



**EMPLOYER: Please return this form directly to the Housing Department by uploading it to the *Employer Verification Upload* button, which can be found at [Jhaffordablehousing.org](http://Jhaffordablehousing.org)**

## AFFIDAVIT FOR CURRENT EMPLOYMENT FOR WEIGHTED DRAWINGS

Your employee has applied for housing with the Jackson/Teton County Affordable Housing Department. To qualify, employment income AND hours worked must be verified. This information is important for your employee's qualification. Please complete it thoroughly and accurately. If you have any questions, contact the housing office at 307-732-0867.

### Employment

Employee's Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Business / Organization Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Please Check if Employment Is: Year Round  Seasonal  Sporadic

If Seasonal / Sporadic Provide Dates: \_\_\_\_\_

Date of Termination: \_\_\_\_\_

Is Employment Located in Teton County?: Yes  No

Is Employment Remote?: Yes  No  If Yes, Please Provide Annual Hours Worked Remotely: \_\_\_\_\_

### Wage Information

Hourly  Enter Hourly Amount: \$ \_\_\_\_\_ Salary  Enter Annual Amount: \$ \_\_\_\_\_

Year to Date Earnings: \$ \_\_\_\_\_ Paid Employment Dates: \_\_\_\_\_

Year to Date Hours Worked: \_\_\_\_\_

Overtime  Enter Hourly Amount: \_\_\_\_\_

Year to Date Overtime Hours: \_\_\_\_\_

#### Check All That Apply & Provide Annual Amount:

Tips: \_\_\_\_\_  Bonus: \_\_\_\_\_

Commission: \_\_\_\_\_  Housing Allowance: \_\_\_\_\_

Other: \_\_\_\_\_

Are these included in Year To Date Earnings? Yes  No

Date of Next Raise: \_\_\_\_\_ Amount: Per Hour \$ \_\_\_\_\_ or Per Year \$ \_\_\_\_\_

Please complete the following information as accurately as possible. Please put N/A in years not applicable.

Year	Number of hours worked per year	Gross amount paid (before taxes)	Year	Number of hours worked per year	Gross amount paid (before taxes)
2025			2020		
2024			2019		
2023			2018		
2022			2017		
2021			2016		

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all information provided in this form is true and correct to the best of my knowledge.

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

Please do not leave portions of this form blank. Put N/A if not applicable. **PLEASE DO NOT EMAIL**



**Employee's Authorization to Release Information:** I hereby authorize my current or former employer to release the information requested by the Jackson/Teton County Housing Department ("Housing Department") on this form. The Housing Department shall not disclose or release this information to another government agency, entity, or individual without consent, except as required or permitted by law. In addition, the undersigned applicant acknowledges that this employment record will be retained by the Housing Department.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date