



Housing Authority of the City of Decatur, Georgia

750 Commerce Drive ▪ Suite 400 ▪ Decatur, Georgia 30030
404-270-2100 ▪ Fax 404-270-2122
TTD/TTY 1-800-545-1833 Ext 852
www.decaturhousing.org

HOUSING CHOICE VOUCHER PROGRAM VERIFICATION OF SELF-EMPLOYMENT INCOME

I, _____, am reporting to
Print Full Name

Decatur Housing Authority that I earn money for the following work:

- | | |
|--------------------------------------|-----------------------------|
| ___ Barber/Beautician | ___ Cooking/Catering |
| ___ Nail Technician | ___ Selling Items |
| ___ Childcare/Babysitting in my home | ___ Cleaning/Detailing Cars |
| ___ Cleaning Houses/Businesses | ___ Home Health Care |
| ___ Other _____ | |

I earn approximately \$_____ per month, week, biweekly. (Circle one)

I expect to earn \$_____ for the next twelve (12) months from _____ to _____.
Starting Date Ending Date

**I understand that any money earned is considered income and will be counted in the calculation of rent.
I understand that if my actual earnings differ from those reported above, I will be required to report any changes to Decatur Housing Authority.
I certify and affirm that the information provided is true and complete.**

Signature

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.