Name:				
Reporting Period	Beginning Date: / /		Ending Date: / /	

[illegible]

SAN MIGUEL REGIONAL HOUSING AUTHORITY

2027 BUDGET NARRATIVE

Calendar Year January 1 – December 31, 2027

Budget Overview

The 2027 budget reflects the resources necessary to support the goals and mission of the San Miguel Regional Housing Authority (SMRHA). SMRHA works to assist in the preservation of affordable housing for residents and their families through the administration, development, and implementation of housing policies and programs, while providing ongoing education, information, and leadership regarding regional housing needs and availability.

The budget has been prepared in accordance with applicable local, state, and federal laws and SMRHA policies. The budget continues to be prepared on an accrual basis. SMRHA staff and the Board of Directors have reviewed the anticipated revenues and expenditures to ensure that the organization's services, programs, priorities, and goals are appropriately reflected in the 2027 operating budget.

The Board reviewed the draft 2027 operating budget on September 14, 2026. The budget was updated based on Board direction and presented for final consideration and approval at the October 8, 2026 Board meeting.

2027 Budget Highlights

- Funding contributions from the Town of Telluride and San Miguel County are budgeted to remain at their 2026 levels.
- The budget addresses the anticipated increase in employee healthcare costs through the use of reserve funds, together with reductions in other operating expenses, as directed by the Board.
- The budget continues to support SMRHA's core housing administration, qualification, compliance, education, and community service responsibilities.
- SMRHA will continue implementation and refinement of systems and processes intended to improve application processing, continuing qualification review, and service to the community.

Budget Administration

The 2027 budget is intended to provide a balanced financial plan for SMRHA operations while maintaining sufficient organizational capacity to meet existing responsibilities and anticipated housing program needs during the year. Any use of reserves will be reflected in the final adopted budget and related appropriation documents.

SAN MIGUEL REGIONAL HOUSING AUTHORITY

Proposed FY2027 Budget with Planned Reserve Use

Account	FY26 Budget	2026 Projected YE	Proposed Change	Change \$	FY2027 Proposed	Rationale
6510 Salaries & Wages	\$174,905.00	\$174,558.09	Increase	\$5,247.15	\$180,152.15	3% COL increase
6620 Medicare	\$2,536.12	\$2,592.79	Increase	\$76.09	\$2,612.21	Set at 1.45% of FY2027 Salaries & Wages.
6650 SUI	\$350.00	-	No change	-	\$350.00	Held at FY26 budget.
6610 PERA	\$25,763.51	\$27,628.55	Increase	\$772.90	\$26,536.41	14.73% of FY2027 salaries.
6710 Health Insurance	\$42,009.00	\$43,769.97	Increase	\$8,153.03	\$50,162.03	13% increase applied to FY26 Projected.
6720 Wellness Stipend	\$3,400.00	\$2,833.36	No change	-	\$3,400.00	Held at FY26 budget.
6800 Workers Compensation Ins	\$340.00	\$340.00	No change	-	\$340.00	Held at FY26 budget.
7120 Advertising	\$3,000.00	\$1,000.00	Reduction	(\$2,000.00)	\$1,000.00	Targeted outreach allowance; no Jan-Aug 2026 spend recorded.
7150 Computer Software	\$5,500.00	\$5,231.64	Reduction	(\$300.00)	\$5,200.00	Modest reduction while remaining near projected 2026 usage.
7160 Conference / Training	\$1,500.00	\$1,297.60	Reduction	(\$500.00)	\$1,000.00	Limit training to priority events.
7190 Education / Outreach	\$500.00	\$527.74	No change	-	\$500.00	Held at FY26 budget.
7240 Insurance Expense	\$3,517.00	\$3,554.00	No change	-	\$3,517.00	Held at FY26 budget.
7250 Legal & Professional Fees	\$3,000.00	\$3,345.78	Reduction	(\$1,600.00)	\$3,400.00	Reduced from FY26 budget while remaining near projected need.
7260 Auditing Services	\$6,200.00	\$2,066.64	No change	(\$1,379.00)	\$4,821.00	SMRHA will utilize exemption from audit process
7310 Rent (incl. Cleaning & Shared THA)	\$14,184.00	\$13,408.00	Increase	\$709.20	\$14,893.20	Combines Cleaning Services, Rent and Shared THA Expenses; 5% increase applied to combined FY26 budget.
7320 Office Supplies	\$500.00	\$545.86	Reduction	(\$100.00)	\$400.00	Reduced allowance; below projected 2026 spending.
7330 Payroll Processing Fee	\$2,250.00	\$2,646.90	Increase	\$350.00	\$2,600.00	Increased from FY26 budget; still below projected 2026 spending.
7350 Postage	\$500.00	\$214.12	Reduction	(\$250.00)	\$250.00	Reduced based on low 2026 usage and electronic delivery.
7360 Telephone	\$1,045.00	\$1,073.08	No change	-	\$1,045.00	Held at FY26 budget.
7380 Travel	\$500.00	\$166.64	Reduction	(\$250.00)	\$250.00	Maintain a smaller contingency.
7900 Website	\$3,500.00	\$3,357.00	Reduction	(\$2,000.00)	\$1,500.00	Reduced by \$2,000 based on moving updates in-house; below projected 2026 spending.
7910 IT Services	\$500.00	\$166.64	Reduction	(\$250.00)	\$250.00	Reduced standalone IT allowance.
7920 Special Projects	\$6,000.00	\$5,535.07	Reduction	(\$3,879.00)	\$2,121.00	Reduced allowance to balance budget
7930 Consulting	\$2,700.37	\$329.15	Removed	(\$2,700.37)	-	Consulting removed from the 2027 budget.
Total Expenses	\$306,200.00	\$296,188.62		\$100.00	\$306,300.00	

Key Budget Changes	
FY2027 Salaries & Wages	\$180,152.15
Medicare Rate	1.45%
PERA Rate	14.73%
Health Insurance Increase	\$8,153.03
Combined Rent Base	\$14,184.00
Combined Rent Increase	\$709.20
FY26 Budgeted Reserve Use	\$6,200.00
FY2027 Planned Reserve Use	\$6,300.00
Expense Reductions	\$15,208.37
Balance After Reserve Use	-

Funding Source	FY26 Budget	2026 Projected YE	Proposed Change	Change \$	FY2027 Proposed	Rationale
3210 Town of Telluride	\$150,000.00	\$150,000.00	No change	-	\$150,000.00	Core operating funding held at \$150,000; no additional health-insurance funding assumed.
3220 San Miguel County	\$150,000.00	\$150,000.00	No change	-	\$150,000.00	Core operating funding held at \$150,000; no additional health-insurance funding assumed.
Planned Use of Reserves	\$6,200.00	0	Increase	\$100.00	\$6,300.00	Planned \$6,300 reserve draw covers the operating shortfall. FY26 reserve draw remains unconfirmed.
		-				
Operating Surplus / (Shortfall)					(\$6,300.00)	Operating contributions less expenses, before planned reserve use.
Total Funding, Including Reserves	\$306,200.00			\$100.00	\$306,300.00	
Budget Balance After Reserve Use					\$0.00	Zero indicates total funding equals expenses, including the planned reserve draw.

Current Operating Funds	\$164,374.69	Reported balance; no funds are restricted.
Projected YE Operating Funds	\$47,736.69	Preliminary projection

SAN MIGUEL REGIONAL HOUSING AUTHORITY
RESOLUTION TO ADOPT THE 2027 BUDGET

(Pursuant to § 29-1-108, C.R.S.)

A RESOLUTION SUMMARIZING EXPENDITURES AND REVENUES FOR EACH FUND AND ADOPTING A BUDGET FOR THE SAN MIGUEL REGIONAL HOUSING AUTHORITY, COLORADO, FOR THE CALENDAR YEAR BEGINNING JANUARY 1, 2027, AND ENDING DECEMBER 31, 2027.

WHEREAS, the Board of Directors of the San Miguel Regional Housing Authority appointed Pamela Shifrin, Executive Director, to prepare and submit a proposed budget to the governing body at the proper time; and

WHEREAS, Pamela Shifrin, Executive Director, submitted a proposed budget to the governing body on October 8, 2026, for its consideration; and

WHEREAS, upon due and proper notice, published or posted in accordance with law, the proposed budget was open for inspection by the public at a designated place, a public hearing was held on October 8, 2026, and interested taxpayers were given the opportunity to file or register any objections to the proposed budget; and

WHEREAS, any increases in expenditures have been offset by corresponding increases in revenues or by planned expenditures from reserves or fund balances so that the budget remains in balance, as required by law.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE SAN MIGUEL REGIONAL HOUSING AUTHORITY, COLORADO:

Section 1. The budget, as submitted, amended, and summarized by fund, is hereby approved and adopted as the budget of the San Miguel Regional Housing Authority for calendar year 2027.

Section 2. The budget hereby approved and adopted shall be signed by the appropriate official and made a part of the public records of the San Miguel Regional Housing Authority.

ADOPTED this _____ day of _____, 2026.

Chair, Board of Directors

Date

ATTEST:

Pamela Shifrin, Executive Director

Date

SAN MIGUEL REGIONAL HOUSING AUTHORITY
RESOLUTION TO APPROPRIATE SUMS OF MONEY
FOR THE 2027 BUDGET YEAR
(Pursuant to § 29-1-108, C.R.S.)

A RESOLUTION APPROPRIATING SUMS OF MONEY TO THE VARIOUS FUNDS AND SPENDING AGENCIES, IN THE AMOUNTS AND FOR THE PURPOSES SET FORTH BELOW, FOR THE SAN MIGUEL REGIONAL HOUSING AUTHORITY, COLORADO, FOR THE 2027 BUDGET YEAR.

WHEREAS, the Board of Directors has adopted the annual budget in accordance with the Local Government Budget Law on _____, 2026; and

WHEREAS, the Board of Directors has made provision therein for revenues in an amount equal to or greater than the total proposed expenditures as set forth in said budget; and

WHEREAS, it is required by law and necessary to appropriate the revenues and reserves or fund balances provided in the budget for the purposes described below, thereby establishing a limitation on expenditures for the operations of the San Miguel Regional Housing Authority.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF DIRECTORS OF THE SAN MIGUEL REGIONAL HOUSING AUTHORITY, COLORADO:

Section 1. The following sums are hereby appropriated from the revenues of each fund to each fund for the purposes stated:

GENERAL FUND	
Current Operating Expenses	\$306,300.00
TOTAL GENERAL FUND	\$306,300.00

ADOPTED this _____ day of _____, 2026.

Mike Bordogna, San Miguel County Manager

Zoe Dohnal, Telluride Town Manager

Date

Date

NOTE: The abbreviated General Fund appropriations shown above assume a small government and uncomplicated operation. In the case of larger governments, the appropriations can be designed by spending agencies in major functions, such as General Government, Public Safety, Enterprise, etc. These functions can also be subdivided. For example:

Public Safety	Enterprise
Police	Water
Fire	Sewer
Correction	Electrical
Protective Inspection	

In certain instances, a governing body may want to appropriate in even greater detail, but this is a management decision that must be tailored to the specific needs and desires of an individual government as expressed by its governing body in such a decision.



820 Black Bear Road, Unit G-17
P.O. Box 840, Telluride, CO 81435
Tel: 970-728-3034 ext. 4
E-mail: admin@smrha.org Web: www.smrha.org

EXECUTIVE DIRECTOR'S REPORT

October 8, 2026

- **Administrative**
 - Database work – all TOT and SMC properties have been audited. Continue to work on updating information as needed.
- **Town of Telluride**
 - Lottery for Spruce House Unit – Updated to December 11, 2026, pending THA approval of timeline
 - Intent to Sell = 0
 - New closings = 0
 - Rental Applications = 10
 - Purchase Application = 1
 - Exception Application = 1
- **San Miguel County**
 - Continuing Qualification for Owners in SMC set to begin October 13th with a 21-day response period. E-blast went out to all owners on September 21, 2026. Reminder planned for October 9, 2026, and October 13, 2026.
 - New closings = 0
 - Rental Applications = 6
 - Purchase Application = 0
 - Exception Application = 1 – Administrative
 - Pinion Park Purchase Application = 1