



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

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