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Telluride Housing Authority
Deed Restricted Lottery Application

(Rev. 3/2026)

APPLICATION CHECKLIST

- ☐ **$40 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**
- ☐ **ALL PREVIOUS TWO (2) YEARS W-2s and/or 1099s FOR EACH HOUSEHOLD MEMBER - REDACT SSN**
- ☐ **LENDER PRE-QUALIFICATION LETTER**

INSTRUCTIONS:

This application is for use by any Household desiring to purchase or own a Telluride Housing Authority ("**THA**") deed-restricted unit, known as an Affordable Housing Unit ("**AHU**"). All such units are subject to the Telluride Affordable Housing Guidelines ("**Guidelines**"), as amended, 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 103 through 105 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 Presence Required Employment 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 AHUs. Please only submit this application if you are timely entering a publicly announced lottery for an available unit, or have been identified as a prospective purchaser by the current owner of an AHU who has the right to choose their qualified buyer. 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 AHU 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 "all individuals who are or will occupy an Affordable Housing Unit including without limitation Owner, Tenant and Immediate Family but excluding Guests and Temporary Occupant." 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 AHU, 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 AHU 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 THA 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 qualification. **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, THA, or the Town of Telluride for purposes of important program updates and announcements. SMRHA stores your file and uses and applies the appropriate security measures to preserve the confidentiality of your information. Please refer to Guidelines Section 104.5 for more 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 (including THA allowed deductions):	Previous 12-Months: _____	Previous 24-Months: _____	Average (if >20%): _____	Net Assets: _____
Applicant Household Meets: ****Unit-Specific Criteria**	ϒ Income Eligibility Tier**		ϒ Residency Standard	
	ϒ Minimum Household Size**		ϒ Property Ownership Standard	
	ϒ Employment Standard		ϒ Net Asset Standard**	
	ϒ Earned Income Standard		ϒ NOV History Clearance	
Exceptions for Qualification:	**Needed:** ϒ Yes ϒ No		**Available:** ϒ Yes ϒ No	
Reviewed By:	_____		**Date Issued:** _____	
Approval/Denial Conclusion and Review Notes:	_____			
	_____			
	_____			
	_____			
	_____			

1. UNIT INFORMATION

Spruce House Unit H (3 Bedroom)

One Bedroom Larger: I am requesting a housing unit one bedroom larger than is permitted by TAHG §103.3B for my household size and will be asking for an exception to household size, understanding the exception deadline is November 13, 2026. __ 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:	DOB:
NAME:	RELATIONSHIP:	DOB:
NAME:	RELATIONSHIP:	DOB:
NAME:	RELATIONSHIP:	DOB:
NAME:	RELATIONSHIP:	DOB:

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

3. RESIDENCY INFORMATION

I represent and certify that each Household member listed in Section 2 above has been a resident of and lived in the four-county region (San Miguel, Montrose, Dolores, and Ouray) a minimum of the twelve (12) months immediately prior to the date of this application. **__ Yes ___ No**

4. PROPERTY OWNERSHIP

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 in Montrose, Dolores, San Miguel, or Ouray County? **__ Yes ___ No** ***If yes***, address of property: _____

5. INCOME INFORMATION

Provide a complete and accurate statement of all income from all sources for your Household over the previous 12 and 24 months. Denote 0 where applicable. SMRHA examines total gross income as well as income based on Earned/Unearned Income and Presence Required Income/Non-Presence Required Income to determine qualification and eligibility. Please refer to the Guidelines Definitions and Part 1 for more information and inquire with SMRHA if you need assistance calculating or classifying income information. Documentation is required.

5.1 PRIOR 12-MONTH INCOME

EARNED INCOME (Total Household Gross Income from previous 12 months OCTOBER 2025 through SEPTEMBER 2026)	
$_____	W-2 Income from Presence Required Employment within Telluride R-1 School District
$_____	W-2 Income from employment outside Telluride R-1 School District
$_____	Self-Employment Income from Presence Required Employment within Telluride R-1 School District • Deduct only documented expenses including business taxes and similar allowances. Depreciation not permitted.
$_____	Self-Employment Income from employment outside Telluride R-1 School District • Deduct only documented expenses including business taxes and similar allowances. Depreciation not permitted.
$_____	Retirement and/or pension income, including Social Security retirement benefits (not SSI or SSDI)
$_____	Workers' Compensation or Unemployment, if the payment is a direct result of a current or former Presence Required Employment position
$_____	**TOTAL EARNED INCOME**
$_____	**TOTAL EARNED INCOME FROM PRESENCE-REQUIRED EMPLOYMENT**

UNEARNED INCOME (Total Household Gross Income from previous 12 months OCTOBER 2025 through SEPTEMBER 2026)	
$_____	Net rental property income (from any property including deed restricted property) • Deduct only proportional mortgage payments, normal ownership costs and regular maintenance, and third-party management fees. Depreciation not permitted.
$_____	Benefit payments (SSI, SSDI, Disability, Severance, Death Benefits), and workers' compensation or unemployment, if the payment is not a direct result of a current or former Presence Required Employment position
$_____	Income from trusts
$_____	Interest, dividends, capital gains, and other income from household assets (interest from bank accounts, bonds, dividends from stocks/mutual funds, etc.)
$_____	Alimony and/or child support
$_____	Monetary gifts/assistance (not for down payment)
$_____	Other income (please specify): _____
$_____	**TOTAL UNEARNED INCOME**

PERMITTED DEDUCTIONS (Combined maximum $10,000 per Household permitted as deduction)	
$_____	Student Loan Debt
$_____	Medical Expenses
$_____	Childcare Expenses
$_____	Education, Healthcare, and/or retirement account contributions
$_____	**DEDUCTIONS ($10k max)**

$ _____ **TOTAL HOUSEHOLD GROSS INCOME** (Months 1-12 **OCTOBER 2025 through SEPTEMBER 2026**)

5.2 PRIOR 24-MONTH INCOME (include only income from months 13-24)

EARNED INCOME (Total Household Gross Income from previous 12 months OCTOBER 2024 through SEPTEMBER 2025)	
$_____	W-2 Income from Presence Required Employment within Telluride R-1 School District
$_____	W-2 Income from employment outside Telluride R-1 School District
$_____	Self-Employment Income from Presence Required Employment within Telluride R-1 School District • Deduct only documented expenses including business taxes and similar allowances. Depreciation not permitted.
$_____	Self-Employment Income from employment outside Telluride R-1 School District • Deduct only documented expenses including business taxes and similar allowances. Depreciation not permitted.
$_____	Retirement and/or pension income, including Social Security retirement benefits (not SSI or SSDI)
$_____	Workers' Compensation or Unemployment, if the payment is a direct result of a current or former Presence Required Employment position
$_____	**TOTAL EARNED INCOME**
$_____	**TOTAL EARNED INCOME FROM PRESENCE-REQUIRED EMPLOYMENT**

UNEARNED INCOME (Total Household Gross Income from previous 12 months OCTOBER 2024 through SEPTEMBER 2025)	
$_____	Net rental property income (from any property including deed restricted property) • Deduct only proportional mortgage payments, normal ownership costs and regular maintenance, and third-party management fees. Depreciation not permitted.
$_____	Benefit payments (SSI, SSDI, Disability, Severance, Death Benefits), and workers' compensation or unemployment, if the payment is not a direct result of a current or former Presence Required Employment position
$_____	Income from trusts
$_____	Interest, dividends, capital gains, and other income from household assets (interest from bank accounts, bonds, dividends from stocks/mutual funds, etc.)
$_____	Alimony and/or child support
$_____	Monetary gifts/assistance (not for down payment)
$_____	Other income (please specify): _____
$_____	**TOTAL UNEARNED INCOME**

PERMITTED DEDUCTIONS (Combined maximum $10,000 per Household permitted as deduction)	
$_____	Student Loan Debt
$_____	Medical Expenses
$_____	Childcare Expenses
$_____	Education, Healthcare, and/or retirement account contributions
$_____	**DEDUCTIONS ($10k max)**

$ _____ **TOTAL HOUSEHOLD GROSS INCOME** (Months 13-24 **OCTOBER 2024 through SEPTEMBER 2025**)

6. 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**

7. 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 Telluride R-1 School District boundaries in the past year, for a total of _____ hours within the 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 Telluride R-1 School District, or performed work which is not Presence Required 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.
- ☐ I am a primary childcare provider for my dependent child under the age of six (6) or dependent household member with a disability which requires significant at-home care, which prevented me from working the required hours.
- ☐ I have volunteered _____ hours locally for a recognized non-profit community organization or governmental organization which benefits San Miguel County and for which no monetary or other material compensation is received (Name: _____).

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 Telluride Affordable Housing Guidelines 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 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 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/employer, declare that all information contained herein regarding the above-named employee for the reporting period is true, correct, and complete 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 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, THA 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 BUINESS LICENSE NO.
NAME OF BUSINESS	DATE BUSINESS BEGAN
LOCAL BUSNIESS 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, declare 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

APPLICANT CERTIFICATION

(Print Additional Copies as Needed)

Applicant acknowledges, and under penalty of perjury, certifies the following:

1. All information provided in this application, including attachments, submitted to the San Miguel Regional Housing Authority to purchase a Deed Restricted property in the Town of Telluride are true, complete, and correct to the best of the Applicant's knowledge;

2. The Applicant, on the basis of the application presented, believes the Household qualifies to purchase the Affordable Housing Unit in question according to the Deed Restriction and all other applicable procedures, rules and regulations; and

3. As a part of the application process to purchase a Deed Restricted property in Town of Telluride, the San Miguel Regional Housing Authority (SMRHA) may request additional documentation reasonably related to proof of income, assets, and employment. 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 the Household in connection with any information supplied to SMRHA shall be cause for immediate expulsion from the application process or removal from the Affordable Housing Unit. In addition, any material misstatement of fact or deliberate fraud by the Household shall be referred to prosecution for perjury.

_____	_____	_____
Applicant Signature	Date	Printed Name

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