

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 2014 year to date: \$	Regular Time Overtime
Position description: Additional comments:	? Yes \(\text{No} \(\text{No} \)
Authorized Agent (print) Signature ***If no notary is available fax directly from employer to TCHA 307	_ Date
STATE OF WYOMING)) ss. COUNTY OF TETON) Sworn to before me, the undersigned Notary Public, by, 2014. WITNESS my hand and official seal.	
Notary Public SEAL My commission expires:	