



MOUNTAIN VILLAGE YES DEED RESTRICTED PROGRAM APPLICATION

455 Mountain Village Blvd., Ste A.
Mountain Village, Colorado 81435

970.728.8000

Date: _____

Your name: _____
Provide name(s) as title to property will be or is held

Your current mailing address: _____

Your e-mail: _____

Your phone: _____

Amount of money requested: \$ _____

(The Town can provide 15-20% of appraised value of property, not to exceed \$200,000)

TMV property address to be deed restricted: _____

Property Type: Single Family Condo Townhouse Duplex

Number of bedrooms/bathrooms: _____ Bedrooms _____ Bathrooms

Number of unit parking spaces;
total property parking spaces: _____

Do you already own this property? _____

Are you under contract? _____

Contract or list price: _____

Closing date or
date decision is needed: _____

Is there a Home Owner's Association? Yes, there is an HOA No, there is no HOA

Is there any pending or upcoming
special assessments (SA's)? Pending SA Upcoming SA No SA

Have you notified your HOA
of your intent to deed-restrict? Yes No

Is there a right of first refusal? _____
(The Town cannot place a deed restriction on property with right of first refusal.)

Name of Telluride RQ School
District Employer: _____

Name of Lender: _____

Name of Real Estate Agent: _____

Name of Title Company: _____

Have you notified your Lender, Title Company and Appraiser of your intent to place a Deed Restriction on the Property? _____

Is there additional property information you wish to share? (optional): _____