



EMPLOYER: Please return this form directly to the Blaine County Housing Authority by emailing a signed copy to info@bcoha.org

AFFIDAVIT OF EMPLOYMENT

Your employee may be eligible for a community housing. For your employee to receive a preference for housing, please provide the following information.

Business Name: _____

Business Contact Name: _____

Business Contact's Email: _____ Contact Phone # _____

Employee's Name: _____ Position(s): _____

Employee's hours worked per week (average): _____

Does the employee work year-round? Yes No

If no, how many months a year does the employee work for your business? _____

Is the employment physically located within Blaine County, ID? Yes No

Is your business activity primarily located within Blaine County, ID? Yes No

Please provide any additional, relevant information:

Authorized Agent (Print) _____ Title _____

Signature _____ Date _____

Return signed form to info@bcoha.org. Please don't leave portions of this form blank. Put N/A if not applicable.

Questions? Call 208-788-6102 or email info@bcoha.org.

THANK YOU!