



AFFIDAVIT FOR CURRENT EMPLOYMENT

Your employee has applied for housing with the Teton County Housing Authority. In order to qualify, income must be verified. This form is very important to both the applicant and the Teton County Housing Authority. Please complete the following information as accurately as possible. Call (307) 732-0867 if you have any questions.

Business Name _____

Employee Name _____

Employment History:

Provide base pay (before any deductions) : \$ _____ hourly \$ _____ annual salary
\$ _____ annual contract amount

If eligible for bonus, commission and/or tips, provide annual **estimated** amount: \$ _____

If current employment is seasonal or cyclical, please provide term: _____

Annual housing allowance or other wage information: _____

Gross amt. paid (before any deductions) for applicable years:

Monthly avg number of hours:

Regular Time (hours) Overtime (hours)

2016 year to date: \$ _____

2015: \$ _____

2014: \$ _____

2013: \$ _____

Next pay raise: Date _____ **estimated** amount \$ _____

Is employment located within Teton County Wyoming? Yes No

Date of hire: _____ Date of termination: _____

Position description: _____

Additional comments: _____

Authorized Agent (print) _____ Title _____

Signature _____ Date _____

*****If no notary is available fax directly from employer to TCHA 307-732-2897 (cannot be delivered by employee without notary)**

STATE OF WYOMING)

) ss.

COUNTY OF TETON)

Sworn to before me, the undersigned Notary Public, by _____ this _____ day of _____, 2015.

WITNESS my hand and official seal.

Notary Public

SEAL

My commission expires: _____