



1400 Oakside Drive #76 Canton, GA 30114
Main: 770-479-4969 Fax: 770-479-8118
TDD: 770-479-6988

Self-Employment - Self-Declaration

Date: _____

Address: _____

Name of Household Member: _____

Date Self-Employment Income began: _____

Source of Income:

- Self-Employment/Business
- Odd Jobs
- Tips
- Contributions from _____

What was your monthly income from the above source of income? _____

How many hours are you working per week? _____

When did this income end? _____

I _____ swear that the information provided above is true and complete. I understand that, if requested, I will be required to provide a copy of my tax transcripts to the Housing Authority of the City of Canton. I understand that failure to provide the correct and complete information regarding my income will result in repayment of retroactive rent and possible termination of my lease which may result in eviction.

Name of Household Member (print) Date

Signature of Household Member (print) Date

Signature of Head of Household (if different from above) Date

