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## **SELF-EMPLOYMENT INCOME VERIFICATION**

Applicant/Tenant Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_

I hereby certify that I earned \$ \_\_\_\_\_ in self-employment income during the last calendar year.

In the 12 month period from \_\_\_\_\_ to \_\_\_\_\_ I anticipate earning \$ \_\_\_\_\_ through self-employment.

As a self-employed individual, my earnings are from performance of the following work:

\_\_\_\_\_  
\_\_\_\_\_

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Please Provide References:

Customer/Client Name                      Address, City, State, Zip                      Contact Number

Customer/Client Name                      Address, City, State, Zip                      Contact Number

Customer/Client Name                      Address, City, State, Zip                      Contact Number

I certify that the above information is true and correct.

\_\_\_\_\_  
Signature of Self-Employed Household Member

\_\_\_\_\_  
Date

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

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*In order for this form to be valid it must be signed by a notary*

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date

Name of Notary Public: \_\_\_\_\_

Date Commission Expires: \_\_\_\_\_

(Seal)

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Phone: 325-676-6385

Fax: 325-676-6375

Relay Services: 711 or 1-800-RelayTX

Website: [www.abileneha.org](http://www.abileneha.org)

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Equal Opportunity Employer / Equal Housing Opportunities

