



## 2025 WORKFORCE OWNER ANNUAL QUALIFICATION

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

### Part 1 – Household Information & Composition

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

Owner Name(s) \_\_\_\_\_ and \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

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

Adults:

- Total number of adults in household (including owner[s]): \_\_\_\_\_
- Number of retired adults: \_\_\_\_\_
- Name(s) of retired adults:  
\_\_\_\_\_

- Name(s) of additional adults in household other than owner(s):  
\_\_\_\_\_

Is this person under the age of 25 and currently enrolled in college?  Yes  No

Is this person under the age of 25 and currently enrolled in college?  Yes  No

Children (under 18):

- Number of children under 18 in household: \_\_\_\_\_
- Name(s) and age(s) of children under 18:  
\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

## Part 2 – Employment & Income

*All members of the household 18 years or older must include employment and income information unless children of owner(s) who are under the age of 25 and currently attending college.*

<b>Household Member Name:</b> _____  <b>Employer Name:</b> _____  <b>Annual Income:</b> _____	<b>Household Member Name:</b> _____  <b>Employer Name:</b> _____  <b>Annual Income:</b> _____
<b>Household Member Name:</b> _____  <b>Employer Name:</b> _____  <b>Annual Income:</b> _____	<b>Household Member Name:</b> _____  <b>Employer Name:</b> _____  <b>Annual Income:</b> _____

**Household Member Name:**  
\_\_\_\_\_  
\_\_\_\_\_

**Household Member Name:**  
\_\_\_\_\_  
\_\_\_\_\_

**Employer Name:**  
\_\_\_\_\_  
\_\_\_\_\_

**Employer Name:**  
\_\_\_\_\_  
\_\_\_\_\_

**Annual Income:**  
\_\_\_\_\_  
\_\_\_\_\_

**Annual Income:**  
\_\_\_\_\_  
\_\_\_\_\_

Total annual household income before taxes from all Employment:

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

Does any adult member of your household have income from the following?

Military	__ Yes __ No	Self-Employment	__ Yes __ No
Unemployment	__ Yes __ No	Severance Pay	__ Yes __ No
Settlement	__ Yes __ No	Worker's Comp	__ Yes __ No
Alimony	__ Yes __ No	Cash Gifts/Assistance	__ Yes __ No
Pensions	__ Yes __ No	Veteran's Benefits	__ Yes __ No
Retirement	__ Yes __ No	Annuities	__ Yes __ No
Life Insurance	__ Yes __ No	Other Income	__ Yes __ No

If you have answered yes to any of the above, provide the total annual amount for all income sources: \$ \_\_\_\_\_

Notes or explanation of additional income: \_\_\_\_\_  
\_\_\_\_\_

### Part 3 – Other Information

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

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

### 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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
*Signature of Owner*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
*Signature of Owner*

\_\_\_\_\_  
Date