



AFFORDABLE OWNER ANNUAL CHECK-IN

The Jackson Town Council and Board of County Commissioners have directed the Housing Department to provide household data annually that helps inform them of the status of the housing programs, how the programs are working to provide housing to the community, and the needs for future housing in the community. We are asking for Affidavits of Employment for **all** working adults in the household to fulfill this requirement from the Council and Commission. The information is provided to them in the form of aggregate data. No individual or specific household data is provided. Your personal information is kept confidential.

Please complete all blanks. If a question does not apply, place *N/A* in the blank.

Part 1 – Household Information

Home Address _____

Owner Name(s) _____

Mailing Address _____

Phone _____ Email _____

Phone _____ Email _____

Number of children under 18 in Household _____ Age(s) of children under 18 _____

Total Number of adults in Household (including owner(s)) _____ Number of retired adults _____

Name(s) of retired adults _____

Names of adults in Household other than owners _____

Part 2 – Employment

Please provide employment information for all adults in the household.

Household Member Name:

Business Name:

Household Member Name:

Business Name:

Household Member Name:

Business Name:

Household Member Name:

Business Name:

Household Member Name:

Business Name:

Household Member Name:

Business Name:

Household Member Name:

Business Name:

Household Member Name:

Business Name:

Part 3 – Income

Annual total household income before taxes from Employment

\$ _____

Part 3 – Other Information

Does anyone in your household own any interest in residential real estate other than this restricted housing unit? ___Yes ___No

If yes, provide the following:

Address: _____ Acreage owned _____

Is there a dwelling unit on the land? Yes No. Is the home rented Yes No.

If yes, provide monthly rent amount \$ _____

Do all members of your household occupy this restricted housing unit as their sole and primary residence at least 10 months of each calendar year? Yes No

If no, provide explanation _____

Are you renting a room in your home to an individual(s) Yes No

Part 4 - Certification and Oath

I/we, the undersigned owners, understand that all information provided herein is private and confidential for the Housing Department 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 ownership program 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.

Signature of Owner

Print Name

Date

Signature of Owner

Print Name

Date