



## 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.**

**Enter gross amount paid for applicable years:**

**Annual/YTD hours worked**

	<b>Reg hours</b>	<b>Over Time hours</b>
<b>2021 to date:</b> \$ _____	_____	_____
<b>2020</b> \$ _____	_____	_____
<b>2019</b> \$ _____	_____	_____
<b>2018</b> \$ _____	_____	_____
<b>2017</b> \$ _____	_____	_____
<b>2016</b> \$ _____	_____	_____
<b>2015</b> \$ _____	_____	_____
<b>2014</b> \$ _____	_____	_____
<b>2013</b> \$ _____	_____	_____
<b>2012</b> \$ _____	_____	_____
<b>2011</b> \$ _____	_____	_____

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 \_\_\_\_\_, 2021. 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.