



AFFIDAVIT FOR CURRENT EMPLOYMENT

Your employee has applied for or is currently residing in housing with the Jackson/Teton County Affordable Housing Department. To qualify, employment income AND hours worked must be verified. This information is very important to your employee's qualification, so this form must be filled out completely & accurately. This form must be notarized and submitted with the employees weighted drawing entry.

Employer's Name: _____

Employer's Phone #: _____ **Employer's Email:** _____

Employee's Name: _____

Employment History:

Base pay (before deductions): \$_____ hourly wage \$_____ annual salary \$_____ annual contract
 If eligible for annual bonus, commission and/or tips, provide annual **estimated** amount: \$_____
 If current employment is seasonal/cyclical, please provide term _____
 Annual housing allowance or other wage information _____

To receive additional entries into the weighted drawing, proof of current and past full-time employment is required. **Please complete the following information as accurately as possible.**

| <u>Enter gross amount paid for applicable years:</u> | <u>Annual/YTD hours worked</u> | |
|--|--------------------------------|-----------------|
| | Reg hours | Over Time hours |
| 2019 to date: \$ _____ | _____ | _____ |
| 2018 \$ _____ | _____ | _____ |
| 2017 \$ _____ | _____ | _____ |
| 2016 \$ _____ | _____ | _____ |
| 2015 \$ _____ | _____ | _____ |
| 2014 \$ _____ | _____ | _____ |
| 2013 \$ _____ | _____ | _____ |
| 2012 \$ _____ | _____ | _____ |
| 2011 \$ _____ | _____ | _____ |
| 2010 \$ _____ | _____ | _____ |

Next pay raise date: _____ estimated raise amount: \$ _____

Is employment located within Teton County, Wyoming? ____Yes ____No

Date of Hire: _____ Date of Termination: _____ Position description: _____

Additional Comments: _____

Notarized signature required on back



Authorized Agent (print) _____ **Title** _____

Signature _____ **Date** _____

STATE OF WYOMING)
) ss.
COUNTY OF TETON)

Sworn to before me, the undersigned Notary Public, by _____ this ___ day of _____, 2018. WITNESS my hand and official seal.

Notary Public

SEAL

My commission expires: _____

Note: *Please do not leave any portion of this form blank. If something is not applicable, please mark NA or simply line through it. The proper completion of this form is vital for the potential qualification of housing for your employee. For questions, please call 307-732-0867.*