

Self-Employment Income Verification Form

Full Name of Applicant or Participant	
I hereby certify that I,	, received a total of
\$ for the following work:	
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	d to earn of \$ for the
following work:	
I understand that if my actual earnings are differ	rent from those reported above, that
I will be required to report any changes to the Ho	ousing Authority.
Signature of Applicant or Participant	Date
Note: Florida Law Chapter 409.325 F.S. makes it a cr	rime 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 before certification/re-certification can be comp	· ·
State of Florida, County of	



Under penalties of perjury I hereby declare that the about to the best of my knowledge and belief.	ve information is true and correct
The foregoing instrument was acknowledged before me	e thisday of
20 by(Name of Affiant)	who is personally known to me
or who has produced	as identification
and who did /did not (circle one) take an oath.	
Notary Public Signature	Notary Seal