



**Jackson/Teton County Affordable Housing Department
Application for Affordable Rental**

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

Unit # and development you are applying for: _____

Part 1 - Household Information

Applicant

Co - Applicant

Name: _____
 SSN: _____
 Mailing Address: _____

 Physical Address: _____

 Home Phone # _____
 Mobile Phone # _____
 Email _____

Name: _____
 SSN: _____
 Mailing Address: _____

 Physical Address: _____

 Home Phone # _____
 Mobile Phone # _____
 Email _____

Who will reside in this new residence? _____

Part 2 - Employment:

Do you currently work in Teton County, WY?
 Yes ____ No ____
 How many consecutive yrs.? _____

Do you currently work in Teton County WY?
 Yes ____ No ____
 How many consecutive yrs.? _____

<u>Current employer</u>
<u>Work Phone</u>
<u>Position</u>
<u>Dates employed</u>

<u>Current employer</u>
<u>Work Phone</u>
<u>Position</u>
<u>Dates employed</u>

Previous employers (up to 10 years back):

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Business name
Contact person and Phone
Dates employed

Business name
Contact person and phone
Dates employed

Business name
Contact person and Phone
Dates employed

Business name
Contact person and phone
Dates employed

Business name
Contact person and Phone
Dates employed

Business name
Contact person and Phone
Dates employed

**Use additional sheet if needed*

Applicant

Co – Applicant

Are you a full time or volunteer Critical Services Provider (see definition in instructions)?

Yes _____ No _____

Yes _____ No _____

Agency or Department
Supervisor’s phone number & email address

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Supervisor’s phone number & email address

Part 3 - Income

What is your total annual gross income (before taxes) for the current year?

\$ _____
Applicant’s gross income

\$ _____
Co-Applicant’s gross income

List all other sources of income not already listed above for current year, i.e.: Child support, dividends, retirement distributions, and all side jobs.

Part 4 – Assets

(Applicant, Co-Applicant, and any other household members' assets must be included.)

List ALL banking and investment accounts, including checking, savings and money market accounts, certificates of deposits, IRA's, mutual funds, stocks, or bonds, owned by ALL household members (both individually or as trustee). Business owners must include ALL accounts:

Applicant

<i>Name and Address of Bank, S&L or Credit Union</i>	
<i>Account Number:</i>	\$
<i>Name and Address of Bank, S&L or Credit Union</i>	
<i>Account Number:</i>	\$
<i>Name and Address of Bank, S&L or Credit Union</i>	
<i>Account Number:</i>	\$
<i>Stocks and bonds (Company Names, Numbers & Descriptions)</i>	\$
<i>Retirement Accounts: (Company Name, Number and Description)</i>	\$
<i>Life Insurance net cash value</i>	\$

Co-Applicant

<i>Name and Address of Bank, S&L or Credit Union</i>	
<i>Account Number:</i>	\$
<i>Name and Address of Bank, S&L or Credit Union</i>	
<i>Account Number:</i>	\$
<i>Name and Address of Bank, S&L or Credit Union</i>	
<i>Account Number:</i>	\$
<i>Stocks and bonds (Company Names, Numbers & Descriptions)</i>	\$
<i>Retirement Accounts: (Company Name, Number and Description)</i>	\$
<i>Life Insurance net cash value</i>	\$

Certification and Oath:

I/we, the undersigned applicants, understand that all information provided herein is private and confidential for the Town of Jackson or Teton County 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 rental 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 Applicant

Date

Signature of Applicant

Date

State of Wyoming)
) ss.
County of Teton)

Sworn to before me, the undersigned Notary Public, by _____
_____ this _____ day of _____, 20____.

WITNESS my hand and official seal.

SEAL

Notary Public

My commission expires: _____

Please Note: Verification of applications may require additional items not included on the Application Checklist. The Housing Department reserves the right to request whatever items may be needed to verify each individual household as a qualified buyer.

Submit completed application with attachments to:

Jackson/Teton County Affordable Housing Department
320 S. King Street P.O. Box 714 Jackson, WY 83001
Questions: (307) 732-0867 **Fax:** (307) 734-3864

housing@tetoncountywy.gov

Authorization to Release Information

The undersigned applicant(s) hereby authorizes the Jackson/Teton County Affordable Housing Department and/or its authorized agents, full and complete access to any and all financial, legal and employment records, both personal and business related, held by any financial institution, accountant, governmental agency, and/or employer in connection with the consideration or administration of the Housing Department program for which I/we have applied. I/we authorize the financial records involving transactions and/or employment records to be available to the Housing Department during the period of qualification and for three (3) calendar years thereafter without further notice or authorization. The Housing Department shall not disclose or release this information obtained to another government agency, entity, or individual without consent, except as required or permitted by law.

In addition, the undersigned applicants acknowledge that all records submitted as part of this application, or as supplement required for verification, will be retained by the Housing Department in compliance with its policies and procedures and for audit purposes. Should an applicant wish to withdraw his or her application and supporting documents for consideration at any time, a copy will be retained by the Housing Department for its files.

Applicant Signature

Date

Co-Applicant

Date