



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.

Household Member Name: _____ Employer Name: _____ Annual Income: _____	Household Member Name: _____ Employer Name: _____ Annual Income: _____
Household Member Name: _____ Employer Name: _____ Annual Income: _____	Household Member Name: _____ Employer Name: _____ Annual Income: _____

Household Member Name: <hr/>	Household Member Name: <hr/>
Employer Name: <hr/>	Employer Name: <hr/>
Annual Income: <hr/>	Annual Income: <hr/>

Total annual household income before taxes from all Employment:

\$ _____

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

Military	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unemployment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No
Settlement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Worker's Comp	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alimony	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash Gifts/Assistance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	Veteran's Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No
Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Income	<input type="checkbox"/> Yes <input type="checkbox"/> 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