



## OWNERSHIP WEIGHTED DRAWING ENTRY SHEET

**For eligibility to enter an Affordable drawing, the On-line Intake Form must be COMPLETED and VERIFIED within one year prior to the opening of a Weighted Drawing. No changes may be made during the drawing period.**

**For eligibility to enter a Workforce drawing, you must have an On-line Intake Form completed and verified; however, it can be completed and verified during a drawing period.**

**All Intake Forms that have not been verified within one year will be archived.**

Unit # and Development name of home you are applying for: \_\_\_\_\_

### Head of Household

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Number of Consecutive years employed full-time in Teton County? \_\_\_\_\_ (min. 1,560 hrs. per year)

Are you a US Citizen?  Yes  No Are you a Lawful Permanent Resident?  Yes  No Are you a DACA Recipient with a valid Social Sec. Number and Employment Authorization Doc.  Yes  No.

### CO-Head of Household

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Number of Consecutive years employed full-time in Teton County? \_\_\_\_\_ (min. 1,560 hrs. per year)

Are you a US Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No Are you a Lawful Permanent Resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Who currently resides in your home?

Who will reside in this new home? \_\_\_\_\_

### Combined Household Financial Information

What is your annual combined household income before taxes? \_\_\_\_\_

What are your current combined net assets (assets minus debts)? \_\_\_\_\_

(Assets are anything you own minus your liabilities)

### Special Circumstances

Are you a Critical Services Provider of an approved organization & position? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, provide job title and Supervisor's name and email address: \_\_\_\_\_

Is the Co-Applicant a Critical Services Provider of an approved organization & position? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, provide job title and Supervisor's name and email address: \_\_\_\_\_

Do you or a member of the household own any residential real estate? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide the address: \_\_\_\_\_

Are you or a member of your household mobility impaired? \_\_\_\_\_ Yes \_\_\_\_\_ No

This Weighted Drawing Entry Sheet is only a portion of the required documents to enter a Weighted Drawing. Refer to the *Ownership Weighted Drawing Checklist* for additional required documents.

By signing this Weighted Drawing Entry Sheet, I am acknowledging that pursuant to the Housing Department Rules and Regulations, if an error is made in compiling or drawing the Weighted Drawing, the error will be corrected, and the drawing will be re-drawn

Head of Household Signature

Co-Head of Household Signature