



2021 DEED MONITORING FORM

SUBDIVISION: STALLION PARK / ROCK CREEK

INSTRUCTIONS:

- This form **must be completed in its entirety by the property owner**. In the case of ownership by a business or other entity, the form must be completed by an authorized representative of the organization.
- For owners of multiple properties, a separate form should be completed for each property.

We understand that you may be currently impacted by COVID-19. Please answer all questions completely and accurately based on your current situation and enter any relevant COVID-19 explanations in the Comments Section.

PROPERTY INFORMATION

Street Address: _____

OWNERSHIP INFORMATION

Owner #1 Name: _____

Email: _____ Phone: _____

Mailing Address: _____

Owner #2 Name: _____

Email: _____ Phone: _____

Mailing Address: _____

OCCUPANCY ___ I/We are living in the property without roommates ___ I/We are living in this property with roommates ___ I/We are not living in this property ** ___ This property is listed for sale (put broker info and sale price in Comments/Explanations section below)

Are you occupying this property as your primary residence? ___ Yes ___ No

Are you short-term renting any portion of this property? ___ Yes ___ No

** Name & email address of tenant: _____

Lease Term From: _____ to: _____ Monthly rental amount: \$ _____

EMPLOYMENT INFORMATION – OWNER #1

Is at least 80% of your total household income earned through employment in Gunnison County? ___ Yes ___ No

Source of Income: ___ Employed by others ___ Self-employed ___ Not employed ___ Retired

Employer: _____

Name of Business: _____

Street Address: _____

Phone: _____ # hours/week _____ # weeks/year _____

If retired, your age: _____

EMPLOYMENT INFORMATION – OWNER #2

Is at least 80% of your total household income earned through employment in Gunnison County? ___ Yes ___ No

Source of Income: ___ Employed by others ___ Self-employed ___ Not employed ___ Retired

Employer: _____

Name of Business: _____

Street Address: _____

Phone: _____ # hours/week _____ # weeks/year _____

If retired, your age: _____

OTHER INFORMATION

Do you own other residential property? ___ No ___ Yes Location: ___ In Gunnison County ___ Outside Gunnison County

Address: _____

Have you ever requested a Leave of Absence? ___ No ___ Yes

Dates from and to: _____

Have you read and do you understand the terms of the restrictive covenants for your home? ___ Yes ___ No

COMMENTS/EXPLANATIONS:

AFFIDAVIT

UNDER PENALTY OF PERJURY, I SWEAR OR AFFIRM THAT THE ABOVE STATEMENTS AND REPRESENTATIONS ARE TRUE AND CORRECT.

Signature of Owner # ___ 1 ___ 2

Date

STATE OF _____)
COUNTY OF _____) ss.

I, the undersigned Notary Public, do hereby affirm that _____ personally appeared before me on the ___ day of _____ 20___, and signed the above Affidavit as his/her free and voluntary act and deed.

Notary Public

My Commission Expires: _____

(Seal)

