



**Rent Forgiveness/Payment Plan Agreement
with the Telluride Housing Authority
For Shandoka, Virginia Placer and The Telluride Boarding House**

Through this application process, the Telluride Housing Authority will consider limited rent forgiveness or a payment plan agreement for individuals in the Town of Telluride owned rental housing during the time period of January 2021 through June 2021. This resource will be allocated for applicants who have experienced extreme hardship due to COVID 19 resulting in financial instability and who can demonstrate exhaustion of other available resources. Once the completed application and Tenant Declaration of Need is received, the applicant will be contacted for a phone meeting or an in-person meeting.

Applying For: **Rent Forgiveness/Applicant Unemployed** **Rent Forgiveness/Applicant Partially Employed**
Payment Plan (50% Rent/Other 50% deferred over 6 months)

For Rent Forgiveness please attach one of the following:

Dr.'s Note confirming you cannot work due to COVID 19

Employer's Note verifying reduced hours

School Note requiring child and family to quarantine

PERSONAL INFORMATION

Last Name: _____ First Name: _____

ADDRESS: _____

Unit #: _____

Cell Phone: _____ Other Phone: _____

Email 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 **in detail** why you are in this crisis:

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 \$ _____

EMPLOYMENT INFORMATION:

Company name of most recent employer: _____

Company Address: _____

City: _____

State: _____

Zip Code: _____

Manager's Name: _____

Manager's Phone #: _____

Are you currently employed?

Yes

No

Has your current company indicated you will be reemployed?

Yes

No

Do you have a second job?

Yes

No

Name of second employer: _____

Company Address: _____

City: _____

State: _____

Zip Code: _____

Manager's Name: _____

Manager's Phone #: _____

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**

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

Good Neighbor Fund	I have received this assistance	Applicaton In process	Have Not Applied
Bright Futures	I have received this assistance	Applicaton In process	Have Not Applied
Unemployment	I have received this assistance	Applicaton In process	Have Not Applied
Federal Stimulus Check	I have received this assistance	Applicaton In process	Have Not Applied
Trust for Community Housing	I have received this assistance	Applicaton In process	Have Not Applied
Social Security, Disability	I have received this assistance	Applicaton In process	Have Not Applied
Temp Assistance for Needy Families	I have received this assistance	Applicaton In process	Have Not Applied
Food Stamps or SNAP	I have received this assistance	Applicaton In process	Have Not Applied
Social Services Emergency Funds	I have received this assistance	Applicaton In process	Have Not Applied
Private Charities	I have received this assistance	Applicaton In process	Have Not Applied
Family or Friends	I have received this assistance	Applicaton In process	Have Not Applied
Victim's Compensation	I have received this assistance	Application In process	Have Not Applied

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 application:

Tenant Delcaration of Need:

The following form is the "Tenant Declaration of Need", Please fill out and return with this application.



Tenant Declaration of Need

Tenant Name	
Tenant Address	
Tenant phone number and email address	

Number of adults 18 years or older living in the home more than half the time

Number of youth or children under the age of 18 living in the home more than half the time

My household was unable to pay all or part of our rent because one or more people in the household experienced a reduction in household income, incurred significant costs or experienced financial hardship due, directly or indirectly, to the COVID-19 outbreak since as early as March 13, 2020.

Any and all rental assistance that my household has received from any other local, state or federal program has been provided to the property owner.

One or more individuals in my household is at risk of experiencing homelessness or housing instability.

Has any worker living in the household been unemployed continuously for the 90 days prior to this application for assistance? Yes No

Has anyone in the household qualified for unemployment benefits (UI)? Yes No

Certifications and Signatures

I declare under penalty of perjury under the laws of Colorado that all of the information provided in this application is true and correct and I understand that any false or misleading statements or omissions may result in criminal and civil actions for fines, penalties, damages, or imprisonment.

I understand that by signing this application I am authorizing my property owner to request rental and/or utility assistance on my behalf and that this serves as documentation that the property owner is submitting an application for rental assistance on my behalf.

I understand that I may be required to provide additional information in order for my property owner to receive rental assistance on my behalf and that the State of Colorado and any of its duly authorized representatives may contact me for this information or to verify information provided in this application.

All adult members of the household must sign this application (add more sheets if necessary).

Name	Signature	Date
Name	Signature	Date
Name	Signature	Date
Name	Signature	Date

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 to pay at least 50% of monthly rent and the remaining 50% must be paid within six month from the date of the agreement.

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.

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.