Teton County Employee Housing Application

Name _____ Contact # _____

Current Address _____

Email _____

Teton County Department or Organization of employment _____

Supervisor Name _____ Contact # _____

Date of Hire _____

Length of Need for Housing _____

Number in Household _____

Size of Unit being requested: ☐ 1-bedroom ☐ 2-bedroom

Please check applicable box: ☐ Paid Full Time ☐ Paid Part time

- ☐ Safety personnel (Sheriff, Fire/EMS, Emergency Management)
- ☐ Public health personnel (Public Health Nursing, Environmental Health)
- ☐ Teton County Personnel (Joint Departments Included)
- ☐ Employee of Town of Jackson according to Town Policy
- ☐ Employee of Teton County School District or Saint John's Medical Center
- ☐ Employee of non-profit organization funded by Teton County

Applicant Signature: Elected Official/Dept Head Signature

_____ _____

Signature Date Signature Date