



Town of Telluride Deed Restricted Purchase Application

APPLICATION CHECKLIST

- \$40 APPLICATION FEE (CHECK OR EXACT CASH)**
- COMPLETED APPLICATION - ALL NOTARIES ARE REQUIRED**
- MOST RECENT PAYSTUB FROM ALL CURRENT EMPLOYERS**
- 2023 FULL TAX RETURN - REDACT SSN**
- ALL 2023 W-2's and/or 1099's - REDACT SSN**

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

NOTICE:

Applicant(s) have/has seven (7) days to submit missing information requested by SMRHA. Otherwise, Applicant will need to reapply with a new application. SMRHA may request additional documentation reasonably related to qualification. **SMRHA WILL NOT PROCESS INCOMPLETE APPLICATIONS.**

DISCLAIMER:

All personal information collected by SMRHA is done so exclusively with your consent, by means of the signed completion of this form. The personal information collected is only used for the purposes of qualifying you for the ownership property. We will not, under any circumstances, share your personal information with other individuals or organizations without your permission, including public organizations, corporations, or individuals. We do not sell, communicate, or divulge your information to any mailing lists. We store your file ourselves and we use and apply the appropriate security measures to preserve the confidentiality of your information.

FAIR HOUSING:

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

CORA:

SMRHA is subject to the Colorado Open Records Act (CORA) Colorado Revised Statutes section 24-72- 201, 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 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, and therefore subject to disclosure pursuant to CORA.

HOUSEHOLD INFORMATION

Property Address: _____ Owner Name(s): _____

APPLICANT: _____ CO-APPLICANT: _____
(if applicable)

Mailing address: _____ Mailing address: _____

Telephone #: _____ Telephone #: _____

E-mail: _____ E-mail: _____

OTHER HOUSEHOLD MEMBERS:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

List all Applicant(s) Current Employers: _____

PROPERTY OWNERSHIP

Does any Household member, directly or indirectly, 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: _____

EARNED INCOME

Total Household Gross Income from previous 12 months (**Denote 0 where applicable**)

\$ _____ Income from presence required employment within 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)

\$ _____ 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.)

\$ _____ Alimony and/or child support

\$ _____ Rental property income (from any property including deed restricted property)

\$ _____ Monetary gifts/assistance

\$ _____ Other income (*please specify*): _____

\$ _____ **TOTAL GROSS INCOME**

NET ASSET CALCULATION

Household Assets (**Denote 0 where applicable**)

Cash/Cash Equivalents

Cash on Hand \$ _____
 Checking Account \$ _____
 Saving Account \$ _____
 Money Market Funds \$ _____
 Cash Value of Life Insurance \$ _____
 Gift Toward Down Payment \$ _____

Real Estate

Address: _____ \$ _____

 Address: _____ \$ _____

Investments

Certificates of Deposit \$ _____
 Stocks \$ _____
 Bonds \$ _____
 Mutual Funds \$ _____
 Annuities \$ _____
 Retirement Funds \$ _____
 Funds in names of dependents Other \$ _____
 \$ _____

Personal Property

Automobiles \$ _____
 Recreational Vehicle/Boat \$ _____
 Home Furnishings \$ _____
 Appliances/Furniture \$ _____
 Collections \$ _____
 Jewelry/Furs \$ _____
 Other \$ _____

Business Assets

Total Business Assets \$ _____

Total Household Assets \$ _____

Household Liabilities (**Denote 0 where applicable**)

Current Debts

Household (e.g. lease) \$ _____
 Business \$ _____
 Medical \$ _____
 Credit Cards \$ _____
 Department Store Cards \$ _____
 Taxes Owed \$ _____
 Legal \$ _____
 Other \$ _____

Loan

Bank/Finance Company \$ _____
 Automobile \$ _____
 Recreational Vehicle/Boat \$ _____
 Education \$ _____
 Life Insurance Loan \$ _____
 Personal (family/friends) \$ _____
 Business \$ _____
 Other \$ _____

Mortgages

Residential: _____ \$ _____

 Residential: _____ \$ _____

Total Household Liabilities \$ _____

Household Net Assets

\$ _____ - \$ _____ = \$ _____
TOTAL ASSETS **TOTAL LIABILITIES** **NET ASSETS**

EMPLOYMENT VERIFICATION

I authorize my employer below to release to SMRHA any and all information deemed necessary to determine my Household's eligibility to purchase affordable housing pursuant to the Telluride Affordable Housing Guidelines. Notary pages must be printed and completed by hand.

Employee Name: _____ Employee Title: _____

Employee Signature: _____ Date: _____

Employer: _____ Employer Address: _____

The below must be completed by an Employer Representative with access to personnel records.

Dates of employment: from _____ to _____

Seasonal Year-Round AND Part-time Full-time

% of work which requires the employee's presence within the R1 School District: _____%

Hours: Total number of hours worked in the last 12 months (not including PTO): _____

Number of months employee worked a minimum of 40 hours: _____

Wages: Total gross wages paid in the last 12 months: \$ _____

Paid a gross amount of \$ _____ Hourly Daily Weekly Bi-Weekly Monthly

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: _____

Signor's Name: _____

Signor's Title: _____

Signor's Email: _____

Signor's Phone: _____

(Direct or ext.)

STATE OF COLORADO)

)ss.

COUNTY OF SAN MIGUEL)

Acknowledged, subscribed, and sworn to before me this _____ day of _____ 2024 by

Witness my hand and official seal.

My Commission Expires: _____

Notary Public
[REQUIRED]

APPLICANT(S) CERTIFICATION

Under penalty of perjury, the Applicant(s) certifies/certify the following:

- 1. The Applicant(s) has/have been given a standard application;
- 2. All information provided in this application, including attachments, submitted to the San Miguel Regional Housing Authority to purchase a Deed Restricted Property in Town of Telluride are true, complete, and correct to the best of the Applicant(s) knowledge;
- 3. The Applicant(s), on the basis of the application presented, believes the Household qualifies to purchase the Housing Unit in question according to the Deed Restriction and all other applicable procedures, rules and regulations; and,
- 4. 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.

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 Housing Unit.

Applicant Signature Date

Applicant Signature Date

STATE OF COLORADO)
)ss.
COUNTY OF SAN MIGUEL)

Acknowledged, subscribed, and sworn to before me this _____ day of _____ 2024 by
_____.

Witness my hand and official seal.

My Commission Expires: _____

Notary Public
[REQUIRED]

Submit Application To:
SMRHA
820 Black Bear Rd. G-17 [Physical]
P.O. Box 840 [Mailing]
Telluride, CO 81435
admin@smrha.org