

Town of Vail Housing Department 75 S. Frontage Rd. W. Vail, CO 81657

AFFIDAVIT OF APPLICANT'S LANDLORD / EMPLOYER

I [Print Name]	, the undersigned affiant, do Affirm as follows:
[Print name of Applicant]	[circle applicable status] is/was an
Employee/Tenant of mine at [Business	/Residence Address]
2. [Business name of Employment OR Res	sidence]
employed/rented [Address]	from
[month and year] to	[month and year].
3. [For Employment Verification] During th	at period of employment, the applicant worked an average of
[Average Weekly Hours Worked]	hours per week [Weeks per Year] weeks per year.
4. I do not have any other records to do	cument this relationship or its duration.
5. I understand that this affidavit is prov	ided in connection with the applicant's application for
list property	
6. For verification of this information, I	Print Name] can be
contacted by phone at [Daytime Phone	e Number] (
FURTHER AFFIANT SAYETH NOT	
	SIGNATURE OF AFFIANT
STATE OF COLORADO))ss.	
COUNTY OF EAGLE)	
The foregoing Affidavit of [Circle One] Empl	oyer/Landlord was subscribed and sworn before me this
day of, 20 by	
Witness my hand official seal	
My commission expires:	
	Notary Public