



## AFFORDABLE OWNERSHIP ANNUAL CHECK-IN

The Jackson Town Council and Board of County Commissioners have directed the Housing Department to collect household data annually to assess the status of local housing programs, evaluate how the programs are working to serve the community, and identify future housing needs. To meet this requirement, we require **all** working adults in each household to submit an Affidavit of Employment for each job as directed from the Council and Commission. The information is shared only in aggregate form—no individual or household-specific data is provided. Your personal information will remain confidential.

### Part 1 – Household Information

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

Home Address: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Number of children under 18 in Household: \_\_\_\_\_

Names and ages of children under 18: \_\_\_\_\_

Total number of adults in Household (including owners): \_\_\_\_\_ Number of retired adults: \_\_\_\_\_

Name(s) of retired adults: \_\_\_\_\_

Names of adults in Household other than owners: \_\_\_\_\_

\_\_\_\_\_

## Part 2 – Employment

Please provide current employment information for all adults in the household.

Household Member Name:

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Business Name:

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Household Member Name:

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Business Name:

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Household Member Name:

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Business Name:

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Household Member Name:

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Business Name:

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Household Member Name:

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Business Name:

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Household Member Name:

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Business Name:

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## 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