## The Housing Authority of the City of Aiken Housing Authority PO Box 889, Aiken, SC 29802 (803) 649-6673 Fax: (803) 643-0069

## **Self-Employment Income Verification**

D		
Present Address of Applicant or Te		
I hereby certify that I,		_ (Name), rece
total of \$	for the following work:	
	elow this line, Must be notarize	
( <b>Do not sign be</b> I understand that if my actual earning	elow this line, Must be notarize	ed)
(Do not sign be	elow this line, Must be notarize	ed)
( <b>Do not sign be</b> I understand that if my actual earning	elow this line, Must be notarize	ed)
(Do not sign be I understand that if my actual earning be requested to report any changes a Signature of Applicant or Tenant	ngs are different from those reports to the Housing Authority.  Date	ed)
(Do not sign be I understand that if my actual earning be requested to report any changes	elow this line, Must be notarized and are different from those report to the Housing Authority.	ed)