

Town of Telluride Housing Division

RENTAL HOUSING APPLICATION

(Updated 2/2025)

Instructions: You have been provided with this rental housing application for the following services (please select one):

- Be added to the following waitlist
 - Shandoka Apartments
 - Virginia Placer Apartments
 - Sunnyside Apartments
 - Voodoo Apartments
 - Boarding House
- As a rental application for a unit offered.
- As an additional/change of tenant for the existing unit: _____

Each adult household member is required to submit a separate application.

Please note that our waiting list is extensive, and it may take several years before we can offer you a unit.

Applications will only be accepted if they are complete.

CHECKMARK	ITEM	INSTRUCTIONS
	1. Resident Application Form	All fields must be completed; this is necessary to process your application.
	2. Certification of eligibility to occupy Form	Select the applicable option and sign the form.
	3. Release of Information Form	Sign at the bottom
	4. Employment Certification	You must sign the "Release of Employment Information" form, and your employer must complete and sign it.
	5. Income Verification.	Provide the required documentation and complete the earned income worksheet accurately.
	6. Property Ownership Statement	Indicate yes or no.
	7. Telluride Housing Division procedures understanding statement.	Review our procedures and sign at the bottom.
	8. Copy of a photo ID	Include a copy of your photo ID (e.g., driver's license, passport, etc.).

Once completed, turn in your application in person to:

**Town of Telluride
Community Services Department
820 Black Bear Rd, #G17
Telluride, CO 81435**

Or email your completed application to:

rentalhousing@telluride-co.gov

1. THD RESIDENT APPLICATION FORM: Required for each applicant, 18 years and older for new leases, waiting list, and change of tenancies.

APPLICANT NAME:		DATE:
CURRENT MAILING ADDRESS:	CITY, STATE, ZIP	
CURRENT PHYSICAL ADDRESS:	CITY, STATE, ZIP	
CELL PHONE:	EMAIL ADDRESS:	DATE OF BIRTH:

1.1. APARTMENT PREFERENCES: Minimum occupancy is one person per bedroom. You can only apply to the units corresponding to your household size stated in section 1.2.

BEDROOM SIZES	<input type="checkbox"/> STUDIO <input type="checkbox"/> TINY HOME <input type="checkbox"/> 1BR <input type="checkbox"/> 2BR <input type="checkbox"/> 3BR <input type="checkbox"/> 4BR
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1.2. HOUSEHOLD MEMBERS: Select the age of the additional household member. If they are 18 or older, they must submit a separate application.

NAME	RELATIONSHIP	DOB:
<input type="checkbox"/> NONE (I am the only one)		

1.3. EMERGENCY CONTACT INFORMATION:

NOTIFY IN EMERGENCY	PHONE
NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
ADDRESS	PHONE

1.4. RENTAL HISTORY: Have you been a resident of ours before? **YES** **NO.**

IF YES, DATES OF RESIDENCE:	REASON FOR LEAVING	
PREVIOUS OR CURRENT LANDLORD	LANDLORD PHONE NUMBER	RENTAL ADDRESS
MONTHLY RENT	DATES OF RESIDENCY	REASON FOR LEAVING:

2. CERTIFICATION OF ELEGIBILITY TO OCCUPY

I certify that the information contained in this application is true and complete. I further certify that:

1. I am a qualified resident based on one of the following criteria:

- I have been employed within the boundaries of the Telluride R-1 School district for at least 1400 hours per year for the previous twelve months (intent to work is only allowed at Shandoka and Boarding House).

OR

- I am over 65 and retired or have a disability and I have worked within the boundaries of the Telluride R-1 School district for at least five (5) of the seven (7) years immediately prior to being retired or disabled and at least 1400 hours per year.

2. I am also a qualified resident based on the following criteria (select all that apply):

- Neither I, my spouse, my dependents nor any other occupant of the unit owns improved residential property within San Miguel, Dolores, Ouray, or Montrose counties. I further certify that neither I, my spouse, my dependents nor any other occupant of the unit owns more than twenty-five percent (25%) of the authorized and issued shares of a corporation or equivalent interest in any other business organization or entity which retains as an asset improved residential property within the boundaries of the Telluride R-1 School District.
- The total gross income of my Household does not and will not exceed the income limit for my intended residence at time of move in.
- At least 75% of my total Household income is from earned income from presence required employment within the R-1 School District boundaries.
- The total Net Assets of my Household will not exceed the limits in place for my intended residence for the duration of my residency.
- I certify that the residence I accept will be my primary place of residence.

I understand that all of the above certifications must remain true for the duration of my residency and that the THD may either terminate or decline to renew my lease if these certifications are no longer true or if I refuse to re-certify the information.

I understand that the THD may at any time undertake an independent investigation of the facts contained in my application. I understand that any misrepresentation made in this application is cause for denial of tenancy or immediate termination of my lease.

Applicant Signature

Date

Optional:

- I have been issued a HUD rental subsidy voucher allowed to be used in San Miguel County.

3. RELEASE OF INFORMATION FORM

AUTHORIZATION TO RELEASE INFORMATION

I authorize Telluride Housing Division, on behalf of the Telluride Housing Authority, to undertake an independent investigation of the facts contained in and related to all parts and attachments of my Resident Application to officially determine eligibility to occupy a rental unit at any of our properties.

This investigation may include but is not limited to:

1. Contacting current and previous employers to verify employment dates, hours, and pay rate.
2. Contacting current and previous landlords to verify residency dates, payment history, lease compliance and care of property.
4. Reviewing publicly available County property records.
5. Reviewing publicly available records of local law enforcement.
6. Requesting an online background check that includes credit history, rental history, criminal background, and multi-state sex-offender status. Telluride Housing Division currently uses CoreLogic SafeRent for this purpose. Additional information about this service is available online at: <http://www.corelogic.com/landing-pages/SafeRent-Consumer.aspx>

This authorization continues throughout my residency at any rental with the Telluride Housing Division and expires when my lease ends and I have vacated and surrendered the premises.

I understand that Telluride Housing Division reserves the right to deny occupancy to any Applicant or terminate the lease of any Resident due to failure to meet the criteria of the Qualification Policy, misrepresentation of facts on the Application, or any other reason that in the sole judgment of the Telluride Housing Division indicates potential risk to the facility, to the health, safety, and quiet enjoyment of the residents or in any other way indicates that the Applicant or Resident is a poor fit with the rental housing community.

I hereby authorize the individuals contacted in this investigation to release relevant information to Telluride Housing Division.

Applicant Signature

Date

4 THD EMPLOYMENT CERTIFICATION

Attention Employee: Each income earner in a Household must provide one of these certifications for **each** job/employment position currently held and/or held in the prior year. Please print/request additional copies as needed. If you have been self-employed for all or part of your income, please contact the Housing Division for self-employment forms to verify hours and income.

Occupant Name: _____

Check all that apply:

- I worked for _____ employers located inside the Telluride R-1 School District boundaries in the past year, for a total of _____ hours within the Telluride R-1 School District, and have included an Employment Certification from each employer.
- I worked for one or more employer located outside of the Telluride R-1 School District, or performed work which is not Presence Required Employment.
- I have been self-employed in the prior 12 months.
- I am Qualified Retired.
- I am Qualified Disabled.
- I am a primary childcare provider for my dependent child under the age of six (6) or dependent household member with a disability which requires significant at-home care, which prevented me from working the required hours.
- I have volunteered _____ hours locally for a recognized non-profit community organization (Name: _____) which benefits San Miguel County and for which no monetary or other material compensation is received.

Release of Employment Information

I authorize the below-named Employer to release any and all information requested by the Telluride Housing Authority (THA) or its Designee for the purpose of verifying my employment. This authorization will terminate immediately upon the expiration of my Lease.

Yo autorizo al Empleador mencionado abajo para liberar cualquier y toda información solicitada por el Telluride Housing Authority (THA) o su designado con el propósito de verificar mi empleo. Esta autorización terminará inmediatamente después de la expiración de mi contrato.

Employee's Signature/Firma del empleo

Date/Fecha

Employer #1: _____

Employer #2: _____

Employer #3: _____

Employer #4: _____

TO BE COMPLETED BY EMPLOYER

Attention Employer: Your current or future employee wants to rent or is currently renting a Town owned Affordable Housing Unit. Every individual occupying an Affordable Housing Unit must meet the qualification requirements specified by the Town of Telluride which includes hours worked within the R-1 School District boundaries and minimum/maximum income. Please provide the following information completely and accurately. If you have any questions, please call the Telluride Housing Division at (970) 728-4025.

Employee Name _____ Title/Position _____

Name of Business _____

Address of Business _____

Date Employee began/will begin employment _____

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

Employee's position is (select one):

- Year-Round: _____ HOURS per Week; _____ WEEKS per Year
- Winter Seasonal: _____ HOURS per Week; Start date _____ End date _____
- Summer Seasonal: _____ HOURS per Week; Start date _____ End date _____

Employee worked _____ HOURS in the prior 12 months for this Employer, _____ of which were Presence Required Employment and _____ of which Employee did not need to be present in the Telluride R-1 School District to perform work.

Employee is paid: \$_____ per hour **OR** Salary of \$_____ per year

Employee is paid (select one): Weekly Monthly Twice per month

Does Employee receive tips (select one)? Yes No

I certify that the above is true and correct to the best of my knowledge.

Employer's Authorized Signature

Date

Employer's Name

Title

Contact Phone #

Contact Email

5 INCOME VERIFICATION

Submit the following required documentation for income verification:

- **Federal Tax Return:** Provide the most recent tax return with all applicable schedules.
- **Additionally, the last Pay Stub for Each Job Held in Prior 12 Months**
- **If Self-Employed:** Provide Federal 1099 forms and the most recent profit-loss statement; client lists may be required. Additionally provide the business tax returns and a tracking system of the hours worked.

5.1. THD EARNED INCOME FORM

Provide a **complete and accurate statement** of all income from all sources for you over the previous 12 months -denote 0 where applicable. This includes all income from various sources.

Total Household Gross Income from the previous 12 months	
\$	Income from presence required employment within Telluride R-1 School District, including employment and business/self-employment
\$	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 (from family, friends, other)
\$	Other income (please specify): _____
\$	TOTAL GROSS INCOME

6 PROPERTY OWNERSHIP STATEMENT

Do you or any Household member, directly or indirectly, have an ownership interest, including any future interest in a trust or estate, or ownership interest in a business, in developed residential property in Montrose, Dolores, San Miguel, or Ouray County?

Yes No

If yes, address of property: _____

Name of the Occupant(s) with interest: _____

THD PROCEDURES

All guidelines and procedures are outlined in the "TELLURIDE EMPLOYEE RENTAL HOUSING POLICIES" adopted on November 19, 2024. Please refer to the document in the Document Cente: 2024 Resolution 32 of the Telluride Town Council, available on the Town of Telluride website at: bit.ly/totrentalpolicies.

DEMOGRAPHIC INFORMATION

Please provide the following answers to assist us with collecting information required by the State of Colorado. This information will only be shared for statistical purposes and will be de-identified to protect your privacy.

A member (or members) of our Household identifies as (please check all that apply):

- African American or Black
- American Indian or Alaska Native
- Asian
- Latino or Hispanic origin
- Native Hawaiian or Pacific Islander
- White

APPLICANT STATEMENT

By completing and submitting this resident application packet, you confirm the accuracy of the information provided, and you understand that failure to submit any required documentation or falsification of any information may result in denial of the application.

Signature of Applicant: _____

Name: _____ Date: _____