AFFIDAVIT

Employer*:* This third party form is required to be completed by all current employers. It is also required to be completed by employers going back four years in order to verify the four year preference in the lottery. It will be used to evaluate an applicant's eligibility to purchase a home under Teton County Housing Authority Housing Programs. This form is very important to both the applicant and the Teton County Housing Authority. We appreciate your assistance in providing information. Please call (307) 732-0867 if you have any questions.

Notice: Wyoming State Statutes provide penalties, including felony conviction, for those who knowingly make false written statements for the benefit of another person with intent that the statement be relied upon to procure the delivery of property.

STATE OF WYOMING)
) ss.
COUNTY OF TETON)

I, _____(please print name) the undersigned and authorized agent for _____ (please print name of business) have provided the following information regarding the employment and/or contract services performed by _____ (please print employee's name) and further attest that I believe the following information to be accurate to the best of my knowledge.

Employment History:

Please provide base pay for all that apply: _____hourly _____ salary _____contract amount
If eligible for bonus, commission and/or tips, provide ***estimated*** amount: _____
If eligible for overtime, provide ***estimated*** amount: _____
If current employment is seasonal or cyclical, please provide term: _____
Other helpful wage information including tip or commission calculation methods, housing allowances, etc.:
_____

Gross amt. paid to employee for the following years:	**Monthly avg. number of hrs.:**
2012 year to date: _____	_____
2011: _____	_____
2010: _____	_____
2009: _____	_____

Next pay raise and ***estimated*** amount: _____
Employment location:_____
Date of hire: _____ Date of termination: _____
Position description: _____
Other comments: _____
_____

Employer signature and Title: _____ Date: _____

Sworn to before me, the undersigned Notary Public, by _____ this _____ day of _____, 200___.
WITNESS my hand and official seal. SEAL

_____
Notary Public

My commission expires: _____