



MOUNTAIN VILLAGE HOUSING AUTHORITY
455 Mountain Village Blvd.
Mountain Village, CO 81435
(970) 239-4061

VERIFICATION OF SELF-EMPLOYMENT

1. Applicant Name(s): _____
2. Business Name(s): _____
3. Please select one below:
 - a. Sole proprietorship
 - b. Limited Liability Company
 - c. Corporation
 - d. Other: _____
4. List any tradenames used in your business: _____
5. I have operated this business since _____
6. Business License Number: _____
Issuing Municipality: _____
7. Please describe your business, including your job title and responsibilities: _____

8. Hours worked per week within the Telluride R-1 School District boundary _____.
9. Weeks worked annually within the Telluride R-1 School District boundary _____.

I agree to provide names/addresses of clients, income tax returns, or other pertinent information to verify my employment upon request. Any such information that may be considered confidential will remain confidential.

Applicant Signature: _____ **Date:** _____



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SELF EMPLOYMENT CERTIFICATION

Under penalty of perjury, I affirm all information provided, including attachments, to the Mountain Village Housing Authority to verify my employment are true, complete, and correct.

IN WITNESS WHEREOF, the parties hereto have executed this agreement on the ____ day of _____, 20____.

Purchaser of Affordable Housing Unit:

By: _____

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

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____.

Witness my hand and official seal.
My commission expires: _____.

Notary Public

Town of Mountain Village Housing Authority or Designee:

By: _____

Name: Michelle Haynes
Title: Housing Program Director, Town of Mountain Village Housing Authority

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

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by Michelle Haynes, Town of Mountain Village Housing Authority.

Witness my hand and official seal.
My commission expires: _____.

Notary Public