



Self-Employment Income Verification Form

Full Name of Applicant or Participant _____

I hereby certify that I expect to earn the gross amount of \$_____ for the coming 12 months beginning (mm/dd/yyyy) _____ ending (mm/dd/yyyy) _____ minus expenses in the amount of \$_____ for the total amount expected to earn of \$_____ for the following work:

I understand that if my actual earnings are different from those reported above, that I will be required to report any changes to the Housing Authority.

Signature of Applicant or Participant

Date

Note: Florida Law Chapter 409.325 F.S. makes it a crime to knowingly give false information to get into housing, to get lower rent, or to receive aid or benefits under any state or federally funded assistance program.

This statement must be notarized and returned to the Gainesville Housing Authority before certification/re-certification can be completed.

**State of Florida,
County of Alachua**

Under penalties of perjury I hereby declare that the above information is true and correct to the best of my knowledge and belief.

The foregoing instrument was acknowledged before me this ____day of _____,

20__ by _____ who is personally known to me
(Name of Affiant)
or who has produced _____ as identification
and who did /did not (**circle one**) take an oath.

Notary Public Signature

Notary Seal

