

**EMPLOYER: Please return this form directly to the Housing Department
By uploading it to the *Employer Verification Upload* which can be found at
Jhaffordablehousing.org and clicking the link on the big red button.**



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 important to your employee’s qualification. Please complete it thoroughly and accurately.

Business Name: _____

Business Contact Name: _____ **Contact’s Email:** _____

Contact’s Phone #: _____ **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.**

Year	Gross Amount Paid	Hours Worked		
		Hours Per Week (Avg)	OT hours Per Week (Avg)	Total hrs Per Year
2023 to date	\$			
2022	\$			
2021	\$			
2020	\$			
2019	\$			
2018	\$			
2017	\$			
2016	\$			
2015	\$			
2014	\$			
2013	\$			

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

Is employment located within Teton County, Wyoming for a Local Business? ____ Yes ____ No

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

Additional Comments: _____

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

Signature _____ **Date** _____

**Please don’t leave portions of this form blank. Put N/A if not applicable. Questions? Call 732-0867
PLEASE DO NOT EMAIL.**