



MOUNTAIN VILLAGE HOUSING AUTHORITY
455 Mountain Village Blvd. Suite A
Mountain Village, CO 81435
(970) 369.8602
housing@mtnvillage.org

VERIFICATION OF SELF-EMPLOYMENT

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:** _____