



MOUNTAIN VILLAGE HOUSING AUTHORITY
455 Mountain Village Blvd. Suite A
Mountain Village, CO 81435
(970) 369-8602
housing@mtnvillage.org

TOWN OF MOUNTAIN VILLAGE
EMPLOYEE HOUSING DEED RESTRICTION
APPLICATION

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 eligible to own or rent a unit that has been deed-restricted.

Please read all of the information carefully and contact us with questions. We can not 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 at the contact information below.

Kind regards,

Marleina Taix
Housing Policy and Programs Manager
[Mountain Village Housing Authority](mailto:housing@mtnvillage.org)
Town of Mountain Village
455 Mountain Village Blvd. Suite A
Mountain Village, CO 81435
O :: 970.369.8602
C :: 970.417.1789

TOWN OF MOUNTAIN VILLAGE
EMPLOYEE HOUSING DEED RESTRICTION
APPLICATION

Note: Incomplete applications cannot be accepted.

For those persons intending to occupy an employee housing unit in the Town of Mountain Village (TMV), either as a tenant or an owner-occupant, please submit the following to the Mountain Village Housing Authority by emailing housing@mtnvillage.org.

- Completed **Application Form** (pages 2-3 below).
- Enclose a copy of a **Driver's License** or other acceptable proof of identification for each adult occupant.
- Enclose a copy of document that verifies the qualified Employee's **residence in Mountain Village**, e.g., drivers license, voter or motor vehicle registration, or pay stub.
- If Unit is not Owner-occupied: Enclose a copy of a signed **lease**. (each tenant is required to qualify by submitting this application)
- A signed **Employer/Employee Affidavit of Employment** (page 3) or the **Affidavit of Employee Qualified by Virtue of Age, Employment, and Residency** (if applicable) (page 4); and enclose a copy of your **business license and Self-Employment Verification Form and Self Employment Certification** (if applicable) (page 5 - 6); if you are self-employed.

If renting or owner-occupied please also provide:

- Two (2) most recent pay stubs
- One (1) year of tax returns (current or prior year) with all attachments.

Application Form:

1. Do you Rent or Own this property: _____

2. Applicant(s): _____

Marital Status: _____

Please list other **co-occupants** and **relationship** to Applicant(s):

Mailing Address: _____

Phone: _____ Phone: _____ Fax: _____

Email: _____

Location of **Deed Restricted Property** Applicant wishes to inhabit:

Physical Address: _____

- 2. Do you currently **live** within the Town of Mountain Village? Yes ____ No ____
- 3. How long have you **lived** within the Telluride R-1 School District? ____ Yrs. ____ Mos.
- 4. How long have you been **employed** within the Telluride R-1 School District? ____ Yrs. ____ Mos.
- 5. For information purposes, if you, your spouse, your dependents, or other co-occupants own **other property** within the Telluride R-1 School District boundaries, list the type and location of each property (i.e., affordable housing, raw land, developed, commercial, etc.):

EMPLOYEE HOUSING CERTIFICATE OF QUALIFICATION

Instructions: Complete this page for each Applicant to be considered a qualified Employee. If the Applicant is self-employed, enclose a business license copy. The Housing Authority or its designee may make inquiries to verify any information provided herein.

Employer/Employee Affidavit of Employment

Employer's Affidavit

Under penalty of perjury, I, _____, hereby declare and certify 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 and that employment of said employee/independent contractor began on _____.

Employer Signature: _____ Date: _____

Employer phone #: _____

**Affidavit of Employee Qualifying by Virtue of Age,
Employment, and Residency (if applicable)**

Under penalty of perjury, I, _____, hereby declare that I qualify as an Employee, as defined in the Mountain Village Employee Housing Restriction ordinance, by being more than 60 years of age, by having been employed within the Telluride R-1 School District boundaries, and by maintaining Residence in the Town of Mountain Village.

Signature: _____ Date: _____



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VERIFICATION OF SELF-EMPLOYMENT FORM

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: _____

SELF EMPLOYMENT CERTIFICATION

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

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

Applicant of Employee or 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: Marleina Taix

Title: Housing Policy and Programs Manager, 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 Marleina Taix, Town of Mountain Village Housing Authority.

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

Notary Public