



**EMPLOYER: Please return this form directly to the Blaine County Housing Authority by emailing a signed copy to [info@bcoha.org](mailto:info@bcoha.org)**

### AFFIDAVIT OF PREVIOUS EMPLOYMENT

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

**Business Name:** \_\_\_\_\_

**Business Contact Name:** \_\_\_\_\_

**Business Contact's Email:** \_\_\_\_\_ **Contact Phone #:** \_\_\_\_\_

**Employee's Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Years worked (for example, 1992-2002):** \_\_\_\_\_

**Did the employee average 30+ hours a week each year (or 1,500+ hours annually)?** \_\_\_\_ Yes \_\_\_\_ No

If no, how many hours did they average per week? \_\_\_\_\_

**Was the employment physically located within Blaine County, ID?** \_\_\_\_ Yes \_\_\_\_ No

**Is your business activity primarily located in Blaine County, ID?** \_\_\_\_ Yes \_\_\_\_ No

**Please provide any additional, relevant information:**

**Authorized Agent (print)** \_\_\_\_\_ **Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Return the signed form to [info@bcoha.org](mailto: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](mailto:info@bcoha.org).

**THANK YOU!**