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San Miguel County Pinion Park Purchase Application

(Rev. 10/2026)

APPLICATION CHECKLIST

- ☐ \$25 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
 - ☐ PREVIOUS YEAR FULL TAX RETURN FOR EACH HOUSEHOLD MEMBER - **REDACT SSN**
 - ☐ MOST RECENT W-2s and/or 1099s FOR EACH HOUSEHOLD MEMBER - **REDACT SSN**
 - ☐ COPY OF LEGAL ID (driver's license, identification card, or passport)
- If you are Self-Employed, please include:
- ☐ COPY OF BUSINESS LICENSE
 - ☐ VERIFICATION OF HOURS WORKED IN THE NORWOOD R-2J SCHOOL DISTRICT OR TELLURIDE R-1 SCHOOL DISTRICT (INVOICES, LEDGERS, ETC.)
 - ☐ CLIENT VERIFICATION OF INCOME AND HOURS FORM (THIRD PARTY VERIFICATION IS PREFERRED)

INSTRUCTIONS:

This application is for use by any Household desiring to purchase or own a Pinion Park deed-restricted unit, in Norwood Colorado. All such units are subject to the Rural Homes: For Sale, For Locals AFFORDABLE HOUSING REGULATIONS AND GUIDELINES ("Guidelines"), and will require execution of a deed restriction prior to sale or transfer. Applicants are encouraged to familiarize themselves with the Guidelines, which can be found at the San Miguel Regional Housing Authority ("SMRHA") website, prior to submitting a purchase application, specifically Sections 3 and 4 concerning initial qualification, application, and continuing qualification. The qualification criteria are intentionally tailored to ensure AHUs are purchased, occupied, and continued to be owned by residents and their families who make a living primarily from employment physically performed in the School District boundaries and to promote economic diversity within the Telluride community by the use of income restrictions by unit tiers. Information concerning tiers and income limits can be found in Appendix A of the Guidelines.

SMRHA does not maintain a waitlist for units. Please only submit this application if you have been identified as a prospective purchaser by the current owner of a Pinion Park unit. Verification of Qualification is valid for thirty (30) days, after which a new application must be submitted. Applications are submitted and approved on a **unit-specific basis** and denial of an application for one property does not necessarily mean your Household may not qualify for another unit of different income tier, bedroom count, or sale price (if impacted by net assets).

Each **Household** is required to submit an application prior to purchase. The Guidelines define a Household as "one or more persons who intend to live together in a Housing Unit as a single housekeeping entity." However, for purposes of purchase, **Household** excludes tenants. Therefore, submit this application to include only the information for you, your immediate family who will be occupying the unit, or any person you deem to be a part of your Household. Tenants should submit the separate Tenant application form. Any person to be on title to an unit must be included in this application. All Household members regardless of age must be included on this application and each member of a Household over eighteen (18) years of age must sign this application. Information for Household Gross Income, regardless of age, must be submitted for all applicants in the Household. A person may only be named on only one (1) purchase application at a time, therefore it is important to identify your Household prior to submitting this application.

FOR QUESTIONS PLEASE CONTACT SMRHA AT (970) 728-3034 OR ADMIN@SMRHA.ORG

NOTICE:

The Guidelines provide that 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 a member of an Applicant Household in connection with any information submitted to SMRHA shall be cause for immediate expulsion from the application process. In addition, any material misstatement of fact or deliberate fraud by the Household shall be referred to prosecution for perjury. Applicant(s) has seven (7) days to submit missing or additional information requested by SMRHA. Otherwise, Applicant will need to reapply with a new application. SMRHA may request additional documentation reasonably related to verifying qualifications. **SMRHA WILL NOT PROCESS INCOMPLETE APPLICATIONS.**

FAIR HOUSING:

SMRHA is committed to compliance with all federal, state, and local fair housing laws. SMRHA 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.

OPEN RECORDS AND PRIVACY DISCLAIMER:

All personal information collected by SMRHA is done so exclusively with your consent, by means of the signed completion of this form. SMRHA will not, under any circumstances, share your personal information with other individuals or organizations without your permission, including public organizations, corporations, or individuals, unless otherwise required to by law or court order. SMRHA does not sell, communicate, or disclose your information to any mailing lists not associated with SMRHA, or San Miguel County for purposes of important program updates and announcements. SMRHA stores your file and uses and applies appropriate security measures to preserve the confidentiality of your information. SMRHA is subject to the Colorado Open Records Act ("**CORA**"), § 24-72-200.1, *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 certain 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.

****For SMRHA Office Use Only****

Property Applied For:	_____	Tier: _____	Bed Count: _____
Anticipated MSP:	_____		
Date Application Submitted:	_____	Date Deemed Complete: _____	
Applicant Household Member(s):	_____	_____	
Applicant Household Gross Income:	Previous 12- Months: _____	Previous 24- Months: _____	Average (if >20%): _____
Applicant Household Meets:	_____ Income Eligibility Tier**	_____ Residency Standard	
Unit-Specific Criteria	_____ Minimum Household Size	_____ Property Ownership Standard	
	_____ Employment Standard	_____ Net Asset Standard**	
	_____ Earned Income Standard	_____ NOV History Clearance	
Exceptions for Qualification:	Needed: ___ Yes ___ No	Available: ___ Yes ___ No	
Reviewed By:	_____	Date Issued: _____	
Approval/Denial Conclusion and Review Notes:	_____ _____ _____ _____		

1. PURCHASE PROPERTY INFORMATION

Prospective Property Address: _____ Current Owner Name(s): _____

Current Owner has submitted a Notice of Intent to Sell: ____ Yes ____ No

2. APPLICANT HOUSEHOLD MEMBER INFORMATION

PRIMARY APPLICANT NAME		
CURRENT MAILING ADDRESS	CITY, STATE, ZIP	
CURRENT PHYSICAL ADDRESS	CITY, STATE, ZIP	
CELL PHONE:	EMAIL ADDRESS:	DOB:

CO-APPLICANT NAME (IF APPLICABLE)		
CURRENT MAILING ADDRESS	CITY, STATE, ZIP	
CURRENT PHYSICAL ADDRESS	CITY, STATE, ZIP	
CELL PHONE:	EMAIL ADDRESS:	DOB:

OTHER HOUSEHOLD MEMBERS (Exclude Tenants for Purchase):

NAME:	RELATIONSHIP:
NAME:	RELATIONSHIP:
NAME:	RELATIONSHIP:
NAME:	RELATIONSHIP:
NAME:	RELATIONSHIP:

Will your Household have a tenant following purchase? ____ Yes ____ No

3. PROPERTY OWNERSHIP

How long have you lived in your current home? Years ____ Months ____

Do you own your home? ____ Yes ____ No

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 within 150-mile radius of Norwood?

____ Yes ____ No *If yes*, address of property: _____

If you own a property within a 150-mile radius of Pinion Park Norwood, you must sign an Agreement to Sell Property and sell your home within eight (8) months of renting a Pinion Park Norwood unit. Please include the Agreement to Sell Property with this application.

4. 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 Earned/Unearned Income and physically present income to determine qualification and eligibility. Please refer to the Guidelines Definitions and Section 3 for more information and inquire with SMRHA if you need assistance calculating or classifying income information. Documentation is required.

4.1 PRIOR 12-MONTH INCOME

EARNED INCOME (Total Household Gross Income from previous 12 months)	
\$ _____	Income from Employment - Includes income on W-2 and 1099 forms such as wages, salaries, overtime pay, commissions, fees, tips and bonuses, and any other employment income from partnerships or S corporations
\$ _____	Benefit Payments - Includes Social Security, SSI, Workers' Compensation, Disability pay or benefits, unemployment benefits, severance pay, annuities, pensions, retirement or death benefits
\$ _____	Alimony and/or Child Support
\$ _____	Interest, dividends, and other income from Household Assets - Includes interest from bank accounts or bonds, dividends from stocks or mutual funds, income distributed from trust funds, etc.
\$ _____	Re-occurring/ and/or One-Time Monetary Gifts from family members
\$ _____	Rental Income - Includes income from renters/roommates
\$ _____	Other Capital Income - Includes multiple-year capital gains, royalties
\$ _____	Other Income - Please specify _____
\$ _____	TOTAL GROSS HOUSEHOLD INCOME

5. NET ASSET CALCULATION

Assets of all members of a Household, including children, must be included in the determination of a Household's Net Assets. **Denote 0 where applicable.** Documentation of assets may be required. Assets held in a trust or any similar entity or interest where a person has management rights or equitable ownership, or the ability to utilize the trust assets for the payment of debts or for other purposes shall be deemed an Asset. Applicant's share of the trust assets (total assets/beneficiaries) will be included when calculating the net assets of an applicant and additional documentation will be required.

One or more Household member is a beneficiary to a trust: ☐ Yes ☐ No

Household Assets

Cash/Cash Equivalents:

Cash on Hand \$ _____

Checking Accounts \$ _____

Saving Accounts \$ _____

Money Market Funds \$ _____

Cash Value of Life Insurance \$ _____

Gift Toward Down Payment \$ _____

Investments:

Certificates of Deposit \$ _____

Stocks \$ _____

Bonds \$ _____

Mutual Funds \$ _____

Annuities \$ _____

Retirement Funds \$ _____

Funds in names of dependents \$ _____

Other \$ _____

Real Estate:

Address: \$ _____

Address: \$ _____

Business Assets

Total Business Assets \$ _____

Personal Property:

Automobiles \$ _____

Recreational Vehicle/Boat \$ _____

Home Furnishings \$ _____

Collections \$ _____

Jewelry \$ _____

Other \$ _____

Trust Assets

Share of Trust Assets \$ _____

Total Household Assets: \$ _____

Household Liabilities

Current Debts:

Household (e.g. lease) \$ _____

Business \$ _____

Medical \$ _____

Credit Cards \$ _____

Taxes Owed \$ _____

Legal Judgments \$ _____

Other \$ _____

Mortgages:

Address: \$ _____

Address: \$ _____

Loans:

Bank/Finance Company \$ _____

Automobile \$ _____

Recreational Vehicle/Boat \$ _____

Education \$ _____

Life Insurance Loan \$ _____

Personal (family/friends) \$ _____

Business \$ _____

Other \$ _____

Total Household Liabilities: \$ _____

Household Net Assets

\$ _____ - \$ _____ = \$ _____

TOTAL ASSETS TOTAL LIABILITIES NET ASSETS

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 9 of this application.

Household Member Name: _____

Check all that apply:

- ☐ I worked for _____ employers located inside the Norwood R-2j or Telluride R-1 School District boundaries in the past year, for a total of _____ hours within the Norwood R-2j or 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 Norwood R-2j or Telluride R-1 School District boundaries, or performed work which is not physically present 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 purchase an Affordable Housing Unit. At least one Household member of an Affordable Housing Unit must meet the Employment Standard specified in the Guidelines which includes hours worked within the Norwood R-2j 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 BUSNIESS 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 physically present employment and _____ of which Employee did not need to be present in the Norwood R-2j or 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 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, SMRAH 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 physically present 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 physically present employment for this business. I worked _____ HOURS in the prior 12 months for this business, _____ of which were physically present employment and _____ of which Employee did not need to be present in the Norwood R-2j or 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

APPLICANT CERTIFICATION

Under penalty of perjury, the Applicant certifies the following:

1. All information provided in this application, including attachments, submitted to the San Miguel Regional Housing Authority to purchase a Pinion Park Norwood Project Deed Restricted Property are true, complete, and correct to the best of the Applicant(s) knowledge;
2. The Applicant(s) has/have been given a standard application; and,
3. The Applicant(S), on the basis of the application presented, believes the Household qualifies to occupy the Housing Unit(s) in question according to the Deed Restriction, these Guidelines and all other applicable procedures, rules and regulations.

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 and/or forced sale of the Housing Unit.

Applicant Signature

Date

Printed Name

Co-Applicant Signature

Date

Printed Name