

## VERIFICATION OF SELF-EMPLOYMENT INCOME

Full Name of Applicant/Resident: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

I do hereby certify and affirm that I, \_\_\_\_\_, received a  
Name  
 total of \$ \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ for the following work: \_\_\_\_\_

\_\_\_\_\_

I expect to earn \$ \_\_\_\_\_ for the next twelve (12) months, from \_\_\_\_\_  
Starting Date  
 to \_\_\_\_\_, for the following work: \_\_\_\_\_  
Ending Date

\_\_\_\_\_

I understand that if my actual earnings differ from those reported above, I may be required to report any changes to the Macon-Bibb County Housing Authority.

\_\_\_\_\_  
 Signature of Applicant or Tenant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of Notary Public (Please print)

Sworn to and subscribed before me this  
 \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 NOTARY PUBLIC Signature

My commission expires: \_\_\_\_\_.

**WARNING!** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States government.

**Please return form to: Admissions / Recertification  
 Macon-Bibb County Housing Authority  
 PO Box 4928  
 Macon GA 31208-4928**