820 Black Bear Road, Unit G-17
P.O. Box 840, Telluride, CO 81435
Tel: 970-728-3034 Fax: 970-728-5371
E-mail: admin@smrha.org Web: www.smrha.org

LOTTERY NOTICE OF APPEAL

(Rev. 11/2026)

Instructions:

Complete and submit this form if you wish to appeal a decision of the San Miguel Regional Housing Authority ("**SMRHA**") staff with respect to your Qualification status or the number of entries assigned to you for an ongoing THA lottery. For the lottery drawing to be held on Friday, December 11, 2026, this written Notice of Appeal must be submitted by Wednesday, December 2, 2026 at 5:00 pm MST, along with a $25.00 Appeal Fee payable by check to SMRHA, and submission of the Appeal Release & Waiver. Appeal applications will be reviewed by THA Staff for completeness and complete submissions will be forwarded to the THA Subcommittee for an appeal hearing to occur on Tuesday, December 8, 2026 at 9:00 am MST in person at Rebekah Hall, 113 W. Columbia Avenue in Telluride.

Appeal Checklist (All materials due by Wednesday, December 2, 2026 at 5:00 pm MST):

- ☐ Notice of Appeal (this form)
- ☐ Appeal Release & Waiver
- ☐ $25.00 Appeal Fee payable by check to SMRHA

Appeal Procedure:

An appeal is appropriate when an Applicant understands and acknowledges the requirements of the Telluride Affordable Housing Guidelines ("**Guidelines**") and believes that provisions of the Guidelines have been applied incorrectly by THA Staff. As stated in Guidelines §106.11B.6, due to time constraints for current owners of a housing unit subject to a lottery, THA Staff and THA Subcommittee decisions made pursuant to a lottery are not subject to the appeal process of Guidelines §109.3. Instead, upon completing review of applications and notifying Applicant Households of Qualification status, SMRHA staff shall formulate and distribute an appeal process and timeline, which process and timeline may conclude no less than seven (7) days after the last Applicant Household has been notified of its Qualification status. All Applicant Households receive notice of Qualification status at the same time by the posting of the Qualified Lottery List on the SMRHA website, including the number of lottery entries awarded. Applicant Households who do not appear on the list have been denied and have zero entries.

Appeals shall be based only upon the documentation submitted to THA in connection with the lottery application and any documentation relied upon by SMRHA staff in rendering its decision on the application. No new, corrected, or supporting documentation may be introduced for THA Subcommittee consideration during the appeal, including the information needed to complete an incomplete application not timely submitted, and the THA Subcommittee shall review **only** whether THA staff made an error in its evaluation of an application. The staff determination shall be upheld unless the THA Subcommittee finds that the staff decision was made unreasonably, arbitrarily, or erroneously.

THA staff shall prepare the appeal record for the hearing. The opportunity to examine all relevant documents, records and regulations shall be accommodated by THA staff. Any document not made available to an appellant after written request may not be relied upon at the hearing. Parties to an appeal have the right to be represented by counsel at their own expense. Hearings shall be conducted by a Hearing Officer who shall be a designated member of the THA Subcommittee prior to commencement of the hearing. The THA Subcommittee's determination shall be binding and THA staff shall take all actions necessary to carry out or enforce the decision.

Appellant(s) Name: _____

Email Address: _____ **Phone:** _____

Concerning the lottery for the property known as: _____

Appellant Statement:

I state as follows:

1. I understand and acknowledge the requirements of the Guidelines.
2. I am an Applicant as defined in the Definitions of the Telluride Affordable Housing Guidelines and, if applicable, have attached all documentation submitted leading to the determination being appealed.

   ☐ I do not have a copy of my lottery application

3. The action or determination being appealed is: *(include the date and name of the person or entity making the determination; attach additional sheet if necessary)* _____
   _____
   _____
   _____
   _____
4. The particular grounds upon which this appeal is based are: *(attach additional sheet if necessary)* _____
   _____
   _____
   _____
5. I believe the following criteria under the Guidelines was incorrectly applied: _____
   _____
6. I am requesting the following action or remedy: _____
   _____
   _____
   and this action or remedy is appropriate because: _____
   _____
   _____

☐ I have a representative who has my permission to discuss this appeal and act on my behalf for any interaction with THA and/or THA staff. The contact information for my representative is:

Name: _____

Email: _____ Phone : _____

I hereby submit this appeal and certify that all information provided is true, complete, and accurate to the best of my knowledge.

_____	_____	_____
Appellant Signature	Date	Printed Name
_____	_____	_____
Appellant Signature	Date	Printed Name

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

Date Appeal Submitted: _____ **Date Deemed Complete:** _____

Reviewed By: _____

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RELEASE AND WAIVER

(Rev. 1/2026)

Purpose and Instructions: Pursuant to Section 104.5 of the Telluride Affordable Housing Guidelines ("**Guidelines**"), all personal and financial information provided to the San Miguel Regional Housing Authority ("**SMRHA**") and Telluride Housing Authority ("**THA**") will be kept strictly confidential unless the information is necessary for deliberation of a request for an Exception or appeal. This completed form is therefore required from any person seeking an Exception or appeal as allowed by Section 109 of the Guidelines, which requires a public hearing on such requests. Complete and submit this form as part of your application for any Exception or appeal under the Guidelines.

Release for Use of Confidential Information

I authorize SMRHA and THA to release any and all financial and/or tax information, and any other confidential information which I have submitted in connection with my application, for documentation to support my Exception and/or Appeal to the provisions of the Guidelines. I acknowledge that the appeal/Exception shall be heard before the THA Subcommittee or Board, as required, in a public hearing pursuant to Section 109 of the Guidelines and all documents prepared for the public hearing become a public record and as such are subject to the provisions of Title 24, Article 72 of the Colorado Revised Statutes. I hereby waive fully and unconditionally any right I have or may have to confidentiality of the above-described information.

Waiver

I do hereby fully and unconditionally waive any and all claims or causes of action against SMRHA, THA, and Town of Telluride, arising from, relating or attributable in any manner to the disclosure or distribution of confidential information supplied in support of my Exception or Appeal Application.

(please print)	Applicant 1	Applicant 2
Applicant Name(s):		
Daytime Phone:		
Email:		
Date of Birth:		
Mailing Address:		

Applicant Signature(s):

_____	_____	_____
Applicant Signature	Date	Printed Name
_____	_____	_____
Applicant Signature	Date	Printed Name