



Housing Assistance  
2015 Felton Avenue  
PO Box 4928  
Macon, GA 31208

**VERIFICATION OF SELF-EMPLOYMENT INCOME**

Section 8  
 Public Housing

Full Name of Applicant/Resident: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip

I do hereby certify and affirm that I, \_\_\_\_\_, received a  
Name  
total of \$ \_\_\_\_\_ for the following work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I expect to earn \$ \_\_\_\_\_ for the next twelve (12) months, from \_\_\_\_\_  
Starting Date  
to \_\_\_\_\_, for the following work: \_\_\_\_\_  
Ending Date  
\_\_\_\_\_  
\_\_\_\_\_

I understand that if my actual earnings differ from those reported above, I may be required to report any changes to the Macon Housing Authority.

\_\_\_\_\_  
Signature of Applicant or Tenant

\_\_\_\_\_  
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.

Please return form to: **Admissions / Recertification  
Macon Housing Authority  
PO Box 4928  
Macon GA 31208-4928**