

**Please return form directly to the Housing Department**  
[housing@tetoncountywy.gov](mailto:housing@tetoncountywy.gov)



### AFFIDAVIT FOR CURRENT EMPLOYMENT

Your employee has applied for housing with the Jackson/Teton County Affordable Housing Department. To qualify, employment income & hours worked must be verified by employer.

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

Business Phone #: \_\_\_\_\_ Authorized agents Email: \_\_\_\_\_

Employee's Name: \_\_\_\_\_

**Employment History:**

Enter hourly wage \$ \_\_\_\_\_ annual salary amount \$ \_\_\_\_\_ annual contract amount \$ \_\_\_\_\_

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 \$ \_\_\_\_\_

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

**Annual/YTD hours worked.**

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

**Please complete the following information as accurately as possible.**

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: \_\_\_\_\_

Authorized Agent (print) \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_