



MOUNTAIN VILLAGE HOUSING AUTHORITY
455 Mountain Village Blvd.
Mountain Village, CO 81435
(970) 369.8602

TOWN OF MOUNTAIN VILLAGE
AFFORDABLE HOUSING DEED RESTRICTION APPLICATION
2023 COMPLIANCE

Dear Applicant:

On the following pages you will be asked to provide information which will permit us, the Mountain Village Housing Authority (MVHA) to determine if you are compliant to own or rent a unit that has been deed restricted. **Please note all owners and renters must submit a separate application to qualify.**

Please read all of the information carefully and contact us with questions. We cannot process an application until it is complete.

The MVHA is subject to the Colorado Open Records Act (CORA) Colorado Revised Statutes section 24-72-201, *et seq.* Any information that you provide becomes public record, with the exception of specific confidential information as stated in CORA. Confidential information under CORA includes items such as 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.

We look forward to assisting you with your application.

If you have questions about any of the information you need to provide or about the process, please contact housing@mtnvillage.org or the contact information listed below.

Sincerely,

Marleina Fallenius

[Marleina Fallenius](#)
Housing Policy and Programs
Manager
Town of Mountain Village
455 Mountain Village Blvd. Suite A
Mountain Village, CO 81435
O :: 970.369.8602
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**TOWN OF MOUNTAIN VILLAGE
AFFORDABLE HOUSING DEED RESTRICTION APPLICATION**

For those persons interested in purchasing an Affordable Housing Unit or Affordable Housing Lot in Mountain Village, please submit the following to the Mountain Village Housing Authority by emailing housing@mtnvillage.org.

1. Completed **Application Form**
 - a. Currently employed – pages 1-4 and 7
 - b. Retired – pages 1-4 and 8
 - c. Handicapped or disabled – pages 1-4 and 8 (please call for additional information requirements).
2. Enclose a copy of a **Colorado Driver's License** (or other acceptable proof of identification) for each adult occupant.
3. Enclose copies of complete tax returns for the last 3 years (this includes all W2s, 1099s, schedules, etc.)
4. Copies of your most recent paystub(s) (from any/all current employers) with year to date information (*AND current year pay information from any PREVIOUS employers*).

HOUSEHOLD INFORMATION
(Please Print)

Please indicate the unit for which you are applying: _____ (circle one) **Purchase or Rent** # of Bedrooms: _____

APPLICANT: _____
Mailing address: _____ Phone # (res.) _____
Phys. address: _____ Phone # (cell) _____
E-mail address: _____ Phone # (bus.) _____

CO-APPLICANT (if applicable): _____
Mailing address: _____ Phone # (res.) _____
Phys. address: _____ Phone # (cell) _____
E-mail address: _____ Phone # (bus.) _____

OTHER HOUSEHOLD MEMBERS:

Relationship to Applicant(s): _____

Relationship to Applicant(s): _____

Relationship to Applicant(s): _____

Please supply this same information for additional Household Members on another sheet of paper.

1. How long have you lived within the Telluride R-1 School District? ____Yrs. ____Mos.
2. How long have you been employed within the Telluride R-1 SD? ____Yrs. ____Mos.
3. Do you, your spouse or any of your dependents own other property Yes ____ No ____.
If Yes, describe the type (free market, deed restricted; residential, commercial; improved, unimproved; etc.) and location of each property: _____

4. Location of **Deed Restricted Property** Applicant wishes to purchase:
Physical Address: _____ Lot#: _____
Development/Building name: _____ Unit #: _____

Please total your **gross income** of the **past 12 months** from the following sources (if married, indicate whether amounts are household or individual income):

Household or Individual Applicant

_____	_____	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 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

Please complete the Net Worth Calculation Worksheets (p.4-5) and enter your total household **net asset** here: _____. The total should include the documented value of all assets, including but not limited to ownership interest in a business or in land (developed or undeveloped), bank accounts, stocks, bonds, mutual funds, cars, household appliances, etc.

Please indicate which public or community service groups are you involved with:

Every Applicant and adult co-occupant must sign and date the following statement:

I hereby certify that I understand that ownership and occupancy of this property is limited to qualified Employee(s) (and their spouse and children), and I intend to occupy this employee housing unit as my primary Residence.

I hereby certify that all information provided above is true and complete to the best of my knowledge. I also give my permission to the Housing Authority or its designee to make inquiries to verify any information provided herein.

Signature: _____ Date: _____

Signature: _____ Date: _____

Net Worth Calculation Worksheet

Assets (What you <u>own</u>)			Check If Jointly Held								
	<u>Applicant</u>	<u>Co-Applicant (if any)</u>									
Cash:											
Cash On Hand	\$ _____	\$ _____	_____								
Checking Account	\$ _____	\$ _____	_____								
Saving Account	\$ _____	\$ _____	_____								
Money Market Funds	\$ _____	\$ _____	_____								
Cash Value of Life Insurance	\$ _____	\$ _____	_____								
Anticipated Gift(s) towards Down Payment	\$ _____	\$ _____	_____								
Other	\$ _____	\$ _____	_____								
Real Estate / Property (Fair Market Value):											
Home(s) in San Miguel County	\$ _____	\$ _____	_____								
Land in San Miguel County	\$ _____	\$ _____	_____								
Home(s) outside San Miguel County	\$ _____	\$ _____	_____								
Land outside San Miguel County	\$ _____	\$ _____	_____								
Other	\$ _____	\$ _____	_____								
Investments (Market Value):											
Certificates of Deposit	\$ _____	\$ _____	_____								
Stocks	\$ _____	\$ _____	_____								
Bonds	\$ _____	\$ _____	_____								
Mutual Funds	\$ _____	\$ _____	_____								
Annuities	\$ _____	\$ _____	_____								
Retirement Funds	\$ _____	\$ _____	_____								
Other	\$ _____	\$ _____	_____								
Personal Property (Present Value):											
Automobiles	\$ _____	\$ _____	_____								
Recreational Vehicle / Boat	\$ _____	\$ _____	_____								
Home Furnishings	\$ _____	\$ _____	_____								
Appliances and Furniture	\$ _____	\$ _____	_____								
Collections	\$ _____	\$ _____	_____								
Jewelry and Furs	\$ _____	\$ _____	_____								
Other	\$ _____	\$ _____	_____								
Business Assets (Present Value):											
All	\$ _____	\$ _____	_____								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Total Gross Household Assets</td> <td style="text-align: center;">\$ _____</td> <td style="text-align: center;">+ \$ _____</td> <td></td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">= \$ _____</td> <td></td> </tr> </table>				Total Gross Household Assets	\$ _____	+ \$ _____			= \$ _____		
Total Gross Household Assets	\$ _____	+ \$ _____									
	= \$ _____										

Liabilities (What you owe)

	<u>Applicant</u>	<u>Co-Applicant (if any)</u>	<u>Check If Jointly Held</u>
Current Debts:			
Household e.g., Lease Obligation	\$ _____	\$ _____	_____
Business	\$ _____	\$ _____	_____
Medical	\$ _____	\$ _____	_____
Credit Cards	\$ _____	\$ _____	_____
Department Store Cards	\$ _____	\$ _____	_____
Back Taxes	\$ _____	\$ _____	_____
Legal	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
Mortgages:			
Home(s) in San Miguel County	\$ _____	\$ _____	_____
Land in San Miguel County	\$ _____	\$ _____	_____
Home(s) outside San Miguel County	\$ _____	\$ _____	_____
Land outside San Miguel County	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
Loans:			
Bank / Finance Company	\$ _____	\$ _____	_____
Bank / Finance Company	\$ _____	\$ _____	_____
Automobile	\$ _____	\$ _____	_____
Recreational Vehicle / Boat	\$ _____	\$ _____	_____
Education	\$ _____	\$ _____	_____
Life Insurance loan	\$ _____	\$ _____	_____
Personal (from family and/or friends)	\$ _____	\$ _____	_____
Business	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	_____
<hr/>			
Total Liabilities	\$ _____	+ \$ _____	
	= \$ _____		

Total Assets	Minus	Total Liabilities	=	Household Net Assets
\$ _____	--	\$ _____	=	\$ _____

EMPLOYER/EMPLOYEE AFFIDAVIT OF EMPLOYMENT

Note: Complete this page for each occupant to be considered a qualified Employee.

Employer's Affidavit

I, _____, hereby declare that _____
is presently employed as an employee or as an independent contractor by _____
_____ whose principal address of business is: _____,
which is located within the Telluride R-1 School District boundaries of San Miguel County.

Employer Signature: _____ Date: _____

Employer phone #: _____

Employee's Affidavit

I, _____, hereby declare that I am presently employed as an
employee or as an independent contractor by _____
whose principal address of business is: _____,
which is located within the Telluride R-1 School District boundaries of San Miguel County.

Employee Signature: _____ Date: _____

Note: If self-employed, remember to enclose a copy of your business license.

Affidavit of Employee Qualifying by Virtue of Age (60+)

I, _____, hereby declare that I qualify as an Employee, as defined in the Mountain Village Affordable Housing Restriction, by being at least 60 years of age and by having been employed within the Telluride R-1 School District boundaries for a period of at least 5 years immediately prior to retirement.

Signature: _____

Date: _____

or

Affidavit of Employee Qualifying by Virtue of Handicap or Disability

I, _____, hereby declare that I qualify as an Employee, as defined in the Mountain Village Affordable Housing Restriction, by being handicapped or disabled and by having been a Resident within the boundaries of the Telluride R-1 School District for at least 12 months.

Signature: _____

Date: _____

VERIFICATION OF EMPLOYMENT HOURS AND INCOME
RELATED TO ELIGIBILITY TO OCCUPY AFFORDABLE HOUSING

*****Note:** To be completed by your employer(s) or, if you are self-employed, by yourself.***

Date: _____

This document serves to verify the employment hours and income for the following Employee:

Employee began employment with _____ on (date) _____.
(Company)

If no longer employed by you, the Employee's last date of employment was _____.

Employee is (was) employed as _____.
(Job title)

Is (was) this employment **seasonal** or **year round**? (circle one)

If seasonal, Employee typically works (worked) **from** _____ **to** _____.

Employee works (worked) an average of _____ **hours per week**.

Employee works (worked) a total of _____ **weeks per year**.

Employee works (worked) a total of _____ **hours per year**.

Employee earns (earned) **income** of \$ _____ per _____.

Signed:

Employer's signature

Contact telephone number

Employer's name and job title