



Unit # and Development Name \_\_\_\_\_

**APPLICANT**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Current Employer \_\_\_\_\_ Hours worked per week \_\_\_\_\_  
Number of consecutive years employed full-time in Teton County? \_\_\_\_\_ (minimum of 30 hrs per week)  
Are you a US Citizen? \_\_\_\_ Yes \_\_\_\_ No Are you a Lawful Permanent Resident? \_\_\_\_ Yes \_\_\_\_ No  
Who will reside in the home? \_\_\_\_\_

**CO-APPLICANT**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Current Employer \_\_\_\_\_ Hours worked per week \_\_\_\_\_  
Number of consecutive years employed full-time in Teton County? \_\_\_\_\_ (minimum of 30 hrs per week)  
Are you a US Citizen? \_\_\_\_ Yes \_\_\_\_ No Are you a Lawful Permanent Resident? \_\_\_\_ Yes \_\_\_\_ No  
Who will reside in the home? \_\_\_\_\_

**COMBINED FINANCIAL INFORMATION**

What is your annual combined household income before taxes? \_\_\_\_\_  
What are your current net assets (assets minus debts)? \_\_\_\_\_

**SPECIAL CIRCUMSTANCES**

Are you a Critical Services Provider? \_\_\_\_ Yes \_\_\_\_ No  
If YES, provide job title and Supervisor's Contact #: \_\_\_\_\_  
Is the Co-Applicant a Critical Services Provider? \_\_\_\_ Yes \_\_\_\_ No  
If YES, provide job title and Supervisor's Contact #: \_\_\_\_\_  
Are you, or is a member of your household, mobility or hearing impaired? \_\_\_\_ Yes \_\_\_\_ No  
Does a member of the household own residential real estate? \_\_\_\_ Yes \_\_\_\_ No  
If yes, please provide address: \_\_\_\_\_  
  
Have you submitted a Lenders Qualification/Credit Report to JTCAHD within the last year? \_\_\_\_ Yes \_\_\_\_ No  
Have you submitted a Homebuyers Education Certificate to JTCAHD? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**CO-APPLICANT SIGNATURE**