

SELF-CERTIFICATION OF BUSINESS INCOME

I,	, do hereby certify that the information I am	
providing is accurate to the	e best of my knowledge.	
Check all that apply:		
I am self-employed and	operate a business.	
(name of business)		
(business address)_		
I am attaching docu	ments that support the annu	al income of this business.
	g the following type of work: 	:(vear) is:
January \$	May \$	September \$
February \$	June \$	October \$
March \$	July \$	November \$
April \$	August \$	December \$
Other – Explain your site	uation;	

I understand that I am required by the Family Obligations to notify the Georgia Department of Community Affairs in writing within 10 days of the effective date of any further changes in income from any source.

Applicant/Participant name printed

Applicant/Participant signature

Date

1875 Century Blvd., Ste. 400 | Atlanta, GA 30345 | 470-802-4707 | dca.georgia.gov An Equal Opportunity Employer



WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly or willingly making false statements to any department or agency of the United States or the Department of Housing and Urban Development (HUD). The official code of Georgia, Section 16-9-55 states that a person is guilty of a misdemeanor for fraudulently obtaining or attempting to obtain Public Housing or a reduction in Public Housing rent.