



# Jackson/Teton County Affordable Housing Department

## Self Employment Application

Applicant Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Type of Work: \_\_\_\_\_

Unit applying to rent or purchase (if any): \_\_\_\_\_

**Local Business (Business must meet either A, B or C):**

A)(1) a business physically located within Teton County, Wyoming that can provide verification of business status physically located in Teton County, Wyoming, and (2) the business serves a minimum of 75% of its clients or customers who are physically located in Teton County, Wyoming, and (3) the employees/owners must work in Teton County, Wyoming to perform their job.

*Or*

B.) A business physically located in Teton County Wyoming employs two or more Qualified Employees, which qualified employees must work in Teton County Wyoming to perform their job.

Or

C.) A private residence physically located in Teton County, Wyoming that employs a minimum of one Qualified Employee who must be physically located in Teton County, Wyoming to perform their job.

Does your business have a physical location in Teton County, Wyoming? (Circle One) Yes No

If yes, provide address:

Is this a home office? (Circle One) Yes No

Do you have at least two employees who are required to physically work in Teton County to perform their job (employees must be in addition to the owner)?

Yes No

If yes, list the positions.

Please provide a short description of your business, including the type of business and services provided.

Does your business have any clients or customers located outside of Teton County, WY? Yes No

Please explain \_\_\_\_\_

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Are a minimum of 75% of your clients or customers located in Teton County, WY? Yes No

Please explain \_\_\_\_\_

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### **Certification and Oath:**

I/we, the undersigned applicants, understand that all information provided herein is private and confidential for the Town of Jackson or Teton County use only. I/we hereby affirm and state under oath that the foregoing information I/we provided for consideration and qualification in Jackson/Teton County Affordable Housing Department's Affordable and/or Workforce Housing Program to acquire property is complete, true, and correct, and that I/we, the undersigned applicant(s) hereby acknowledge that under Wyoming and/or federal laws I/we may be subject to civil and/or criminal penalties, including fines and imprisonment or both, for false application or any false statements made herein.

Must be signed by a person authorized to legally sign for the business.

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**Signature of Applicant**

Date

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**Title of Applicant**

State of Wyoming )  
 ) ss.  
County of Teton )

Sworn to before me, the undersigned Notary Public, by

\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

WITNESS my hand and official seal.

SEAL

## Notary Public

My commission expires: \_\_\_\_\_

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## APPLICATION CHECKLIST

Please submit the following along with your completed Application:

- 1 forms of physical address verification – must include business name and physical address (e.g., lease, deed, utility bill, bank statement, insurance policy, vehicle registration, tax document, business credit report).
- If your business has less than two employees, provide a complete client list with addresses and invoiced amounts for the past year.
- If your business is an LLC, provide copies of your articles of incorporation, Consent to Appoint Registered Agent, and Certificate of Organization from Secretary of State.
- 3 years business tax returns. If business has not been operating for 3 years, provide the returns while business has been operating.
- YTD Profit and Loss. If taxes have not been filed for prior year, provide a Profit and Loss for prior year.
- Log of hours worked for current and previous year. If you are applying in a weighted drawing, a Log of hours for each year worked is required to receive extra entries in the drawing.

**Please Note:** Qualifications may require additional items not included on the Application Checklist. The Housing Department reserves the right to request whatever items may be needed to verify each individual Business as a Local Business.

**Submit completed application with attachments to one of the following:**

- Submit via email to [Housing@tetoncountywy.gov](mailto:Housing@tetoncountywy.gov)
- Submit via USPS mail to P.O. Box 714, Jackson, WY 83001
- Submit in person to Jackson/Teton County Affordable Housing Department 320 S. King Street

**Questions:** 307-732-0867 [housing@tetoncountywy.gov](mailto:housing@tetoncountywy.gov)

## LIMITED AUTHORIZATION TO RELEASE INFORMATION

The undersigned applicant(s) hereby authorizes Jackson/Teton County Affordable Housing Department (Housing Department) and/or its authorized agents, full and complete access to financial and employment records, both personal and business related, held by any financial institution, accountant, governmental agency, and/or employer, current or former, in connection with the consideration or administration of a Housing Department program for which we have homeownership or rental. Specifically, the authorization is for documents that validate employment, sources of income, and/or ownership of additional real estate. The Housing Department shall not disclose or release this information obtained to another government agency, entity, or individual without consent, except as required or permitted by law.

In addition, the undersigned applicants acknowledge that all records submitted as part of this requalification, or as supplement required for verification, will be retained by the Housing Department in compliance with its policies and procedures and for audit purposes.

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**Applicant Signature**

**Date**

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**Co-Applicant**

**Date**