



Telluride Housing Department

Hardship Application and Payment Plan Agreement with the Telluride Housing Authority For Shandoka, Virginia Placer and The Telluride Boarding House

Hardship Payment Plan Terms and Conditions:

1. **Completed** Hardship Application.
2. Resident must pay at least 50% of monthly rent in any given month.
3. The remaining 50% must be paid within six months from the date of the agreement.
4. The lease will be amended to reflect this payment plan.
5. Incremental payments are encouraged.
6. Residents can utilize this program no more than 3 times.



PERSONAL INFORMATION

Last Name: _____ First Name: _____

ADDRESS: _____

Unit #: _____

Cell Phone: _____

Other Phone: _____

E-mail Address: _____

Number of Children in household? _____

Length of time living and working
in the counties of San Miguel,
West Montrose or Ouray? _____

Do you intend to stay in the area?

Yes

No

Please select **ALL THAT APPLY** to your situation:

Job Loss due to COVID-19

Illness due to COVID-19

Unable to work or staying home with a child due to school closure due to COVID-19

Unable to work or staying home with an ill member of the family due to COVID-19

I can pay 50% of my rent, which is \$ _____

I can pay more than 50% of my rent which is \$ _____

Please describe the circumstance which have created challenges for you being able to pay the full month of rent: _____

EMPLOYMENT INFORMATION:

Company name of most recent employer: _____

Company Address: _____

City: _____ State: _____ Zip Code: _____

Manager Name: _____

Manager Phone number: _____

Are you currently employed? Yes No

Has your current company indicated you will be reemployed? Yes No

**Your employer will be contacted to verify information*

What are your sources of Income?

CHECK ALL THAT APPLY

Employment (Salaries, Tips, Bonuses, etc.)

Alimony or Child Support

Welfare, TANF or Food Assistance (SNAP)

Severance Pay

Trust Funds, Annuities or Interest

Lottery Winnings, Insurance Settlements, etc.

Family Gifts

Other _____

Total amount of current monthly income from above sources \$ _____

Current Monthly Expense:
CHECK ALL THAT APPLY

- Rent
- Electricity
- Internet
- Health Insurance
- Car Insurance
- Childcare
- Child Support or Alimony
- Other
- Total amount of current monthly expenses \$ _____

Other Resources You Have Pursued:
CHECK ALL THAT APPLY

- Housing Authority Section 8 Rental Assistance, HUD
- Unemployment
- Federal Stimulus Check (Received?)
- Trust for Community Housing
- Social Security, Disability
- Temporary Assistance for Needy Families (TANF)
- Food Stamps or SNAP
- Social Services Emergency Funds
- Good Neighbor Fund
- Private Charities
- Family or Friends
- Victim's Compensation
- Other _____

* Please explain how you have exhausted all your other resources and provide us with any other information that you feel would help determining your eligibility for this hardship application: _____

Attestation

I certify that the information given on this application is accurate and complete to the best of my knowledge. I also understand that false statements or information are grounds for denial of assistance.

I understand that I will abide by the payment plan terms and sign an amended lease for this payment plan. I can make incremental payments towards my rent, plus an amortized rental payment plan at any time.

I understand that my billing statements will continue to reflect my entire balance, including the portion of rent I am deferring.

I understand that I will not receive a late fee for entering into a payment plan unless I take more than six months to repay the deferred rent.

I understand the THD office will temporarily halt my RentCafe account and that I will need to pay rent by check or money order.

Applicant Signature Signed or Typed

Date

Co-Applicant Signature Signed or Typed

Date

Please download this application and send it to the following email: tbrier@telluride-co.gov
We will contact you within 48 hours after receiving your application.